

Contemporary and  
Traditional Indigenous  
Healthcare  
Practitioners Gathering

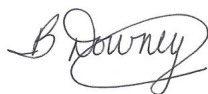
May 21st 2019: 7:00a.m. - 3:00p.m.

Gathering Place By the Grand  
2593 Chiefswood Road  
Ohsweken, Ontario

# Message from the from the Faculty of Health Science, Indigenous Knowledge Helpers Working Group Go di we na wa she/Shkaabewisc Chair and Indigenous Health Lead

McMaster University Faculty of Health Sciences (FHS) is working together with Haudenosaunee, Anishinaabe, and urban Indigenous stakeholders to develop a comprehensive Indigenous Health Initiative (IHI). The overall goal is to respond to the Truth and Reconciliation Commission of Canada's Calls to Action which calls upon medical and nursing schools to both increase the number of Indigenous health professionals and work collaboratively to address the health inequities of First Nations, Inuit and Métis people. We aim to improve the learning environment for Indigenous students, develop a curriculum that includes information about Indigenous beliefs, customs and traditions about wellness, educate non-Indigenous faculty and increase the number of Indigenous faculty.

At a May 2018 Visioning Session, it was recommended that a Knowledge Holder Working Group be struck to provide guidance about how the Initiative would be inclusive of an Indigenous knowledge perspective. This group has been meeting regularly to both explore and discuss this objective. The Working Group has decided that additional community Knowledge 'Helpers' would be invited to the discussion. To support this preliminary work and in the spirit of collaborating with a good mind, we are hosting a gathering for contemporary and traditional Indigenous healing practitioners from different communities. Our goal for this gathering is to include others in the discussion of how we can harmonize our languages, cultures, and healing traditions in the education of future doctors, nurses, and other health practitioners. We hope that together, we will address existing barriers for all Indigenous learners and improve the learning environment. We look forward to hearing your thoughts about how we can guide and contribute to this work. Thank you for joining us in this discussion to further explore the concept of 'Shaping Health Sciences Education with a Good Mind.'



**Bernice Downey**  
Indigenous Health  
Lead



**Val King**  
Indigenous  
Knowledge Helpers  
Working Group Chair

# Outline of the Gathering

7:00 a.m. - 3:00 p.m. | Tuesday, May 21st, 2019

6:50 a.m.

Gathering Door Opens

*Sun Rise Ceremony*

*Registration and Breakfast*

**Opening:**

*Ongwehonwe Opening*

*Anishnaabe Song*

*Introduction of Indigenous Health Initiative (Refer to pages 3 to 5)*

*What is Indigenous Health and Wellbeing*

*Discussion Theme #1: Who Should Be Involved? (Refer to page 6)*

*Breakout Session*

*Group Debriefing*

**Lunch**

*Discussion Theme #2: What Do Students Need to Learn? (Refer to page 6)*

*Breakout Session*

*Group Debriefing*

*Discussion Theme #3: How Do We Protect Our Knowledge? (Refer to page 6)*

*Breakout Session*

*Group Debriefing*

*Discussion Theme #4: How Do We Work Collaboratively with non-Indigenous Partners?  
(Refer to page 6)*

*Breakout Session*

*Group Debriefing*

**Closing**

3:00 p.m.

End of Gathering

# Faculty of Health Sciences Indigenous Health Initiative

## **What is the Indigenous Health Initiative?**

The Faculty of Health Science (FHS) at McMaster University is currently in a planning process towards the development of a robust and comprehensive, Indigenous Health Initiative (IHI). Over the years, the FHS has reached out to regional educational partners and organizations providing health services for Indigenous people seeking the community-based perspective regarding various health-science related activities and initiatives. The key objectives of the current IHI include addressing systemic barriers for Indigenous learners, enhancing the learning environment, educating non-Indigenous faculty, identifying education research opportunities, and integrating Indigenous cultural knowledge into educational and research programs within the Faculty.

## **Why is an Indigenous Health Initiative being created?**

As outlined in the final report of the Truth and Reconciliation Commission of Canada (TRC), the current state of Indigenous health inequity in Canada is linked to the overall impact of colonization and assimilative government policy. The education of all health care practitioners must prepare them to work with Indigenous people towards closing the gap in health outcomes between Indigenous and non-Indigenous populations.

The TRC provided seven health-specific Calls to Action including a call for medical and nursing schools to establish curriculum that will inform students regarding the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. Health science students and faculty require skills - based training in intercultural competency, conflict resolution, human rights, and anti-racism.

# Faculty of Health Sciences Indigenous Health Initiative

## **Who is participating in the creation of the Indigenous Health Initiative?**

The development of the IHI is guided by and aligned with reconciliation values and principles, promising practices informed by health sciences educators, and health professional and university accreditation bodies in Canada. It is being led by the voices of local Indigenous communities including Knowledge Helpers, Traditional Practitioners, community members and leaders, learners and faculty, alumni and representatives of respective organizations dedicated to the advancement of culturally safe education for Indigenous students.

The planning structure of the Initiative includes a Steering Committee and six Working Groups each led by an Indigenous Chair who are working in parallel to support this institutional reform by addressing/including areas of administration, research, education, and curriculum, student support and services, faculty leadership and support, and Indigenous knowledge.

## **When did work on the Indigenous Health Initiative begin and when will it be complete?**

While collaboration with communities and other partners has been ongoing over the years, this focused, strategic action began in April 2017 when Dr. Bernice Downey, a medical anthropologist was recruited in the role of Indigenous Health Lead. The emphasis in the initial phase of the initiative has been on relationship building with both on-campus and regional collaborators, raising awareness about the initiative and coordinating an internal administrative team to lead the work. The pace has been vigorous as various individuals have demonstrated both commitment and diligence to support this initiative. It is expected that a draft Strategic Plan that identifies initial priorities will be presented to the IHI Steering Committee in June and an implementation phase will begin.

# Indigenous Knowledge Helpers Working Group: Go di we na wa she/Shkaabewis

Engagement with the Go di we na wa she/Shkaabewis - Working Group has been imperative to the development of the Indigenous Health Initiative and in keeping with a reconciliation approach. The Knowledge Helpers have been organizing themselves and exploring how they may contribute to the initiative. Most recently they have delegated four Knowledge Helpers to participate in the IHI – Steering Committee. This was seen as the most efficient way to guide the work.

The Knowledge Helpers have identified the following values to guide this work:

- self-determination;
- truth and reconciliation;
- walking alongside each other;
- respect for diversity and different ways of knowing;
- flexibility;
- trust; equity;
- inclusivity;
- commitment to Indigenous Rights and primacy of relationships;
- sustainability;
- ability to learn;
- humility; and
- commitment to the process.

The objective of the Knowledge Helpers Working Group is to guide the development of the IHI policies and guidelines that will address the barriers that currently exist in health science education for Indigenous learners.

Key areas of work and responsibilities in this work are suggested by the Working Group are, but not limited to, the following:

- 1) Uphold and maintain the responsibility as stewards and protectors of Indigenous Knowledge;
- 2) Uphold and honor the obligations and responsibility to the community;
- 3) Encourage diversity by providing teachings from both the Haudenauonee and Anishinaabe traditions to all learners;
- 4) Advise and support health science students and faculty regarding community engagement protocols and respectful and appropriate use of Indigenous Knowledge about healing and wellness; and
- 5) Collaborate with the Faculty of Health Science administration team to develop harmonized leadership through a 'Dish With One Spoon' approach. This will accommodate leadership by the Knowledge Helpers regarding community and knowledge -based matters (i.e. support of Elders in this work, inclusion of IK into health science curriculum). Similarly, this will accommodate leadership by the FHS administration team regarding university-related matters (i.e. human resources policies, administrative operational management and reporting

# Discussion Guiding Questions for the Themes

## **Theme #1: Who should be involved?**

1. How should our community members - contemporary and traditional Indigenous healthcare practitioners, Elders, and Knowledge Holders be involved in the work that is being done through the Faculty of Health Sciences Indigenous Health Initiative?

*For example: How should speakers be chosen?*

2. How do we choose Knowledge Holders or Elders to be involved in the Initiative? What would be the protocol that is in alignment with the community's beliefs and values?

## **Theme #2: What do students need to learn?**

1. What do we want future health sciences students to learn about our culture? Our history?

2. What do health sciences students need to know about our ways of healing and wellbeing?

*For example: do we want students to come to the community to learn on the land?*

3. What is an appropriate protocol for students seeking advice from the Knowledge Holders and Elders?

## **Theme #3: How do we protect our knowledge?**

1. What is the protocol for being respectful of and protecting our knowledge?

2. How should we resolve conflicts that may arise between the university and the community in this work?

## **Theme #4: How do we work Collaboratively with non-Indigenous partners?**

1. How do we continue to work with Knowledge Holders during the implementation of the IHI? (For example: continue as members of Steering Committee; continue meeting 1-2 times per year with a broader group; participate on an as – needed basis to specific committees)

2. How do we collaborate in the education of all learners regarding Indigenous knowledge and Traditional healing ways?

3. The IHI – team is able to play a coordinating role to reduce the burden for Knowledge Holders and community. This is envisioned as a learning lodge that will support Knowledge Holders, Indigenous organizations who wish to collaborate and Indigenous health professionals who wish to participate as they are able.

4. How do Knowledge Holders see themselves involved in a learning lodge?

# Attendees

## Community Partners, Expertise

*Jessica Bomberry, Language*  
*Cari-Lynn Henhawk, Language*  
*Jaycie Lynn Homer, Language*  
*Norma Jacobs, Language*  
*C. Joyce Johnson, Medicine*  
*Mya King-Green, Ceremony*  
*Jan Longboat, Medicine*  
*Wendy McNaughton, Medicine*  
*Frank Miller, Healing*  
*Claudette Mitten, Language*  
*Amanda L. Sault, Medicine*  
*Karen Smith, Food*  
*Sharon Smoke, Medicine*  
*Edward Thomas, Ceremony*  
*Lois Thomas, Healing*  
*Michelle Thomas, Healing*  
*Spencer Thomas, Fire Keeper*  
*Wesley C. Thomas, Medicine*

## Indigenous Health Initiative Team, Role

*Shelley Burnham, Indigenous Knowledge Helper Working Group Member*  
*Karen Hill, Faculty Leadership and Support Working Group Chair*  
*Elva Jamieson, Indigenous Knowledge Helper Working Group Member*  
*George Johnson, Indigenous Knowledge Helper Working Group Member*  
*Val King, Indigenous Knowledge Helper Working Group Chair*  
*Jai King-Green, Indigenous Knowledge Helper Working Group Member*  
*Alex Lee, Indigenous Health Initiative Program Administrator*  
*Stephanie Marr, McMaster University Student*  
*Jacqueline Powless, Indigenous Health Initiative Research Assistant*  
*Peter Schuler, Indigenous Knowledge Helper Working Group Member*  
*Abigail Simms, McMaster University Student*



## May 21<sup>st</sup> Contemporary and Traditional Indigenous Healthcare Practitioners Gathering Report

### Theme 1: Who should be involved?

#### Subtopic: Processes for determining who should be involved

- Before the stakeholders from McMaster University evaluates a Knowledge Holder's expertise, they should also validate the Knowledge Holders' identity by contacting the Band Office. Six Nations and MCFN Band Offices have a cultural coordinator who can validate Knowledge Holders' identity and background.
- It was proposed that the Knowledge Holders provide criminal record and vulnerable sector check before participating in any education related work with the students in the Faculty of Health Sciences.
- It is important for the Faculty of Health Sciences to have an Indigenous Advisory Panel consisting of Traditional Knowledge Holders, Elders, and community to oversee the relations of Six Nations with McMaster University Faculty of Health Sciences. The Advisory Panel members are not a fixed group of individuals and their roles are:

1) Screen Indigenous candidates (e.g. speakers) to ensure that the person is trustworthy by checking their references, family, and teachers.

2) Provide wellness check-ins as Indigenous Health work can be hard mentally, emotionally, and spiritually; and

3) Protect traditional knowledge

In the development of an Indigenous Advisory Panel, the following questions need to be discussed: 1) how much power will the Advisory Panel have? and 2) what are the guiding principles for the Advisory Panel?

The potential candidates for the Advisory Panel are: supporters, counsellors, traditional healers, healthcare providers, seers, teachers (e.g. history, storytellers, philosophy), advocates, doctors and nurses.

- It was recommended that an Indigenous Liaison position be created to support the work between McMaster University Faculty of Health Sciences and the community. Having an Indigenous Liaison, as a helper will reduce the heavy burden on Knowledge Holders.

#### Subtopic: Selecting the right Knowledge Holder and Elder

- To ensure the right Knowledge Holder is selected to teach at McMaster University, there should be a board of vetted Knowledge Holders who can interview, review CV, review reference letters, and meet with the individual. During the review process, the candidate must showcase their history and knowledge in their area of expertise.
- Important steps to determine the Knowledge Holders' expertise: 1) asking the references if they would hire the individual; 2) asking the individual to tell the us about where they come from; 3) asking the other community members to comment about the person's identity and reputation; 4) checking the individual's history for any red flags; 5) asking the individual about their teachers and where they got their knowledge; and 6) evaluating who sanctioned their ceremony.

- Important questions to determine the reputation of healthcare providers wanting to participate in this work are: 1) Are they well; 2) Do they have accountability; 3) Do they know their boundaries and limitations; and 4) do these need to be set externally
- If an individual hired to teach at McMaster University turns out to be a misrepresented, he or she will be held accountable through restorative justice circle process.
- For safety of the Traditional Knowledge Holder, there should always be two people working together.
- It was recommended that the younger generations are not overlooked when searching for speakers or Knowledge Helpers (this also applies in terms of pay)

## Theme 2: What do students need to learn?

### Subtopic: Responsibility of the Students:

- Students need to learn how to approach Indigenous Knowledge Helpers and Elders by doing their own research beforehand.
- Non-Indigenous students and learners need to understand and respect the community members' decision when they are not allowed to participate in certain activities (e.g. activities involving sacred knowledge and ceremonies).
- It is important for all learners to understand that different Elders and knowledge Holders have varying protocols for being approached (e.g. some Elders will ask the learners to bring tobacco while others prefer different incentives). Indigenous communities are made up of a number of different Nations and each community have their own ways and protocols.
- Important principles for health practitioners/students to learn about:

#### History:

- The Truth (e.g. histories of Residential School) and Reconciliation
- The oppressive government policies on Indigenous people and treaties (e.g. Indian Act, White Paper, Papal Bull);
- Residential Schools;
- Day Schools;
- 60's scoop;
- Millennial Scoop;
- United Nations Declaration on the Rights of Indigenous People;
- Colonialism; and
- Pre-contact – Indigenous civilizations were not based on capitalism, but were knowledge-based economies.

#### Concepts:

- Connection with the Two Row Wampum Treaty;
- Dish with One Spoon;
- Incorrect stereotypes;
- Land based knowledge;
- Responsibility of the Indigenous community members;
- Reciprocity;
- Mannerism;
- Inter-connectedness of spirit, mental state, and physical well-being;
- Inter-connectedness of energy, environment (e.g. water, mother earth), matter, and health;
- Meaning and importance of spirituality;
- Understanding and validity of natural medicine;
- Respecting the needs of the patients' values and needs;
- Protocols for approaching Elders
- Value of tobacco (\*It is important to make a distinction between tobacco and cigarettes. Tobacco is medicine while cigarettes are not);

- Good Mind teaching – how to work together with community members (students need to discard savior-complex);
  - Sensitivity and intuition related to the clients and the environment;
  - the Creation Story;
  - Thanksgiving Address;
  - Risk factors for Indigenous peoples, and morbidity and mortality rates;
  - the past and present geography of Indigenous peoples and their lands;
  - importance of family and kinship;
  - Trauma informed care;
  - Intergenerational trauma;
  - Sacred cycle of life;
  - Indigenous concept of time – Indigenous time is described as natural rhythms of the world: 28 days, 13 moons, but Western world is based on 24/7 and 12 months;
  - Words before all else;
  - Cultural Appropriation;
  - “Dying Alive” by Jan Longboat;
  - Balance (e.g. men/women, earth/sky, differences between Western and Haudenosaunee, Ojibwe and other Nations’ worldviews);
  - Positive teachings;
  - Medicine Wheel; and
  - Societal and structural determinants of health
- Students need to un-learn the bio/physio-social model of care. This model excludes traditional model of healing (e.g. drumming tobacco, traditional medicines, and ceremonies). Western medicine focuses on treating the crisis rather than preventing harm.
  - Students need to hear stories and experiences of the community members to understand the problems that the Indigenous people (patients) encounter.

### **Theme 3: How do we protect our knowledge?**

#### Subtopic: Protecting Indigenous Knowledge

- It is important for the community members to protect their traditional knowledge and sacred ceremonies from the colonial policies – “Our community members are still living the effects of the colonial policies and it is harmful to our people.”
- Policy and guidelines to protect Indigenous knowledge need to be developed by the community members and not by the institutional partners.
- The policy to protect our knowledge can be challenging in certain areas of healthcare. Certain professions such as midwifery have rigid rules and guidelines. If we want to educate the next generation of students, there needs to be a balance between our principles and regulatory body’s principles.
- Educating Indigenous people and apprentices should be a higher priority as some Indigenous people don’t have access to learn Indigenous knowledge and ceremonies
- It was recommended that the community members participate in the auditing of Faculty of Health Sciences courses and give feedback on where Indigenous content could be added or where amendments need to be made.
- Certain knowledge (e.g. traditional medicine and land based teachings) need to be protected from non-Indigenous stakeholders and learners.
- The Advisory Panel can help develop protocol and ethics for protecting knowledge
- What is taught by the Knowledge Holders and Elders should be only a broad overview, not specific knowledge. (e.g. the subject of “What is traditional Medicine?” will not educate learners about specific plants or ceremonies, or how to be a traditional medicine practitioner, but will teach learners about the important and use of traditional medicine by Indigenous people.)

#### Subtopic: Resolving Conflict

- Conflict between Indigenous Knowledge and Institutional practices will emerge because there is a disconnect between both sides’ belief system. In these situations, both stakeholders should come together and use the Circle approach to communicate openly. It is important for everyone to communicate with each other and acknowledge each other’s belief system.
- Resolving conflict needs to happen as a group with the University stakeholders and community members.
- The University stakeholders to be educated about the history of Indigenous peoples before the resolution process begins. There are resources available through Cancer Care Ontario and Cultural Safety Training.
- If the Indigenous learners face conflict with the institutional system, they could seek help through the Indigenous Students Health Sciences Office, Faculty of Health Sciences office, or Elders. It is important for these students to feel validated and supported.

## **Theme 4: How do we work collaboratively with non-Indigenous partners?**

### Subtopic: Indigenous Leadership

- It is important that the work being done in the Faculty of Health Sciences is led by the Indigenous Chairs. To create space for Indigenous leadership, there needs to be top-down approach where the senior leadership in the Faculty of Health Sciences vocalize their commitment and respect the voices coming from the community. Some of the changes that we are trying to create may be slow or delayed at times, but Indigenous community members need to discuss and implement changes at our own pace.
- Non-Indigenous people need to understand their role in the society based on treaties and wampum agreement in order to collaborate with Indigenous people in a good way. A good resource to learn about this is through Daniel Coleman's discussion on "White Privilege and Whiteness."
- Indigenous Knowledge Helpers can collaborate with University stakeholders through different roles, as an advisor, trainer, consultant, participant, and supporter.
- Collaboration with the non-Indigenous partners will include the following Indigenous philosophy: Two Row Wampum (e.g. peace, friendship, respect); time (e.g. for reflection, retreats); protocols (e.g. conflict resolution, talking circles); Synthesis (e.g. understanding differences, using best of multiple worldviews where appropriate; and decolonization).

### Subtopic: Learning Lodge

- Development of a Learning Lodge in the Faculty of Health Sciences would be helpful to increase Indigenous presence. The Learning Lodge could be government funded and it could be a resource network for the Faculty of Health Sciences and the community. Any community members affiliated with the Learning Lodge would be able to teach and receive administrative support.
- The Learning Lodge could be established on Campus and satellite sites can be developed in the community to support students and healthcare practitioners.
- The Learning Lodge structure would help foster collegial relationship between traditional practitioners and western practitioners.