Moving Forward Together:

A Conference about Harmonizing Indigenous Wellness in Medicine and Health Practices

November 27-28, 2015

Six Nations, Ontario

CONFERENCE REPORT AND RECOMMENDATIONS

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Acknowledgements

We would like to thank the many people who worked diligently to help the Moving Forward Together: A Conference about Harmonizing Indigenous Wellness in Medicine and Health Practices happen. The conference planning was led by Lori Davis Hill (Director, Six Nations Health Services) and Arliss Skye (Director, Six Nations Social Services). The conference was coordinated by Amber Skye (MPH, University of Toronto) and chaired by Darren Thomas (PhD Candidate, Community Psychology, Wilfrid Laurier University). Volunteer support was provided by, Melanie Sandy, Andrea Curley, Jessica Jamieson and Middy Bomberry. This report was prepared by Amber Skye.

The conference faculty planning committee consisted of: Kate MacNeil (Hamilton Niagara Haldimand Brantford (HNHB) Local Health Integration Network (LHIN), Rosalind Tarrant (HNHB LHIN), Joanne Plaxton (Ontario Ministry of Health and Long Term Care), Glenda Restoule (Ontario Ministry of Aboriginal Affairs), Mollie Kermany (Ontario Ministry of Aboriginal Affairs), Michael Nowlan (Ministry of Child and Youth Services), Arliss Skye (Six Nations Social Services), Lori Davis Hill (Six Nations Health Services) and Amber Skye (University of Toronto).

We would also like to thank our conference partners at McMaster Children's Hospital and McMaster University Indigenous Studies Program, Dr. Dawn Martin-Hill, Dr. Karen Hill, Dr. Bernice Downey, Dr. Stacey Majerrison, Dr. Peter Fitzgerald and Aaron Levo.

We would like to especially thank the nearly 150 people who participated in roundtable discussions leading up to the conference and the dozens of invited speakers who came to Six Nations, particularly the brave families of Makayla Sault, J.J. and Elijah Simon, as well as

the more than 200 people who participated in the intensive two days of conference presentations and discussions.

Executive Summary

Looking back at the Moving Forward Together conference now, it is almost impossible to fully summarize the rich ideas that were shared in the roundtables and over the two days of the conference. What we have produced below are some of the key outputs and learning that occurred. Summarized in the sections to follow below are the important discussion points (themes) of *Decolonization, Relationship Building, Cultural Competency and Safety, Wellness Pathway, Indigenous Medicine Practitioner Training and Creating a Safe Space* that came from numerous roundtable discussions with key stakeholder groups. Each of these discussion points was further explored during breakout sessions at the conference. The information presented is the combined outcomes of the collective discussions for each theme.

We also heard moving speeches from Wahsontiio, the mother of J.J. (representing the Johnson/Hill family), Makayla Saults family and Mary Ellen Simon, mother of Elijah Simon. What we heard from these families was the urgent need for change in the health care system. Each family struggled for a voice in the health care system and were continually faced with discrimination and racism. Further, both Makayla and J.J were denied their right to practice Indigenous medicine openly facing legal threats from health care providers when they chose to use Indigenous medicines. The experience traumatized both the families and the communities involved and everyone continues to be understandably skeptical about the will of the system to change. Each family called for education for health care and child welfare professionals to help them understand the history and rights of Indigenous[1] people and to understand that Indigenous medicines are more than herbs but medicines that treat

[1] Indigenous is preferred over "Aboriginal" however, "Aboriginal" is used throughout with particular reference to texts or positions and organizations. Haudenosaunee is preferred when speaking specifically to the Six Nations people. First Nations is used when speaking specifically of a First Nation community and not the collective of the Indigenous population in Canada.

the entire person. Their stories also signal the critical need for a shift in the power imbalances that marginalize the voices of Indigenous patients and particularly Indigenous children. Wahsontiio asserted the need to move forward together only as equals side by side and build relationships based on mutual respect and compassion. Further, Makayla's mother called for an apology to the families before moving forward together. The President of McMaster Children's Hospital Dr. Peter Fitzgerald responded and provided an apology to the families in his address the following day at the conference. With this first step towards healing it is hoped that future relationships can be built on respect, trust and understanding to move this work forward.

While much was accomplished during the conference, there was also recognition that two days was only enough time to begin to raise the key issues and challenges to building a system of harmonized care. However, all parties engaged throughout this process expressed a positive desire and dedication to providing good quality, comprehensive, culturally safe care for Indigenous children and families. Six Nations engaged with the province and regional health care networks and has presented itself as a leader in this work and will continue to advocate and work towards creating a harmonized model of care that better meets the diverse needs of Haudenosaunee as well as our Indigenous relations. It will take a lot of hard work, open communication and relationship building to move forward but we heard a lot of support and commitment from those involved at the conference. Minister of Health and Long Term Care Dr. Eric Hoskins spoke on his support for continued work towards harmonization and has committed funding to continue to work begun at the conference. Assembly of First Nations (AFN), Ontario Regional Chief Isadore Day also expressed his interest in supporting harmonization efforts within the Assembly of First Nations health portfolio. Local traditional

medicine practitioners openly shared their desire to work together and included recommendations to move forward towards harmonization. Elected Chief Ava Hill expressed the interest of Six Nations Elected Band Council to forward this work on a national level with a larger gathering in the near future. From the community, there was a need and demand for Indigenous medicine that was asserted, but also the overall message of optimism and confidence that we, as a strong community, can do this TOGETHER. However, it was felt that foremost, decolonization education and cultural competency and safety training are needed for professionals, both within and outside the community to accomplish harmonization. There was also the identified need to recognize that Indigenous medicine is more than herbs but also about getting on a wellness pathway –lifestyle, spirituality and healthy foods are key. It was also stressed that to meet community need, we need an Indigenous Medicine Center to house, support and deliver Indigenous medicine training, education, medicines and healing. What began at the conference is a starting point to inform future work to be done and we look forward to continuing the dialogue and relationships started at Six Nations in 2015.

Background

There is an urgent need to address the unique health care needs of Indigenous people in Canada. Indigenous medicine (sometimes referred to as traditional medicine and in the local context, Haudenosaunee medicine) and healing practices remain important aspects of Indigenous health care often ignored by the mainstream health care system. Increasingly, Indigenous people are requesting Indigenous medicine to manage their health care needs. In order to address this need, a range of Indigenous healing initiatives have been implemented through the creation of the Aboriginal Healing and Wellness Strategy. The strategy has supported specialized projects such as healing lodges, treatment centres, and Aboriginal health access centres. However, these programs and services are the more often the exception and the harmonization of mainstream health care with Indigenous knowledge and healing practices in Canada is fragmented and provided in an ad hoc basis (NAHO, 2008).

The growing utilization and revitalization of Indigenous medicine and healing practices combined with the current health needs of Indigenous communities provides an ideal opportunity to encourage public health policy that recognizes and supports a collaborative system of health care for Indigenous people. Recent national attention to the cases of two Indigenous families who opted to utilize Indigenous medicine and healing practices to treat their children's cancer has highlighted this need. As a result of one of the family's decisions to use Indigenous medicine to treat their child's cancer, a court case between Hamilton Health Sciences Corporation and Six Nations of the Grand River Child and Family Services Department ensued. In the end, the Ontario Court of Justice determined that it was within the family's constitutional right to practice Indigenous medicine. The court's decision recognized that "Haudenosaunee medicine is an integral aspect of Haudenosaunee identity as a people

that has the protection of the Canadian Constitution, as an Aboriginal right that must be respected" (Ontario Court of Justice, 2015). The Government of Ontario chose to engage in dialogue with the family and community to create a plan of care that was in the best interest of the child. This plan was identified as encompassing treatment using the best that both Indigenous and non-Indigenous medicines have to offer.

In fact, in 1996 the Royal Commission on Aboriginal Peoples recommended that, "Governments, health authorities and traditional practitioners should co-operate to protect and extend the practices of traditional healing and explore their application to contemporary Aboriginal health and healing problems" and that, "Aboriginal traditional healers and biomedical practitioners should strive actively to enhance mutual respect through dialogue and that they explore areas of possible sharing and collaboration".

Further, Article 24 of the Declaration on the Rights of Indigenous People (2007) states:

> 1. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.
> 2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right. (September, 2007, p.9).

More recently, the release of The Truth and Reconciliation of Canada: Call to Action 2015 Report recommends that governments commit to, "effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients" (p.1). The report also called on the governments to commit to, "Ensuring that social workers and others who conduct child-welfare investigations are properly educated and trained about the potential for Aboriginal communities and families to

provide for Aboriginal communities and families to provide more appropriate solutions to family healing" (p.3). As a community, Six Nations seeks to continue this dialogue, education and relationship building to advance both knowledge systems together.

This conference was designed to begin dialogue and develop a plan of action on how to address the need for a collaborative system of health care system of Indigenous and non-Indigenous medicine for Indigenous patients. The conference addressed surface issues concerning the use of Indigenous medicine in the contemporary health care system as well as identified promising practices of collaboration between Indigenous and non-Indigenous medical systems with the ultimate goal of identifying opportunities to move forward together to foster culturally safe care for our present and future generations.

Conference participants and honoured guests included a number of speakers (19) and registrants (200+) from various fields including physicians, community members, local health and social service workers, regional/provincial health and social service workers, a number of local traditional medicine practitioners, hospital administrators including Dr. Peter Fitzgerald, the President of McMaster Children's Hospital and Robert McIsaac, the President and CEO of Hamilton Health Sciences, Donna Cripps, the CEO of the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN), Ontario political representatives, including the Ontario Minister of Health Dr. Eric Hoskins, Ontario Minister of Aboriginal Affairs Mr. Zimmer, AFN Ontario Regional Chief Isadore Day and Elected Chief Ava Hill. As well, the Honorable Justice Gethin Edwards spoke on his groundbreaking ruling on the "JJ case" and the need to continue discussions on harmonizing Indigenous medicine and health practices.

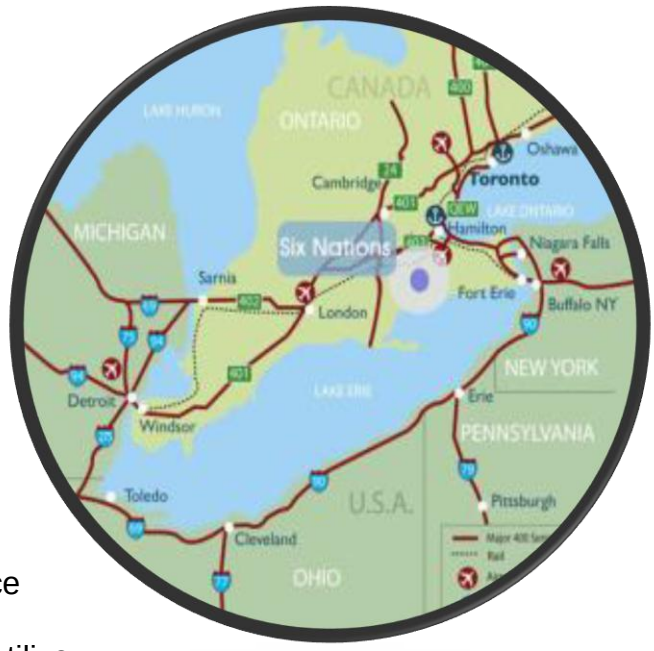
Preparation for the conference also included a number of committee meetings, expert consultations, relationship building as well as a series of roundtables with stakeholder groups

including: Primary Care Physicians, Hospital Leaders/Administrators/Clinical VPs, Medical Students/Residents, The Indigenous Physicians Association of Canada, Local Frontline Staff [ED, Urgent Care, OT, PT, MH&A Workers], Child Welfare Workers and Executives, and Six Nations Community Members. Each roundtable was facilitated by or with Six Nations community experts and included an educational presentation and resources on Indigenous people and medicine in contemporary contexts. At each roundtable, important questions about the perceived barriers to the policy and practice of Indigenous medicine in the health care system were explored and the needs of each respective group discussed.

The purpose was to gather information to answer the question: “In the context of your role in the health care system (e.g. as a physician, as a medical student) what supports (i.e. skills, knowledge, behaviors, and resources) do you need in place to harmonize the relationship between Indigenous and mainstream medicine? and “What is your role in this and what do you need to get there?” Reports including recommendations from each roundtable were developed and shared at the conference to create a dialogue among all groups of stakeholders. Dialogue was used to initiate discussions in breakout sessions and share opportunities to move forward based on roundtable recommendations. Advocacy efforts targeting all levels of the health care system are expected to continue with this report and efforts from our partners and participants.

The Six Nations Community

Six Nations is the largest populated First Nations community in Canada. As of Dec 2014, membership was 26, 034 with about half living on-reserve and half living outside the territory. Six Nations is comprised of the six Haudenosaunee nations: Mohawk, Cayuga, Oneida, Seneca, Onondaga and Tuscarora. The community is surrounded by Haldimand Norfolk Hamilton Brant (HNHB – LHIN). As the most populated First Nations community in Canada, Six Nations acts as a leader in many areas including health and social service. Six Nations is committed to being responsive to the community needs and as such, is continually growing and developing their services.



The 2015 ruling by the Ontario Court of Justice on the right of a Six Nations community member to utilize Haudenosaunee medicine for treatment of her cancer propelled discussions in the community about the need for a collaborative system of health care that encompassed the growing demand for Indigenous medicine and healing services beyond what was currently being offered by programs and services. Furthermore, there was an identified need to work with the surrounding towns and cities to make sure Indigenous medicine and healing services was not only respected but acknowledged as a health care option for Indigenous patients. Partnerships with the regional and provincial government representatives were developed to address this need.

Conference Partners & Sponsors

The conference was led by the Six Nations community including Six Nations Elected Council, Six Nations Health Service and Six Nations Social Services. Six Nations partnered with the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN), the Ontario Ministry of Aboriginal Affairs, the Ontario Ministry of Health and Long Term Care, and the Ontario Ministry of Child and Youth Services. Each partner supported engagement of health professionals and advocacy at all levels of the health care system. Furthermore, partnerships with McMaster Children`s Hospital and McMaster University's Indigenous Studies Program supported conference activities and outreach to key stakeholder groups.

Conference

Agenda

Day 1	**November 27th**
8:30-9:30	Registration & Breakfast
9:30 – 10:30	Traditional Opening Address & Two Row Wampum Teaching – Leroy Hill
10:30 – 11:00	Opening remarks: Chief Ava Hill, Donna Cripps, CEO, HNHB LHIN, Robert MacIsaac, President & CEO, Hamilton Health Sciences, Honourable Justice Gethin Edwards & Honourable Minister Dr. Eric Hoskins.
11:00 – 11:15	Vision of the work – Lori Davis Hill & Arliss Skye
	Learning from the community
11:15 – 11:45	Indigenous Medicine Practitioners Roundtable Report - Elva Jamieson
11:45 – 12:15	Community Roundtable Reports – Lori Davis Hill & Amber Skye
12:15 – 1:00	Learning from the past – Johnson/Hill, Sault & Simon Families
1:00-1:10	Reclaiming Our Well-Being CCO – Dr. Andrea East & Debra Jonathan
1:10 –2:00	Lunch & Juddah's Place Video Viewing
2:00 – 2:20	HNHB LHIN Roundtable Reports –Dr. Dawn Martin- Hill & Lori Davis Hill
2:20 – 2:45	Child Welfare Workers and Executives Roundtable Report – Arliss Skye
2:45 – 3:15	Break
3:15 – 4:30	McMaster Children's Hospital Roundtable Reports – Dr. Dawn Martin-Hill, Dr. Karen Hill, Dr. Stacey Marjerrison & Dr. Bernice Downey
4:30 – 5:00	Haudenosaunee Medicine & Health Practices – Elva Jamieson
5:00 – 6:00	Dinner
6:00 – 7:00	Entertainment & Closing

Day 2 November 28th

8:30 – 9:30	Registration & Breakfast
9:30 – 10:00	Traditional Opening & Haudenosaunee Wellness Model Presentation
10:00 – 10:45	Opening Remarks: Chief Isadore Day, Honourable Minister David Zimmer & Dr. Peter Fitzgerald, President, McMaster Children's Hospital
10:45 – 12:15	Promising Practices Panel Presentation – Dr. Karen Hill, Elva Jamieson, Dr. James Makokis, Jim O'Chiese, & Dr. Marlyn Cook *This panel presentation will highlight promising practices between Indigenous physicians and traditional medicine practitioners in Canada. Each speaker will share their experiences and successes in bringing together traditional and western medicine.*
12:15 – 1:15	Lunch
1:15 – 2:15	Working Together Breakout sessions: Decolonization – Facilitator: Dr. Dawn Martin-Hill Relationship Building – Facilitator: Wendy Hill Pathways to Traditional Medicine – Facilitators: Lori Davis Hill & Amber Skye
2:30-3:30	Working Together Breakout Sessions: Cultural Competency – Facilitator: Lori Davis Hill & Arliss Skye Indigenous Medicine Practitioner Training – Facilitators: Elva Jamieson & Wendy Hill Creating a Safe Space – Facilitator: Amber Skye
3:30 – 4:00	Break
4:00 – 4:15	Facilitators Panel Breakout Discussion Highlights
4:15 – 5:00	Ways forward – Where do we go from here?
5:00 -5:15	Closing Remarks - Chief Ava Hill
5:15-5:30	Traditional Closing – Artie Martin

Discussion and Recommendations

1. Decolonization

The need for Indigenous and non-Indigenous peoples to decolonize our way of understanding and thinking about health was identified in many discussions. Many participants felt that it would be impossible to develop a fully collaborative system of care that was based on mutually respectful and equal relationships if we did not first decolonize our ways of thinking about Indigenous health and wellness. In order to undertake a process of decolonization, Sherwood & Edwards (2006) contend that it is then imperative that both Indigenous and non-Indigenous people acknowledge and understand the impact that invasion, imperialism, colonization, research and policy have had on the health and wellness of the Indigenous people. Furthermore, all parties must realize that the continued marginalization of Indigenous knowledge of health, medicine and healing create barriers to health and wellness for Indigenous people (ibid). Sherwood and Edwards write, ``we believe the critical issues that underlie the lack of improvement in Aboriginal health are the continuation of colonisation, through the dominance of western worldviews in research, policy, planning, and praxis; the lack of Indigenous health models and the dominance of the bio-medical model; and everyday personal and institutional racism" (2006, p. 179).

Indeed, the dominance of the bio-medical model was viewed as a major barrier to implementing a harmonized system of care for Indigenous patients. The dominance of the bio-medical model reaches both Indigenous and non-Indigenous communities and practitioners alike. Many Six Nations community members spoke of perceived barriers to the use of Indigenous medicine and healing created by community health and social service

professionals, as a result of the influence of the bio-medical model and corresponding policies.

To address these concerns, it was believed that decolonization in the form of re-education about Indigenous history, including policy, health, medicine and wellness at the local systems level was critically needed. Through a decolonization approach, many perceived barriers to harmonizing traditional Indigenous and western bio-medical health practice will be better understood and, as a result, removed. Furthermore, re-education will also assist health care professionals in developing the knowledge needed to better serve Indigenous patients. It was expressed that decolonization efforts should be systematic and include all levels of the health care system; within the Six Nations community it should also include our Band Council administration. Furthermore, in order to realize a decolonized or indigenized health care system, policies and procedures should be re-examined through an Indigenized lens to ensure they are in accordance with Indigenous worldviews, teachings, lifestyles and protocols.

Recommendations:

1. Decolonization efforts should begin at the local systems level (Band Council) and extend to cultural competency training within the broader health care system.

    1a. *Re-education.* Develop and implement decolonization training for the Six Nations community as well as all band council employees including band administration. This education and training also needs to be extended to local healthcare and social service workers.

    1b. *Re-evaluation.* Develop community health care policies and procedures that are in line with Indigenous worldviews, teachings, lifestyles and protocols.

2. Relationship Building

Building respectful relationships with the mainstream health care system and the local community based Indigenous medicine people is viewed as paramount. The relationship model must establish a participatory process where mutual learning is taking place without the potential for exploitation and misuse, and repair lines of trust between non-indigenous and indigenous health professionals. Simultaneously, the model must also incorporate strategies for non-Indigenous partners to raise their awareness of Indigenous people and community issues, ensure adherence to appropriate cultural guidelines and protocols, and become effective allies of indigenous people (Chino & DeBryun, 2006).

It is believed that the Two Row wampum should be the guide for the relationships between Indigenous and non-Indigenous professionals/organizations and any subsequent harmonization that takes place. The Two Row Wampum is one of the oldest treaty agreements made between the Ongwehonwe (The Real People/Haudenosaunee/Indigenous people) and the European (Honour the Two Row, 2013).. The Two Row Wampum belt consists of two rows of purple wampum beads on a white background. The two rows of purple beads symbolize two paths or two vessels travelling down the same river. One row of purple beads represents the Haudenosaunee people with their laws and customs while the other row represents the Europeans with their laws and customs. As nations we are seen as moving together side by side through the river of life but we are to avoid interfering in each other's ways of life (Honour the Two Row, 2013). The three rows of white beads surrounding the two rows of purple represent peace, friendship and respect (ibid).

The principles of the Two Row Wampum have been consistently restated by the Haudenosaunee throughout history and the treaty has become the basis for all future

Haudenosaunee relationships with European powers (Honour the Two Row, 2013). The Two Row Wampum proposes non-dominance, balance and harmony between two parties (ibid). Its principles can be extended to any relationship between two parties. Furthermore, the Two Row Wampum can serve as a framework for decolonization as it recognizes the rights of Indigenous people to maintain their laws, customs and life ways including rights to practice traditional medicine and healing (ibid). Thus, we see the Two Row Wampum as representative of the relationship we hope to establish; to see both health systems as equal, parallel together, because each system is complete and whole in and of itself. The lines between us strengthen our relationship facilitating peace, friendship and respect.

Recommendations:

1. Develop relationships. Continued advocacy and opportunities for relationship building between the mainstream health care system/professionals/child welfare/protection workers and the Indigenous medicine practitioners must be created. These opportunities could include one-on-one connections, conferences and workshops.

2. The Two Row Wampum teachings need to be the foundation of relationships between Western and Indigenous health systems. Any agreements or models developed need to be based on these teachings.

3. Pathways to Indigenous Medicine & Healing

At each stakeholder roundtable, the participants talked extensively of the need for a wellness pathway that creates pathways to Indigenous medicine. Our community wellness pathway needs to be based in the Haudenosaunee worldview that understands health and wellness as holistic and recognizes Indigenous medicine as central. The wellness pathway would serve to systematically institute the Haudenosaunee worldview throughout our community health care system and create an environment supportive of Indigenous medicine.

It was also emphasized that a wellness approach to our community health should focus heavily on prevention. Indigenous medicines and teachings are largely preventative and essential to promoting health and wellness for current and future generations to come. The Report of the Royal Commission on Aboriginal Peoples (1996) defines traditional healing as:

> Practices designed to promote mental, physical and spiritual well-being that are based on beliefs which go back to the time before the spread of western 'scientific' bio-medicine. When Aboriginal Peoples in Canada talk about traditional healing, they include a wide range of activities, from physical cures using herbal medicines and other remedies, to the promotion of psychological and spiritual well-being using ceremony, counseling and the accumulated wisdom of elders (RCAP, 1996, Vol.3, p. 348).

Martin- Hill (2009, p. 27) writes that, "traditional medicine and knowledge are not to be isolated from a way of life; it's all encompassing of diet, physical, spiritual and emotional thoughts and actions". As such, many Indigenous experts suggest intervention and prevention efforts should emphasize a healthy lifestyle, not simply curative ceremony or medicine (ibid).

Food is very much a part of the Indigenous medical system. In fact, it is understood in Haudenosaunee society that food is our first medicine and we need to start there. Food itself is a medicine for our bodies to be healthy but is also used in combination with other medicines and activities in healing practises of Indigenous people (Cajete, 2004). Like our traditional medicines, many of our foods come from plants as well as animals and should be honoured in the same way as herbal medicines are. Food is used in ceremony and in our daily life and should be prepared and selected with the same value (ibid). Given the powerful impact of food on indigenous health and well-being, it should be central to our wellness pathway/model. For example, intervention for Indigenous patients should consider healthy foods as part of a treatment plan and traditional healthy foods should be mandatory for community health programming. Furthermore, health programming should help provide healthy foods for the community through gardening and the harvesting of traditional healthy foods.

Additionally, a community wellness pathway should also encourage spiritual health. Cajete (2004, p. 115) writes of Indigenous health: “Food combined with physical lifestyle and spiritual orientation formed an interactive triad that was the cornerstone of health”. Many community members as well as traditional medicine practitioners felt that spiritual health is often ignored but must be an essential component of a community wellness model. This means including ceremonies within a treatment plan and supporting the provision, delivery and attendance of patients and social and health care providers in ceremonies.

Including Indigenous medicine practitioners as central to a wellness pathway is important to ensuring an Indigenized approach to community health. Indigenous medicine practitioner’s work from an Indigenous worldview that is holistic and largely preventative

focuses on healing and wellness. However, relationship building and connections to the traditional community need to be established and supported over the life of this work. An Indigenous Medicine Coordinator position should be developed to support relationships and connections between the Indigenous medicine practitioners and the bio- medical community.

A referral system to Indigenous practitioners should also be established to facilitate access to Indigenous medicine for Indigenous patients both within and outside the community. However, in order to establish a referral system that connects patients with recognized Indigenous medicine practitioners, a method of identifying and recognizing Indigenous medicine practitioners needs to be established. Oral traditions indicate that in the past, healers and medicine people were identified and monitored by their community (Maar & Shawande, 2010). Indeed many roundtable participants spoke of strict indigenous medicine regulation by the community and particularly by the traditional Haudenosaunee community leadership. Indigenous medicine practitioners were typically sought out by community members, and those who were believed to have questionable skills were simply avoided (Maar & Shawande, 2010). Today this informal process is still typically how Indigenous medicine practitioners are identified in some communities; however, today, many Indigenous people as well as health professionals, do not have the knowledge or community connections needed to identify a Indigenous healer from a charlatan (Waldram, Herring & Young, 2006).

Identifying recognized Indigenous medicine practitioners is therefore critical to creating a successful referral system that provides clients with access to holistic culturally competent care. However, many Indigenous medicine practitioners expressed concern over formal regulatory bodies on very legitimate concerns over past colonial policy and practises that suppressed Indigenous cultures (Martin-Hill, 2003). It was asserted by the community that

the community (particularly the traditional Haudenosaunee leadership of the community) must have the authority to decide how Indigenous medicine practitioners will be identified. Ontario's Regulated Health Professions Act acknowledges and exempts Aboriginal healers from regulation by government bodies (Canadian Legal Information Institute, 1991).This exemption means mainstream healthcare bodies must not impose regulation on traditional medicine and healing practices but it is the right of each Indigenous community to determine how Indigenous medicine is practiced and regulated (Maar & Shawande, 2010).

A community accepted method of identifying Indigenous knowledge experts has been developed by Six Nations Polytechnic who formally recognizes Indigenous knowledge carriers in the community for their knowledge of Indigenous language and teachings. A similar method of acknowledging and recognizing Indigenous medicine practitioners in the community was recommended to ensure those who are practicing Indigenous medicine are recognized by the community. This would prevent possible charlatans from practicing and compromising Indigenous medicine and health/healing initiatives.

In addition to our Indigenous medicines, it was expressed that a community wellness pathway should also embrace complementary and alternative medicines (CAM). It was felt that, like our Indigenous medicines, many CAM are preventative and focus on holistic healing. Many community members spoke of wanting to incorporate CAM in their wellness journey and felt this should be supported in a community wellness model.

Recommendations:

1. Develop a community wellness pathway (model) to facilitate health and well-being. The model needs to support prevention, healthy foods, spiritual health and lifestyles. This model should be delivered collaboratively and systematically in the community.

2. The pathway also needs to be inclusive of Indigenous medicine practitioners. There needs to be allocation of funding for an Indigenous Medicine administrator to support future harmonization efforts.

3a. A referral system to Indigenous medicine practitioners needs to be developed both within our local health care system and for outside health care providers to facilitate access for Indigenous patients.

> 3b. Development of a “guidebook” for students, residents, physicians and health care providers on how to work with Indigenous medicine practitioners.

4. A method for identifying and acknowledging Indigenous medicine practitioners in the community needs to be developed. Other examples such as Six Nations Polytechnic Indigenous Knowledge Guardians can provide direction.

5. A community wellness pathway also needs to support and provide access to alternative medicines such as naturopathic medicine as part of the community prevention/wellness approach.

4. Cultural Competency & Safety

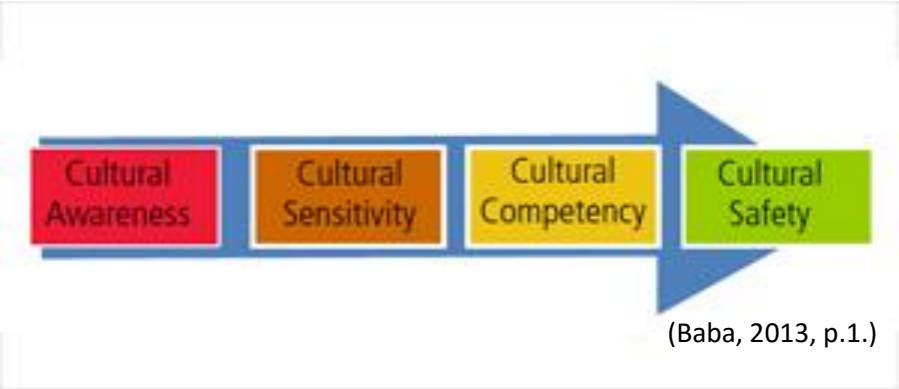
Respectful relationships begin with education and understanding. It was continually expressed that Western health care professionals need to understand that Indigenous medicine and spirituality are important to Indigenous health. There was an identified need by health care professionals for socio-political historical context, policy and health-based learning. This education is needed to help front line workers provide safe care for Indigenous patients based in respect and understanding of traditional teachings, medicines and healing methods.

Cultural competency and safety is explained best as being on a continuum (Baba, 2013). Cultural awareness is described as the first step towards reaching cultural safety (see Figure 1, from Baba, 2013). It can be developed through education/training, and involves being able and willing to acknowledge and accept difference within a client/patient population (Baba, 2013). Cultural sensitivity is considered the second step on the continuum towards achieving cultural safety (ibid). Cultural sensitivity is being sensitive to the different ways a client/patient might do things by taking the cultural background and experiences of the patient into consideration and reflecting on the ways you view the world and how that might differ from your client/patient (ibid). Cultural sensitivity also acknowledges that while a patient may come from the same cultural group, each person has is unique which requires another level of personal sensitivity. Culturally sensitive care thus encourages respect and dialogue between client/patient and provider where preferences and needs of the client/patient are more likely to be communicated and accommodated (ibid).

Cultural competency is understood as being about action and refers to the delivery of health care in both safe and competent way (Baba, 2013). Cultural competency also requires

changing health care service delivery to meet the unique cultural, social and linguistic needs of the patient (ibid). Finally, the practice of cultural safety moves beyond cultural awareness, cultural sensitivity, and cultural competency by challenging “power imbalances, institutional discrimination, colonization and colonial relationships as they apply to health care” (National Aboriginal Health Organization, 2008, p. 3). Cultural safety thus requires a “systemic approach that includes an understanding of the power differentials inherent in health service delivery” (Baba, 2013, p.6). Cultural safety therefore requires organizations to review and reflect on the way they develop and deliver health care that creates barriers to culturally competent health care (ibid).

Figure 1 - Goal: Cultural Safety



(Baba, 2013, p.1.)

Thus, in order to provide care that is aware and respectful of Indigenous culture, health and healing practices, cultural competency and safety training needs to be provided. It is recommended that cultural competency and safety training be developed and implemented for all child welfare workers and health care providers within the HNHB LHIN, including the Six Nations community. This training must be specific to the Indigenous population of the HNHB LHIN and both be developed and delivered by local Indigenous people (local experts and Elders).

Cultural competency and safety training should highlight Indigenous worldviews, history, legislation and rights to practice Indigenous medicine. Providers need to be respectful of their patient’s right to choose treatment that is outside the Western bio-medical

model. Education, understanding, respect and continual reflection on policies, procedures and practices will be critical to achieving a harmonized system of care that recognizes Indigenous medicine as equal. This education needs to be Indigenous-community led, and ideally one-on-one, however, to accommodate the large numbers of professionals who need to be trained, e-learning options need to be reviewed and considered in the development of training and education (i.e. OCC).

Recommendations:

1. Mandate Indigenous cultural competency and safety training in the local health care system (HNHB LHIN). There is a need for socio-political historical context, policy and health-based learning. Cultural competency and safety training must be developed and delivered by local Indigenous experts and highlight indigenous worldviews and the rights of Indigenous people to practice indigenous medicine. Review existing models of training to support development (i.e. CCO).

2. Mandate cultural competency and safety training for Child Welfare workers and executives. Develop and implement cultural competency and safety training tailored to Child Welfare workers that creates understanding of oppression and the history of CAS with Indigenous people. Education should also include specific pieces of legislation that outline the rights to use Indigenous medicines. (For example: Health Care Consent Act, 1996, Consent and Capacity Board, Informed Consent, Rules for the Substitute Decision Maker and Part X of the CFSA).

3. Mandate education and training within medical schools. Utilize Indigenous medicine practitioners and experts within the medical school training, residency programs, clinics and hospitals.

5. Indigenous Medicine Practitioner Training

The demand for Indigenous medicine and healing is growing rapidly. While data for the community is limited, all Indigenous medicine practitioners spoke of being over scheduled with work demands not only with individual patients but often with several organizations that often require them to travel out of the community. Indeed, other Ontario organizations such as Noojmowin Teg Health Access Centre on Manitoulin Island have spoken of the increasing demand for traditional Indigenous health and healing services (Maar & Shawande, 2010). While the demand for Indigenous health and healing services is growing, the number of practitioners training in this area of work is not.

Traditionally, potential Indigenous medicine practitioners were identified by skilled medicine men and women who would train and mentor them for years. Often, the process of becoming a medicine man or woman would require decades of training and learning before they were recognized by their community. However, while rare, there are some individuals who were identified at birth and would develop skills and knowledge quickly (Cajete, 2004). Today, many Indigenous medicine men and women are overworked, often needing to maintain jobs to support their work with medicines. As a result, they have little time to support training and mentorship opportunities for young medicine men and women. Furthermore, many Indigenous medicine practitioners feel that there is not much interest from younger generations to learn Indigenous knowledge or pursue careers as medicine people because they often have to sacrifice paying jobs that support their families (Martin-Hill, 2003).

To address this gap in training, Indigenous Medicine Practitioner Elva Jamieson is training cohorts of new Indigenous medicine practitioners to support the demand for Indigenous medicine in the Six Nations community. However, this work is done with little

support from the community and is often difficult to coordinate given her busy schedule helping in the community and working in several other surrounding Indigenous communities and organizations. Ms. Jamieson also struggles to identify suitable individuals to train. She spoke of needing healthy individuals to take on the role of Indigenous medicine practitioner. She explains that potential trainees must have a good mind and good heart to do this work. Potential trainees must also have a strong Indigenous identity and solid connection with the earth and universe. For this reason, Ms. Jamieson is very selective of trainees she takes in. Currently, she also struggles with the time she has with trainees. She explains that she is working with trainees for 2-4 years and trying to impart knowledge and skills that typically takes 30-40 years to learn. As a result, she often takes in trainees who have already completed some training with other medicine men or women and who have a strong understanding of Haudenosaunee culture and teachings.

There are also many challenges for Indigenous medicine practitioner trainees. Most notable is the wage economy. The work of an Indigenous medicine practitioner is poorly valued in Western society and as such is not typically remunerated adequately. Indigenous medicine practitioners often need to seek education and training from Western institutions to attain a mainstream recognized career path. Ms. Jamieson spoke of many individuals who have the potential to practice Indigenous medicine, but simply cannot afford to leave their jobs that support their families to be healers.

Therefore, there needs to be respect for the value and work of Indigenous medicine practitioners, and support for the development of practitioners in the community is needed. However, the freedom to select and educate the trainees needs to be retained by the Indigenous medicine practitioners and community. The traditional method of selecting

trainees was for a medicine man or woman to handpick individuals they find suitable to be trained. Both selections of trainees and educational content of education and training needs to be supported but not regulated by the Western educational system.

Recommendation:

1. Provide support and funding for Indigenous medicine practitioners to continue to develop and grow training opportunities for Indigenous medicine practitioners through Indigenous selection, training and educational approaches.

6. Creating a Safe Space

In addition to supporting the training of Indigenous medicine practitioners, there was an identified need to support Indigenous medicine on a larger scale within the community. It was recommended that a distinct space is needed to support pathways to and development of Indigenous medicine and healing in the community.

Indigenous medicine practitioners along with many roundtable and conference participants would like to see an Indigenous Medicine Center dedicated to the practice of Indigenous medicine. This center would provide the space to grow and prepare herbs, consult with clients, provide treatments, conduct ceremonies, train and educate Indigenous medicine people, demonstrate how to cook and prepare traditional medicines and foods and provide space for Indigenous medicine practitioners to gather. Indigenous medicine practitioners would also be able to meet with bio-medical professionals to offer patient support and resources. Further, the center would act as an Indigenous medicine hub and make referrals to ceremonialists in the community. Ceremonialists would also have the space to conduct ceremonies at the center. This would support clients by giving them the space to have ceremony but also support healers and ceremonialists in the community who are often practicing out of their homes.

In addition, this space would also encourage the maintenance of Indigenous knowledge of medicine and healing through the sharing and development, bringing medicine people together to share and grow the practice of Haudenosaunee medicine. For example, it would allow Indigenous medicine practitioners to meet and discuss clients, community issues and various health issues. The provision of this space would also allow Indigenous medicine practitioners to provide workshops and classes to educate the community on Indigenous foods, medicines, and teachings.

Furthermore, it was also felt that a space dedicated to this work would address many of the issues identified as barriers to harmonization. For example, having a centralized place where Indigenous medicine practitioner's practice would help the community and local social and health care professionals have a streamlined referral system to Indigenous medicine practitioners allowing them to refer to the center.

However, it was expressed that this space would have to function separate from the mainstream community health services buildings. It would need to be in a quiet location preferably away from busy traffic so to allow for ceremonies and healing practices to be carried out in private. The building would also need to be overseen by people knowledgeable in the longhouse ways to ensure that they have the knowledge and skills to oversee and support the work of the practitioners. To correspond with traditional Haudenosaunee teachings and protocol, the proposed centers' policies and procedures would also need to be developed by the local Indigenous medicine community.

In addition, safe space for the practice of Indigenous medicine and healing ceremonies needs to be provided in the current health care system. Many roundtable participants spoke of instances when community members needed Indigenous medicines, healing or ceremony in a hospital setting. There were many instances where these practices were denied to them due to hospital policy. This needs to change. Indigenous medicine and ceremony needs to be accommodated in the hospital setting and policies and procedures need to be revised to support this.

In fact, some hospitals in Canada have responded to this need and provided space within the hospital to accommodate Indigenous ceremony and healing practices. In 2010,

Sudbury Regional Hospital opened the `Medicine Lodge', a large, round, cedar-lined room with a concrete fire pit over which hangs a huge stainless steel fan. Similarly, in 2011, Canmore General Hospital in Canmore, Alberta constructed a teepee on site for Indigenous patients and families at the hospital to gather year-round for prayers, cultural counselling and traditional community healing rituals, such as smudging ceremonies. As well, in 2013 St. Paul's Hospital in Vancouver, B.C. opened its All Nations Sacred Space for smudging and pipe ceremonies, recognizing traditional medicines as an important component of Indigenous health care. Roundtable and conference participants encouraged a similar space for the practice of Indigenous medicine and healing to be developed at local hospitals to demonstrate respect for, and understanding of Indigenous medicine and healing practices. Having a dedicated space would also encourage dialogue, education and relationship building between the two systems of care. It was also expressed that there is a need for Indigenous medicine resource people, both on staff in the hospital and within the community. The resource staff can educate and model culturally safe care, support safe spaces and work with community leaders to be resource people and advocate for the community as individuals and together. Indigenous medicine practitioners open to dialogue and mentorship would support these staff.

To further support Indigenous medicine in the health care system, rights of Indigenous medicine practitioners to practice medicine in the hospital setting need to be developed at the provincial level. Similar to the provision of space, Indigenous medicine practitioners need to be provided the right to provide their patients with medicines and healing ceremonies within the hospitals. Under the Regulated Health Professions Act (1991), Ontario Aboriginal healers and midwives practising on reserve are exempt from the regulations for health

professions. However, this regulation does not extend to care for Indigenous patients in the hospital. Yet, too often, this is a critical time in the health care of Indigenous patients and they often request the medicine and healing practices of Indigenous medicine practitioners. In fact, many community members spoke of having to sneak Indigenous medicines into the hospital or have relative perform healing ceremonies in hospital parking lots because they are unable to have access to these medicines and ceremonies under hospital policy.

Recommendations:

1. Develop an Indigenous Medicine Advisory Council to guide the development and implementation (policies, procedures and funding allocation) of the Indigenous medicine center and the harmonization of Indigenous medicine in health care. This council needs to consist of the traditional Haudenosaunee leadership in the community (Chiefs, Clan Mothers, Faith Keepers and others knowledgeable in the longhouse tradition).

2. Provide funding and support for a safe space in the community for the development of an Indigenous Medicine Center to support the growth of herbal medicines, client visits, ceremonies, healing/treatment, education and training opportunities, knowledge development and growth, and traditional foods and medicine preparation.

3. Create a space in the hospital setting for Indigenous patients who need Indigenous medicine, ceremonies and healing while in the hospital. This includes support for these initiatives with regard to policy change.

4. Provide Indigenous medicine resource people both on staff in hospitals and within the community to support culturally competent care and safe spaces. The staff team can educate, model and advocate for the community as individuals and together.

5. Develop policy and guidelines for the local and provincial health care system that provide Indigenous medicine practitioners with right to practice Indigenous medicine and ceremony for Indigenous patients who are in the hospitals.

Moving Forward

The *Moving Forward Together: A Conference about Harmonizing Indigenous Wellness in Medicine and Health Practices* saw the collaboration of several organizations and levels of government to support relationship building, dialogue, education and action. For some, it was

a starting point to learning and understanding the needs of Indigenous patients in Southern Ontario, for others, it was an opportunity to share work that has been done in the area of Indigenous medicine and, for a few, it was an opportunity to share their experiences with the current model of care. We were thankful for all the stories shared and questions asked because each participant and speaker helped us to better understand the supports needed to harmonize the relationship between Indigenous and Western medicine.

The take home message of the roundtables and conference was clear: the community is ready for change and the time is now. On the heels of the Truth and Reconciliation Commission of Canada, it also appears there is a climate for change in Canada. The current health care system is not meeting the needs of Indigenous patients and we need to create substantial institutional change that recognizes the role of Indigenous medicine in meeting the health care needs of Canada's Indigenous population. In order to accomplish this and many of the recommendations proposed at the conference and in this report, we will need champions both within and outside the Six Nations community. We will also need to continue to learn from one another and build meaningful relationships. Creating opportunities to learn and share will be key to continuing education, dialogue and change. There was a remarkable level of openness for the harmonization of Indigenous and Western medicine from both Western health care professionals and governments, as well as from the Indigenous medicine practitioners and community participants. We hope to maintain the momentum that was created at the conference and continue moving forward with the recommendations that were made.

To do so, this work will need financial support from our partners to move this work forward. Ontario Minister of Health and Long Term Care Dr. Eric Hoskins has committed

funding to continue the work begun at the conference. As a first step, an Indigenous Medicine Advisory Council comprised of the traditional Six Nations community leadership and expertise will be established to carry recommendations forward in an appropriate and respectful way. Paramount to removing many of the barriers to this work is the creation of an Indigenous Medicine Center to support healing, training, education and to implement a referral system that has a community destination. This will require substantial support. We will also need to examine the ability of our Indigenous medicine practitioners to meet the demand of the recommendations as our work may need to begin with the training of future Indigenous medicine practitioners.

Six Nations is working toward creating the best health care system and patient experiences we can for our community members and this calls for the utilization of Haudenosaunee medicine. At the same time, considerable education within and outside the community needs to happen to address the identified gaps in knowledge to support culturally competent and safe care as well as harmonization efforts. We need to make sure that both the child welfare and health care system is safe for Indigenous patients. The bravery of both Makayla Sault and J.J. has demonstrated that we can no longer afford to overlook the role of Indigenous medicines and healing in the health care system.

APPENDIX A

Moving Forward Together

A Conference about Harmonizing Indigenous Wellness in Medicine and Health Practices

Speaker Biographies

Dr. Marlyn Cook is a proud member of the Misipawistik Cree Nation. The daughter of Dan and Angelique Cook, she is number thirteen of their fourteen children. Dr. Cook is also the mother of two beautiful children, James and Ashley. Marlyn first graduated as a nurse in 1975. After working within the health care system as a nurse, Marlyn decided she wanted to become a stronger advocate for health care for First Nations people. Dr. Cook returned to school and in 1987, Dr. Cook graduated from the Faculty of Medicine at the University of Manitoba and completed her Family Practice Residency Program at the St. Boniface Hospital in 1989 becoming the first First Nation woman to graduate from Medicine in Manitoba. Dr. Cook has practiced medicine in Cross Lake, Manitoba; Sioux Lookout, Ontario; Pikangikum, Ontario; Akwesasne, Ontario; Moose Factory, Ontario; her home community, Misipawistik Cree Nation; and other First Nations communities.

Dr. Cook believes in Traditional Indian Medicine and incorporates this with Western practice. Her belief is that healing needs to be focused on all aspects of the person – spiritual, mental, physical and emotional. Marlyn is a sun dancer, a pipe carrier and a sweat lodge keeper. She also acts as a role model for young people and in this capacity she has traveled extensively throughout Manitoba and Canada encouraging young people to continue to pursue their dreams regardless of obstacles they face and promoting the importance of education.

Dr. Cook is very active in her community both in her capacity as a physician and as a member of the community. She has sat on many boards and committees including: the Advisory Board for the Faculty of Medicine, University of Manitoba, the Advisory Committee of the Mino' Ayoawin, Health and Well Being Project at the Native Women's Transition Centre, the Manitoba First Nations Child and Family Services Task Force, and the Aboriginal Healing Foundation.

Donna Cripps joined the Hamilton Niagara Haldimand Brant (HNHB) Local Health Integration Network (LHIN) as CEO October 18, 2010. As the CEO of the HNHB LHIN, Donna leads the organization that plans, funds, and integrates the local health care system, with the goal of providing access to coordinated and high quality care for the more than 1.4 million people across Hamilton, Niagara, Haldimand, Brant, Burlington and Norfolk.

Prior to joining the HNHB LHIN in October 2010, Donna held two key positions at Hamilton Health Sciences as President of St. Peter's Hospital and Executive Lead Rehabilitation and Seniors' Health. While her extensive experience in clinical practice and executive leadership has provided Donna with

a thorough understanding of health care delivery from both an operational and strategic perspective, it is the people and their health care needs and stories that drives Donna to want to make our health care system better.

Donna has been actively involved in many regional and provincial initiatives, including Co-Chair of the Behavioural Supports Ontario (BSO) Project Steering Committee, member of Health Quality Ontario's bestPATH Governing Council, and Chair of the Complex Continuing Care and Rehabilitation Provincial Leadership Council. Donna is also a member of Mohawk College's Board of Governors.

Donna's commitment to putting people first and to the ongoing pursuit of excellence in caring are her driving forces behind the pursuit of creating a health care system that helps keep people healthy, gets them good care when they are sick, and will be there for our children and grandchildren.

Ontario Regional Chief Isadore Day, Wiindawtegowinini is from Serpent River First Nation, Ontario, which is between Sudbury and Sault St. Marie. Regional Chief Day has a combined total of ten years in leadership. He has a dedication to public service that has seen him involved in various boards, committees, and volunteer positions over the past 15 years. His diverse work experience ranges from construction to commercial fishing to work in social work field. Regional Chief Day's post-secondary studies include Social Work, Business and Public Administration and Governance. With a list of diverse attributes and skills, Regional Chief Day has been welcomed at many tables to share in efforts to make constructive change for the Anishnabek and First Nations at the Regional and National level in recent years.

As the Ontario Regional Chief, Isadore Day seeks to establish any available partnership that is consistent to Securing our Rightful Place and placing the future of the Next Generation as a key priority and beneficiary to collective efforts and respect for treaties on which Canada was founded. Along with his partner Angela, they raise their three children in the North and are committed to ensuring that the North remains a key grounding in their lives. He is strong in his commitments to his community and all Treaty regions.

Dr. Bernice Downey is a woman of Oji-Cree and Celtic heritage. She is a medical anthropologist and has been a nurse for almost 40 years. She was formally Chief Executive Officer of the National Aboriginal Health Organization and Executive Director of the Aboriginal Nurses Association of Canada. As Principal of her own consulting company; 'Minoayawin Consulting', she endeavors to working collaboratively with others towards the achievement of health equity for Indigenous people. She is also an experienced administrator and organizational - structural change agent. Research interests include: Knowledge Translation; Indigenous Knowledge; Cultural Brokering and Health Literacy for Indigenous Populations.

Hon. Justice Gethin B. Edward was born and raised in Brantford, Ontario. He is a member of the Six Nations of the Grand River as a result of the changes to the Indian Act in 1985. The Honourable Justice Edward was appointed to the Ontario Court of Justice in 1996 after practicing law for 14 years with the firm Staats, Edward in Brantford. Gethin Edward has recently celebrated his 25th wedding anniversary.

Dr. Andrea East, completed McMaster Medical School in 1980 and the McMaster Family Practice Residency in 1982. I have been a Family Doctor on Six Nations for close to thirty years. My patient's stories have shaped my education in listening, in respect and in caring. I have been a witness to seven generations of life and death, hardships and celebrations, shame and pride, illness and recovery. Traditional teachings and healers have always been a part of this community. Their teachings and healers have created the strong, vital and resilient community that exists today. I am humbled and honoured to participate in connecting others in this movement of understanding.

Dr. Peter Fitzgerald has been with HHS since 1992. He has held positions as the Head of Pediatric General Surgery, Chief of Pediatric Surgery and the role of Medical Director for McMaster Children's Hospital. In 2009, Dr. Fitzgerald was appointed President of McMaster Children's Hospital (MCH). In addition to his leadership roles, Dr. Fitzgerald is a distinguished surgeon known for innovative work and leadership in minimal access (keyhole) surgery and reconstructive chest wall surgery. He has been integral in establishing the minimal access pediatric surgery program at MCH, where he has been a surgeon for 20 years and continues his important clinical work.

Dr. Fitzgerald is professor of surgery of McMaster University's Michael G. DeGrotte School of Medicine. He is the current president of the Canadian Association of Pediatric Surgeons. Dr. Fitzgerald's dual leadership roles in administration and front line medical care, along with medical teaching, provide him with unique insight into the complexity of running a children's hospital that is committed to high quality care, education and research. Peter understands the need to focus on best care for every child and family, every day.

Provincially, Dr. Fitzgerald has played a leadership role on the Board of the Provincial Council for Maternal Child Health and on the Specialized Pediatrics Subcommittee. He provides counsel and guidance to LHIN 4 for planning and coordination of pediatric services across the system and is a member of the Paediatric Critical Care Advisory Committee. He is also the incoming Chair of the Canadian Academic Pediatric Health Centre Board. After graduating from the University of Ottawa with an Honours Baccalaureate of Arts in Psychology and a Master of Arts in Experimental-Theoretical Psychology (Neurosciences), Dr. Fitzgerald attended McMaster University's Michael G. DeGroote School of Medicine. He completed his postgraduate training in General Surgery in Hamilton and in 1990 moved to Halifax to continue subspecialty training in Pediatric General Surgery.

Chief G. Ava Hill was elected Chief of the 56th Elected Council of the Six Nations of the Grand River on November 16th, 2013. She assumed office on December 3rd, 2013, after serving three terms as a Councillor. During her tenure as a Councillor, Ava participated on a variety of Council Committees. She was also Six Nations representative on the Aboriginal Leadership Partnership for the 2015 Pan Am Games which will be held in Toronto in July 2015. Ava has been active on international files attending the United Nations Permanent Forum on Indigenous Issues for the past few years.

Ava was born on the Six Nations Reserve and attended elementary school on the reserve. She attended Hagersville High School (which later became Hagersville Secondary School) and Brantford Collegiate Institute. Ava graduated from Brantford Collegiate Institute in 1969.

Ava has extensive experience working with First Nations and Aboriginal organizations (regionally, nationally and locally). She served as the Executive Director of the Chiefs of Ontario Office, the

Executive Assistant to a former National Chief of the Assembly of First Nations and the Executive Assistant to the Co-Chair of the Royal Commission on Aboriginal Peoples. She also spent some time in Saskatchewan working for the Wahpeton Dakota Nation and the Prince Albert Grand Council.

For the past few years, Ava, in addition to her Councillor duties, has worked as a private consultant who specialized in event planning/conference co-ordination, facilitation, report writing and organization of advocacy meetings at Queen's Park and Parliament Hill.

Lori Davis Hill is Oneida, Wolf Clan and member of the Six Nations of the Grand River Territory. Mrs Davis Hill has been employed with the Six Nations Health Services for the past 15 years where she is now the Director. Over that time, she has been responsible for clinical Speech-Language Pathology Services, Manager of the Therapy Services Team, Manager of Health Promotions/Nutrition Services and the Diabetes Education Program. She currently holds an Adjunct Appointment in the Department of Speech-Language Pathology - Adjunct Lecturer with the University of Toronto, Faculty of Medicine. Her focus since moving into the Director role is to build relationships, partnerships and team approaches to create a wholistic system that inspires people to achieve wellness for community members.

Leroy "Jock" Hill, is of the Cayuga Nation and Bear Clan. He is a Faithkeeper and Sub-Chief. He has been married for 27 years, has 5 children and 6 grandchildren. Leroy is a speaker of The Great Law of Peace and Gaihwiyo-Good Message. He is a speaker of 3 Haudenosaunee languages and one of the Wampum/Record Keepers for the Haudenosaunee. Leroy has worked as the Confederacy Council Secretary since 2005. He has helped develop and remains an advisor for numerous language programs. He currently works as Coordinator for the Haudenosaunee Resource Centre. He is also a Cultural Advisor/Board member of Grand River Employment and Training (G.R.E.A.T) since 2003. As well, he is a cultural advisor to numerous departments and organizations at Six Nations. Also, Leroy was a part time Instructor of Indigenous Studies at McMaster University from 2010 -2015. He has received a Certificate of Recognition as an "Indigenous Knowledge Guardian" 2013 from Six Nations Polytechnic and McMaster University. Leroy has also coordinated & oversaw the construction of the new Upper Cayuga Longhouse

Dr. Karen Hill is Mohawk Turtle Clan from Six Nations. She graduated from McMaster University medical school in 2003 and completed her residency there is 2005. She started her career in health as a Registered Nurse's Assistant in 1983 and worked for several years in psychiatry and rehabilitation specializing in Traumatic Brain Injury. Since becoming a physician she has dedicated her practice to the community of Six Nations. In 2007 as the Lead Physician she initiated the family health team and in 2013 along with her colleague Elva Jamieson, implemented Juddah's Place the first collaborative practice between Western and Traditional Medicine in Canada. In 2015 Dr Hill's efforts toward harmonizing western and traditional medicine have been recognized by the Royal College of Physicians and surgeons who awarded her the inaugural Thomas Dignan award for Indigenous Health. Additionally the College of Family Practice has acknowledged her with an Award of Excellence for her efforts to bring change to the practice of primary care for Indigenous people in Canada.

Gawehogeh Wendy Hill is of the Cayuga Nation/ Bear Clan**.** Wendy is a Traditional Healer/Mediator/Conflict Resolution Practitioner and Author. She works as a Traditional Healer in

numerous Indigenous Communities. Wendy does one-on-one spiritual sessions to help people to come to a better place in their life situation, and hands-on healing for a physical problem. The other work I do is a variety of workshops on “Understanding the spirit and our health”, “Using the Good Mind”, “Helping Young people with their Self Esteem”, “Empowerment”, “Colonization affects on Parenting”, “Spiritual Gifts”. Other communities have utilized her skills to help with their relationship issues with band members, councillors, and conflicts in their communities. She was trained in Conflict resolution 20 years ago while working in a women’s prison in Kitchener. The training has stayed with her throughout working in this field and has become fine tuned for Native peoples’ issues.

Wendy also provides is Effective/Compassionate Communication, working in the relationship-building field for over twenty years as a Cultural Resource worker at the Pine Tree Native Centre. Being in this position Wendy was instrumental in teaching various non-Native and Native organizations/schools/police/governmental people some of the history and cultural understandings to better relationships. Wendy has worked extensively with the local communities to help them to heal.

Today Wendy travels to many Native communities throughout North America bringing awareness and healing. She speaks on prophecies and awareness of the needs of our spirit. Her most important goal is to help others to learn to have a peaceful relationship with themselves and others. Wendy is also a published author of the book titled, “Understanding Life…what my ancestors taught me through my dreams”.

Hon. Dr. Eric Hoskins was first elected to the Ontario legislature as the MPP for St. Paul's in 2009. He was re-elected in 2011 and 2014. Hoskins currently serves as Minister of Health and Long-Term Care. Hoskins was previously appointed as Minister of Economic Development, Trade and Employment in February 2013. He has also previously served as Minister of Children and Youth Services and Minister of Citizenship and Immigration. Hoskins is also a renowned humanitarian, family doctor and a proud Ontarian with a long and dedicated record of public service.

After finishing his medical studies at McMaster University, and subsequently at Oxford University as a Rhodes Scholar, Hoskins spent nearly a decade as a doctor and humanitarian in war-torn regions in Africa and around the world. From 1997 to 2000, he served as the senior advisor to then Foreign Minister Lloyd Axworthy on issues such as human rights, child soldiers, peacekeeping and the landmines ban.

He and his wife, Dr. Samantha Nutt, founded the international charity War Child Canada to help hundreds of thousands of children in war-affected regions across the globe. Hoskins was also Advisor to the Office of the Special Representative for Children and Armed Conflict at the United Nations in 2002-03. Hoskins has been recognized for his humanitarian work and public service. In 2008, he was invested as an Officer of the Order of Canada. He has also received the Governor General's Meritorious Service Cross, and has been awarded the United Nations Lester B. Pearson Peace Medal.

Elva Jamieson is from the Cayuga Nation and of the Wolf Clan. She lives and works in her home community at Six Nations of the Grand River Territory. Elva has been a teacher for 26 years, a Vice Principal for 3 years and currently works as a Traditional Medicine Practitioner, and Co-Founder at Juddah’s Place, an Integrative Healing Centre on Six Nations. Elva is also Lead Faithkeeper for the

Wolf Clan at the Lower Cayuga Longhouse. She is a mother of two sons, and two adopted daughters, and is a grandmother to 12 grandchildren, with one on the way. Elva's life's work has been to help create a healthy, vibrant, and empowered community for her children, grandchildren, and the next seven generations.

Debra Jonathan is the Nurse Manager at Gane Yohs Health Centre in Ohsweken. She is a Six Nations committee member for the Reclaiming Our Well-being Cancer Care Ontario Strategy and is committed to promoting health in the Six Nations community.

Rob MacIsaac President & CEO, Hamilton Health Sciences. On February 1, 2014, Rob MacIsaac became the President and CEO of Hamilton Health Sciences (HHS). HHS is one of the most comprehensive health care systems in Canada. Comprised of a family of seven unique hospitals and a cancer centre, it serves more than 2.3 million residents of Hamilton and Central South and Central West Ontario.

Prior to joining HHS, Rob was President of Mohawk College of Applied Arts and Technology. Under Rob's leadership, Mohawk initiated the largest campus renewal project in the college's history, implemented the first environmental plan among Ontario colleges, and established Mohawk as a leader in applied research. During his tenure, Mohawk also saw dramatic increases in student satisfaction making it one of Ontario's leading colleges.

Rob MacIsaac was the first Chair of Metrolinx, the authority responsible for planning and governing transportation (including GO Transit) in the Greater Toronto Hamilton Area (GTHA). During his time at Metrolinx, Rob was responsible for crafting and gaining approval of the Big Move, the regional transportation plan for the GTHA.

Prior to his work at Metrolinx, Rob was Mayor of the City of Burlington between 1997 and 2006. During this time, he became well-known for his regional approach and progressive growth management ideas for the Greater Golden Horseshoe. Rob completed his undergraduate degree in Economics at the University of Waterloo in 1984 and received a Law degree at the University of Western Ontario in 1987. He was called to the Bar in 1989. Born in 1962, Rob is a lifelong resident of Burlington. He is married to Anne and has two children, Sarah and Catherine

Dr. James Makokis was born and raised on *onihcikiskwapiwin* – "Saddle Lake Cree Nation", in Treaty No. 6. He is a two-spirited Family Physician who resides in Edmonton, Alberta, where he practices Family Medicine. Dr. Makokis also holds a Masters of Health Science from the University of Toronto. From 2013-2015 he fulfilled his life long dream of practicing in his home Nation. During that time he focused on incorporating nehiyaw mamitoneyicikan (Cree world view) into all aspects of his practice, including the Cree Seven Stages of Life Teachings and Cree medicines. He believes that only through the inclusion and incorporation of Indigenous knowledge across all areas of programming in Indigenous Nations, and working collaboratively with traditional medicine people will true healing occur. Currently he also works co-teaching alongside Elder Jim O'Chiese, courses on Indigenous health, traditional medicine, and Indigenous knowledge at Yellowhead Tribal College.

Dr. Makokis also holds appointments as an Associate Clinical Professor in the Faculty of Medicine at the University of Alberta and Adjunct Lecturer in the Dalla Lana School of Public Health at the

University of Toronto. James' dream is to open up a collaborative practice with other Indigenous physicians and traditional medicine people to work alongside eachother, utilizing both *nehiyaw maskihkiya* and *moniyaw maskihkiya* in 2017. Until then he is focusing on learning to speak *nehiyawewin*.

Dr. Stacey Marjerrison is a Pediatric Oncologist and Assistant Clinical Professor at the McMaster Children's Hospital and McMaster University. She spent her childhood in the eastern Ontario countryside, and now resides in Hamilton. Clinically, Stacey's oncology practice centres around caring for children with cancer throughout their illness, and as the Medical Director of the late-effects program, caring for all the childhood cancer survivors at McMaster. Stacey's research is focused on examining childhood cancer among marginalized populations – locally and globally. This work has included the first ever examination of cancer survival among Indigenous children in Ontario. Additionally she has published studies on relapsed leukemia outcomes in Central America, and in diagnosis of Endemic Burkitt lymphoma in sub-Saharan Africa. Stacey is presently collaborating with researchers across Canada to begin a national analysis of cancer outcomes among Indigenous Canadian children, as well as with other oncology experts internationally to welcome Traditional and Complementary Medicine practices into childhood cancer care.

Dr. Dawn Martin-Hill (Mohawk, Wolf Clan) holds a PhD in Cultural Anthropology and is one of the original founders of the Indigenous Studies Program at McMaster University. She is the recipient of a US-Canada Fulbright award, Outstanding Teaching Award from the Aboriginal Institutes Consortium, and she has received grants from SSHRC, CIHR and the Ontario Trillium Foundation. Her research includes: Indigenous knowledge & cultural conservation, Indigenous women, traditional medicine and health and the contemporary practice of Indigenous traditionalism. She has contributed chapters to several books including "Lubicon Women: a bundle of voices" in the book, In the Way of Development (1997) and "She No speaks" in the book, Strong Women Stories (2003). She has her own book titled, The Lubicon Lake Nation: Indigenous Knowledge and Power (2007). The book outlines the human and environmental impact of rapid development on the cultural survival of the Lubicon Cree. She has also produced three documentaries from a six day Elder's Summit that she organized which was attended by over 600 elders and youth from across the Americas. Recently, Dawn partnered with Six Nations Polytechnic and McMaster University in developing the Ogwehoweh Language Diploma.

Jim O'Chiese is Anishnaabe and the only original remaining member of his family, who in the early 1500's moved west from the Michigan region of Turtle Island to the Jasper area in efforts to protect and maintain their bundles, ceremonies, and spirituality from the "Black Robes" (Missionaries). He is a father of 2 boys and 8 girls, and currently married to his partner Cynthia Cowan and delivers workshops to many Indigenous and non-Indigenous organizations on Native spirituality and knowledge. In 2010, Jim was instrumental in challenging the National Parks Act in Jasper to ensure that descendants of those who signed Treaty did not have to pay to enter into their own Treaty area, or face the threat of persecution for picking nehiyaw muskikiya. For these efforts and others Jim will be the recipient of the 2016 Indspire Award for "Culture, Heritage, and Spirituality." Jim currently works as a Professor at the Yellowhead Tribal College teaching various Native Studies Courses, is a consultant on Indigenous issues, and is a resource for many Indigenous Nations.

Amber Skye is a Mohawk of the Wolf Clan from Six Nations where she resides with her husband and five children. Amber has an MPH and is a Public Health Doctoral Candidate with a specialization in Health and Behavioral Sciences at the University of Toronto, Dalla Lana School of Public Health. Amber's research focuses on establishing the linkages between culture-based practices to improve health services and health outcomes among Aboriginal peoples, and developing health service and policy that integrate the use of Indigenous knowledge and Aboriginal health practices. Specifically, Amber's work focuses on Indigenous youth health as it is vitally linked to the health and well-being of our future. Amber has worked extensively within her community in the areas of health research and community based health promotion. Through collaborative partnerships with Haudenosaunee Faith Keepers and Clan Mothers, Amber has facilitated the Haudenosaunee Women's Preservation Project and the Haudenosaunee Healthy Youth Project to support the transmission of traditional knowledge and practices, and to promote health and wellbeing among Haudenosaunee families. Currently, Amber is leading the Six Nations Ohero:kon Youth Rites of Passage Project with the support of a Operating Grant from the Canadian Institutes of Health Research.

Arliss Skye was born and raised at Six Nations. Graduate of Mohawk College, in Early childhood Education and BA in Child and Youth Studies from Brock University and BA in Adult Ed from Brock University. Arliss has been employed for over 30 years with Six Nations Band Council working with children and families. Currently she serves as the Director of Social Services and Chair of the working group developing the child protection agency this is a timely conversation to hear and engage with community on this topic.

Hon. Minister David Zimmer was first elected to the Ontario legislature in 2003 as the MPP for Willowdale. He was re-elected in 2007, 2011 and 2014. He was appointed Minister of Aboriginal Affairs in 2013. Prior to that, he served as Parliamentary Assistant to the Minister of Municipal Affairs and Housing, the Minister of Aboriginal Affairs and the Attorney General.

Before entering politics, Zimmer was chair of the Toronto Community Housing Corporation, Canada’s largest community housing provider and the second-largest in North America.

He has practised law for many years in Toronto and has served as a part-time Crown Attorney. For 10 years, Zimmer was an administrative law instructor in the Law Society’s Bar Admission Course. He has extensive experience before administrative boards and tribunals and in the civil and criminal courts. Zimmer has also served as assistant deputy chairperson at the Immigration and Refugee Board of Canada.

Zimmer has served as a director of the Canadian Institute of International Affairs and president of the Alzheimer Society of Canada. In 1993, Zimmer was awarded a Commemorative Medal for the 125th Anniversary of Canadian Confederation for his significant contribution in promoting research and awareness of Alzheimer’s disease.

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