Summary Report

Dialogue on Indigenous Women's Perspectives on Healthcare and Wellness

NOVEMBER 30, 2021

BY THE INDIAN RESIDENTIAL SCHOOL HISTORY AND DIALOGUE CENTRE

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Dialogue on Indigenous Women's Perspectives on Healthcare and Wellness

Presented by the Indian Residential School History and Dialogue Centre at the University of British Columbia (UBC) in collaboration with the UBC Learning Circle, Centre for Excellence in Indigenous Health, and First Nations House of Learning.

The First Nations Health Authority is a funding partner of the UBC Learning Circle. Additional funding support for the Dialogue was provided by the UBC Anti-Racism Fund.

Opening comments by Dr. Mary Ellen Turpel-Lafond

On November 30, 2021, I had the honour of co-moderating, along with my colleague Dr. Margaret Moss, the first Indigenous Women's health-related dialogue held by the Indian Residential School History and Dialogue Centre.

Close to 1,000 health professionals, community members, researchers, and learners tuned in to absorb the wisdom and insights offered by the sixteen Indigenous women panelists. These women convened to share their perspectives on the one-year anniversary of the release of the *In Plain Sight* report, which illuminated the unjust treatment of Indigenous women in B.C.'s healthcare system and associated inequitable outcomes, and included clear recommendations for necessary change.

The participants of the Dialogue lent their support to those recommendations, calling on governments to expedite action, and to:

1. Invest in Indigenous women-centered health and wellness services
2. Create proper structures of accountability through measurement and reporting
3. Implement mandatory education for health workers in Indigenous cultural safety and anti-racism
4. Support more opportunities for Indigenous women and other gender diverse persons to dialogue and collaborate on Indigenous women's health and leadership

For too long, Indigenous women have borne too much of the burden of anti-Indigenous racism. With the problem unmasked, the solutions clearly articulated, and Indigenous women now occupying more space in healthcare leadership – the time is now to restore respect for the wellbeing and dignity of our women and matriarchs – as leaders, as caregivers and care navigators, and as patients. I will continue to closely monitor the progress on this issue, and look forward to lending my voice in support of future Dialogues, quality improvement, and point-of-care change efforts led by Indigenous women and 2SLGBTQIA+ persons.

Overview

Prior to the arrival of Europeans – and, in the case of the Métis, after their distinctive communities formed – Indigenous peoples throughout what is now called Canada had their own health and wellness systems. Like all human societies, these health and wellness systems are rooted in culturally-specific worldviews, knowledge and beliefs, as well as social roles, processes and structures. A commonality across Indigenous belief systems, however, is the knowledge that women's health is family health, community health, Nation health and cultural health. Colonialism forcibly imposed toxic patriarchy that undermined the role and value of Indigenous women and continues to expose Indigenous women to misogyny, risk and injustice. There are increasing efforts to reclaim the strength, teachings, and rightful place of Indigenous women in health leadership in all forms as an antidote to continuing structural racism, colonialism, and misogyny.

"Decolonizing women's wellness and working towards reconciliation requires being trustworthy, creating cultural safety, and making things right with the original inhabitants of these territories"

—Dr. Daniele Behn-Smith

On November 30, 2021, a Dialogue was held amongst Indigenous women, about Indigenous women's health and well-being. The date of this Dialogue intentionally coincided with the one-year anniversary of the release of the seminal report, In Plain Sight: Addressing Indigenous-specific Racism and Discrimination in B.C. Health Care. The In Plain Sight report demonstrated that Indigenous women are carrying too much of the burden of Indigenous-specific racism in BC. At the same time, Indigenous women continue to step forward as health care leaders, professionals and coordinators of care for their families and communities and—in today's context—are serving in more senior roles in BC healthcare than ever before. This context prompted the core questions of the Dialogue: ***How can Indigenous women lead improvement in Indigenous women's health and wellbeing? And how do we assure the health and wellbeing of Indigenous women in health leadership?***

To stimulate discussion on these questions, the Dialogue included reflections from sixteen Indigenous women leaders on three core topics[1]:

1 See Appendices for panelist bios, Dialogue agenda, and a summary of key messages shared in each panel discussion.

- the current context, including intersections and determinants shaping Indigenous women's health, experiences from the US, and findings of key studies, notably In Plain Sight and Sacred and Strong: Upholding our Matriarchal Roles – The Health and Wellness Journeys of BC First Nations Women and Girls;
- an honest assessment of progress that has been made over the past year, and what various organizations in BC are doing to support Indigenous women's well-being; and,
- reflections on the role of Indigenous women in leadership in creating supportive healthcare systems and building coalitions for change amongst one another.

As described by Dialogue moderator Dr. Mary Ellen Turpel-Lafond, Aki-Kwe, "There are going to be calls-to-action, calls for disruptive change, and celebrating and holding up the women that are doing the work to create safe systems."

This report captures the primary themes and calls to action of the Dialogue, with the goal of supporting these intentions to take flight through further dialogue, relationship, and collective action.

"There can be no peace and harmony without justice. And this includes Indigenous women taking back their rightful place and their leadership in these lands."

—Dr. Margo Greenwood

"I was immersed in a colonial mindset – thinking that there are limited seats in leadership and allowing myself to be put in competition with other Indigenous women. I realized that my leadership is the journey I will take in my lifetime. It is not attached to a position or an organization. Then I realized that the leadership I hold is always within me. I have the power to make my ancestral story my own."

— Dr. Shannon Waters

Key Themes

The Dialogue held on November 30, 2021 was incredibly rich, drawing on ancestral teachings, decades of lived experience, deep health professional and leadership training, and a network of relationships amongst the various panelists. The written words of this summary report have inherent limitations in capturing the emotional and intellectual breadth and depth of insights shared. What follows are four primary themes that emerged through the discussion.

"We want to acknowledge the unique needs and experiences of all of the people in the community and makes sure they have what they need"

— Dr. Shannon McDonald

UNEARTHING THE ROOTS OF THE PROBLEM

Many panelists reflected on the pervasive social factors – the very underpinnings of our society and its institutions – shaping Indigenous women's health and well-being. These must be unflinchingly named, understood, and dismantled as preconditions to decolonizing Indigenous women's wellness.

Speakers emphasized that the intersection, or compounding oppression, of colonialism, racism, toxic patriarchy, misogyny, and white supremacy are the root causes of inequities and unsafety that Indigenous women are subjected to. Institutions and systems of power are founded on white supremacy and continue to affirm and confirm racism and oppression of Indigenous women in overt and pernicious ways.

"Life's too short, and we need to do what we love, and that's to influence change."

— Tania Dick

These factors interfere with our ability to fully be ourselves, and to provide cultural and personal safety for Indigenous women and Matriarchs. Although Indigenous women have shown incredible strength and resiliency, they have also shown to be recurrently those most gravely impacted by these compounding oppressions. These factors result in Indigenous women being profiled in misogynistic ways that brings with it disadvantage in obtaining needed health services, feeling unsafe, needing greater access to services yet experiencing less access, and facing inequitable health outcomes. These factors also result in Indigenous women in leadership roles being unsafe in these decision-making spaces;

"elbowing our way in the door" often simply exposes Indigenous women in leadership to toxicity and aggression, where their views are ignored or undermined, and they are not treated as resources or experts. All these experiences create trauma that requires healing.

The stories told by Indigenous women in the In Plain Sight report are painful, but not "news," and can no longer be swept away. The report has enabled everyone – including Indigenous women – in BC's healthcare system to use more direct language about the roots of the problem. This helps empower and create speak-up culture.

"We have always been engaged in governance, and we always will be."

— Chief Lynn Malerba

SUPPORTING INDIGENOUS WOMEN'S HEALTH AND WELL-BEING

Panelists spoke to the measures required to uproot the problem and clear the path for Indigenous women's wellness. These measures must be multi-faceted, comprehensive, and urgent. They must recognize that self-determination is the key determinant of health. They must recognize the power of culture and relationship with the land as a source of guidance, strength, and support at every stage of a women's wellness journey. They must recognize that Indigenous women maintain the social fabric of health in our communities. They must be grounded in the concepts of circle and cycle. Essentially, these measures must draw upon our wholistic models and understanding of health and wellness.

At the broadest scale, supporting Indigenous women's health and well-being requires social, systems, and structural change – using our natural and cultural laws to decolonize all forces and systems and reshape the conditions and environments into which our people are born, grow, live, and age. At the human-being scale, it requires us to address trauma, grow opportunities for women to reconnect with their cultures and for girls to grow up proud and rooted in their identity, and reclaim healthy Indigenous feminine power and sexuality.

"You have my love and support. We have an incredible amount of work to do."

— Chief Marilyn Slett

It also requires health service delivery interventions to support Indigenous matriarchs to navigate care and improve the experience of Indigenous women at the point of care. This includes establishing specialty services for Indigenous women that provide for safe and welcoming experiences, including province-wide specialized

services for peri-menopausal, menopausal and post-menopausal health. Recognizing birth as ceremony, it means enhanced access to maternal, child and reproductive health care, including in-community and similarly safe screening opportunities.

Indigenous and non-Indigenous governments and organizations, including international organizations, must enable this work in different ways. We need a whole-of-system coordinated and collaborative response from our Nations and government partners at the highest levels. This includes non-discretionary investment in Indigenous women's health from federal and provincial governments and Indigenous health organizations – including investments that recognize culture and language as health and wellness programming. We also need accountability at the highest levels, with transparency and progress assured through better reporting and measurement that centres the experiences of Indigenous women and girls, recognizing that the health of women and girls as an indicator of the health and wellness of society as a whole. We urgently need better measurement and evaluation, particularly to understand whether we are making a difference at the bedside. Measurement itself must be decolonized in order to recognize diverse gender identities and acknowledge the experiences of all in the community.

"Without Indigenous women prominently in leadership, building and assisting in the building of the system – it will not be safe."

— Dr. Mary Ellen Turpel-Lafond, Aki-kwe

ADVANCING INDIGENOUS WOMEN'S LEADERSHIP

Panelists reflected on their personal and professional experiences and challenges serving in leadership roles as Indigenous women. The context was emphasized that the system is colonial and is not necessarily ready for the massive change of unlearning and undoing colonialism and racism. We face push-back from our colleagues as we try to change the system from the inside. We face push-back from our own people for the limitations we experience in being able to propel systemic change quickly. We are put in competition with each other as Indigenous women, given that these patriarchal and colonial systems attach the concept of leadership to specific positions in organizational hierarchies.

"We are Heiltsuk women and we are as strong as cedar trees"

— Chief Marilyn Slett, speaking about the Declaration written by Heiltsuk women

At the same time, it is imperative that we continue to occupy and expand leadership space as Indigenous women. Indigenous women bring a different practice of leadership which is necessary to ensure fairness and safety in the system. We need Indigenous women leaders appointed to key decision-making bodies, health authorities, and senior positions – not to do all the work, but to help the system to do its work better. We need to fully use the tools available to us in these roles, including mandate letters, the United Nations Declaration on the Rights of Indigenous Peoples and associated legislation, recommendations from In Plain Sight and other major reports, and most powerfully – our own laws and declarations.

Specific attention is needed to support the leadership of the many Indigenous women working on the front lines of health and social services, and specifically in nursing. There is a unique opportunity to nurture and amplify the leadership of Indigenous nurses to drive positive change in the health system.

All of this must be done in a way that maintains our unique leadership paradigm as Indigenous women – as whole, creative, and resourceful beings. In our Nations, women have always been held in high esteem and wielded significant leadership. Drawing on these teachings will help Indigenous women maintain their identity and cultural values in a westernized health-care system. We need to: remember who we are; connect to the inherent strength and resilience that is in each of us; stand in the ancestors and feel their knowledge, strength and connection; learn and connect to creation stories and to the sacred feminine. Rooting ourselves in our ways of knowing and being is the path to decolonizing our own leadership and ultimately our own wellness.

"Where are we as Indigenous women? We're mothers, grandmothers, daughters, aunties, researchers, physicians, teachers, caregivers, kind strangers. Indigenous-specific racism in our health care systems is a colossal legacy of colonial policies. We need to bind together and be a single team to address this."

— Dr. Nadine Caron

"Women have always been held in high esteem – we must root ourselves in our Indigenous ways of being, in who we are and stand in the strength of our ancestors. We must not let colonial imposed systems and people continue to define who we are."

— Lauren Brown

BEING IN RIGHT RELATIONS WITH EACH OTHER

The Dialogue presented a rare opportunity for Indigenous women to gather and engage intellectually and emotionally with one another on matters of common life purpose. It was emphasized that this should not be a rare opportunity, but a routine one. It was noted that we are socialized in some ways

to compete with one another as Indigenous women. A well-used phrase throughout the Dialogue was the need to "hold each other up" as Indigenous women, building supportive networks for one another's well-being as well as to create the united team of leadership needed to shift the larger superstructures of oppression.

It was also noted that this work is not just about right relations amongst Indigenous women, but also between Indigenous and non-Indigenous people. Settlers need to learn from Indigenous peoples, demonstrate allyship through supporting the leadership of Indigenous women, and take action through speaking up and contributing their expertise to illuminate and combat inequity. It was noted that non-Indigenous peoples doing this work – and learning about issues of racism, colonialism, and white supremacy – will create space for Indigenous women to heal and flourish at a different level.

"Take-home point is know who we are. Before you meet with us. Do a bit of research and come listen with an open heart."

— Dr. Kate Elliott

"We need to come together as Indigenous women to move this forward. We can't bring each other down and compete. We need to work together to make the necessary changes."

— Dawn Thomas

Calls to Action

Panelists issued calls to action as part of their remarks. These calls emphasized similar hopes, requirements, and pathways forward:

That governments expedite action on the In Plain Sight recommendations, including those related to education, Indigenous women's health and well-being, and measurement and accountability.

That non-discretionary investment be made into innovation and service delivery that is culturally safe, Indigenous women-centred, and focused on deconstructing colonial impacts on the health of our communities. This includes resourcing to advance Indigenous healing practices as per the TRC Call to Action 22, Indigenous women's services as described in In Plain Sight, and opportunities for women to reconnect with their languages, cultures, and identities.

That health leadership in BC keep an unflinching focus to address the incredible burden Indigenous women face by creating structures of accountability, including, but not limited to, routine measurement and reports that detail the ways in which Indigenous women are illuminating and arresting white supremacy and racism in their policies and practices, and progress in supporting the health and wellness of Indigenous women on indicators that matter to them.

That non-Indigenous governments and educational and regulatory bodies prioritize and take proper accountability for Indigenous cultural safety and anti-racism training. This includes making this training mandatory for graduation at all levels of education, for licensure, for research, and for all faculty.

That there be continuing proactive opportunities for Indigenous women to work together across systems and organizations to advance matters of importance to Indigenous women's health and well-being, including a shared vision for health system transformation, and the establishment of an Indigenous women's leadership institute. This proposed action includes opportunities for gender diverse persons to lead gatherings and priorities of importance to them, ensuring that the voices of all are included, represented, and amplified.

Matriarchal Wisdom

The Dialogue was enriched and grounded by the teachings, perspectives, and humour of Elder Doris Fox and Elder and Dr. Roberta Price.

Elder Doris encouraged all participants of the Dialogue to reach out to one another to lift – sa7ast – each other up. She noted that we were taught in residential schools to be unkind to one another, and that the Dialogue itself is an exercise in decolonizing ourselves and making a better future. ***Elder Doris issued a call to action: "Now that we have our foot in the door, we need to kick it open with our other foot."***

Elder Roberta noted the importance of seeing ourselves as Indigenous people, and Indigenous women, reflected in the systems that serve us. We have made much progress and now see ourselves reflected in so many places and roles of leadership in our families, communities, and in health organizations. Elder Roberta also acknowledged of the ways in which Indigenous women's wisdom grows through relationships, friendships, and kinship ties. Elder Roberta reminds us of the importance of honouring those generative connections, such as the one she shares with Elder Doris, and holding one another up. ***Elder Roberta called for all participants to "keep shining the light."***

"When we think about things like lateral violence, there is constant scarcity, as Indigenous women, we need to hold each other up. We need to remember how to respect and care for ourselves, and how to help other Indigenous women respect and care for themselves, and hold themselves up."

— Dr. Terri Aldred

"We do hard things, this is what we've been trained to do. We're here and we're not going anywhere."

— Leslie Bonshor

Time	Agenda	Key Messages
9:05am Opening	Musqueam Elder Doris Fox offered welcome to territory and opening reflections. Elder Roberta Price offered an opening prayer.	
9:30am ***Panel 1:*** Establishing the Context ***Moderator:*** Dr. Margaret Moss	***Key Queries:*** • What underpinnings of society and the health system must be uprooted for Indigenous women's human rights to be fully expressed? • What measures can be implemented to ensure that the UN Declaration is embedded as the "framework" to advance Indigenous women's human rights BC's health care system? • How do our ancestral teachings illuminate the path forward? • What are the critical intersections and systems of oppression impacting on Indigenous women's health? • What is preventing equity for Indigenous women and who needs to clear this pathway? • What can progress in the health sector do to illuminate inequity and catalyze action in other sectors? ***Panelists:*** • Dr. Danièle Behn-Smith, Deputy Provincial Health Officer • Dr. Margo Greenwood, National Collaborating Centre for Indigenous Health • Chief Lynn Marelba, Chairwoman of the Tribal Self-Governance Advisory Committee of the Federal Indian Health Service (IHS) • Dr. Shannon McDonald, Acting Chief Medical Officer, FNHA • Dr. Mary Ellen Turpel-Lafond, Aki-kwe, Independent Reviewer, *In Plain Sight*	• Our teachings are good medicine – to be in balance in mind, body, spirit; that humility, ceremony, land, laughter, food, are all good medicines. • Intersectionality as an approach to examine overlapping factors and dimensions impacting health. This concept and models of the social determinants of health align with our wholistic philosophies of health and well-being. • Self-determination is the key determinant of health. • Colonialism interferes with our ability to fully be ourselves. White supremacy is deeply rooted in our institutions. • Indigenous women are subjected to overlapping oppression – colonialism, racism, misogyny – which results in inequitable outcomes, feelings of unsafety, misogynistic profiling, inaccessible services. • Need societal change, systems change, structural change, and justice to support decolonization efforts and restore Indigenous women to their rightful place in our societies. • Need to do a better job of recognizing diverse gender identities and illuminating the experiences of all in the community. • Need a whole-of-system approach with clear accountability and resourcing, including reporting and measurement that centres the experiences of Indigenous women and girls. • Need to grow opportunities for women to reconnect with their cultures and for girls to grow up proud and rooted in their identity. • Need to be maintain daily focus on the experience of Indigenous women at the point of care. point of care.

Time	Agenda	Key Messages
10:30am ***Panel 2:*** Responding to the Recommendations ***Moderator:*** Dr. Mary Ellen Turpel-Lafond, Aki-kwe	***Key Queries:*** • What are the strengths and gifts to draw upon? What system failures must be rectified? • What work is underway to respond to recommendations related to Indigenous women's health? • What short-term actions are needed to create justice, safety and substantive equality for Indigenous women as patients and caregivers? • What help do we need from one another to maximize impact and value for Indigenous women? Where are we stronger together? ***Panelists:*** • Dr. Nadine Caron, Faculty of Medicine UBC, Co-director-Centre for Excellence in Indigenous Health • Dr. Kate Elliott, Métis Nation BC • Dr. Terri Aldred, Medical Director, FNHA • Leslie Bonshor, Vice-President, Indigenous Health, Vancouver Coastal Health • Dawn Thomas, Associate Deputy Minister-Indigenous Health and Reconciliation, Ministry of Health	• The stories told by Indigenous women in the In Plain Sight report are painful, but not "news", and can no longer be swept away. The report has enabled us to use more direct language about racism. This helps empower and create speak up culture amongst Indigenous peoples. • There is much work to do at point of care. Our people are good at hiding and even run from care. We need others to be educated about our histories and identities. • Educational and regulatory bodies must take accountability as related to cultural safety training. This includes making this training mandatory for graduation and licensure, and for researchers. We must require it of faculty that are teaching and training students. It includes speeding this up. • Although we carry privilege working from within the system, it is also complex. It requires us to focus on deep listening, rather than defending the system. At the same time, we get push back from our colleagues as we try to change the system from the inside. • The system is colonial and is not necessarily ready for this massive change. We are not here to do all the work, but to help the system to do its work better and to make space for us. • We need better measurement and evaluation, particularly related to the bedside. • This is not solely about learning about Indigenous peoples; non-Indigenous peoples need to learn about racism, colonialism, and white supremacy. Non-Indigenous people doing this work will give space for us to heal at a different level. • We can't bring each other down and compete. We need to hold each other up, respect and care for ourselves and help other Indigenous women care for themselves. Indigenous women need to bind together and be a single team to move the work forward. We need to work together to make the necessary changes.

Time	Agenda	Key Messages
11:30am ***Panel 3:*** Supporting Indigenous Women's Leadership and Building Coalitions ***Moderator:*** Dr. Margaret Moss	***Key Queries:*** • What are the key barriers Indigenous women face in healthcare leadership? What are the conditions for success? • What is needed to be in right relations with each other as Indigenous women leaders? • How do we know we are successful and how do we ensure that this success is lasting? • Where are collaborations occurring, where are connections missing and why? ***Panelists:*** • Dr. Shannon Waters, Medical Health Officer, Island Health • Lauren Brown, Health Director, Skidegate Band Council • Tania Dick, First Nations Health Council • Chief Marilyn Slett, Chief, Heiltsuk Nation	• Continuing barriers include no seat at the table, decisions made without our input, lack of cultural awareness. • Decolonizing leadership means recognizing that leadership is from within, and is the journey you take throughout your lifetime. • Lessons and perspective shifts come from our ancestors, our people, and our teachings, connecting to the inherent strength in each of us, and to our relationship with the land. • Many of our women work on the front lines of health and social services, including nursing. We need to take care of these frontline workers and invite them to drive the agenda of health system transformation. • We want to be able to find and network with each other, work with common purpose as Indigenous women, including putting forward a collective vision of the health system. • We must role model Indigenous women leadership in our day-to-day lives. • We need it mandated that Indigenous women leaders are appointed to key decision-making bodies and senior positions. • Structurally, we must decolonize all forces and systems, reshaping the conditions into which our people are born, grow, live, and age, using our natural and cultural Laws. • We can better utilize existing tools, such as mandate letters, the UN Declaration, reports such as In Plain Sight and the Truth & Reconciliation Commission (TRC), and own laws and declarations. • We need adequate resources, both human and financial. Governments and FNHA must fund culture and language as healing modality, including TRC Call to Action 22. • We need whole systems transformation from the current colonial-dominated model, founded on government-to-government relationships.
12:30pm	Dr. Mary Ellen Turpel-Lafond, Aki-kwe, and Dr. Margaret Moss offered closing remarks.	
12:50pm	Elder Doris Fox and Elder Roberta Price spoke to the importance of lifting one another up as Indigenous women, and seeing ourselves as Indigenous women reflected in all systems. Elder Roberta Price offered a closing prayer.	

Appendix: Panelist Bios

ELDERS AND KNOWLEDGE KEEPERS

Elder Doris Fox is a Musqueam Elder. Ms. Fox serves on various Boards, committees, advisories, research projects, and works at several Health Clinics in Vancouver. As well, Ms. Fox is on a few Elders Circles. Doris uses her training as a traditional healer to serve the people and communities that she works for. Pre-COVID, Doris worked at many different Health and Wellness Days using many different healing techniques that she was taught by teachers from around the world. Doris Fox teaches traditional Cedar Bark weaving as well as traditional Salish Weaving. Each time she leads a workshop, she teaches the history of the crafts and about the importance of intellectual property.

Elder Roberta Price, Coast Salish Matriarch, Elder of the Snuneymuxw and Cowichan Nations and advisor to UBC. For over 30 years, Elder Roberta Price has actively shared her leadership, wisdom and teachings at UBC and throughout the Lower Mainland to assist both Indigenous and non-Indigenous community members to achieve improved outcomes in health care. A member of the Coast Salish Snuneymuxw and Cowichan Nations, she has been instrumental in helping to create shared spaces for both Indigenous and Western approaches to healing and health. Her ongoing involvement and leadership in research projects have been key to the continued work of decolonizing health care and creating cultural safety and equity for Indigenous patients.

MODERATORS & RAPPORTEUR

Margaret P. Moss, PhD, JD, RN, FAAN, is an enrolled member of the Mandan, Hidatsa, and Arikara Nation (Three Affiliated Tribes of North Dakota), and has equal lineage in a Canadian Dakhóta Nation in Saskatchewan. She has been a nurse for 32 years and is a fellow in the American Academy of Nursing.

Dr. Moss is the first and only American Indian to hold both nursing and juris doctorates. She has been in academia for 21 years. She is currently, at the University of British Columbia as Director of the First Nations House of Learning, and in the Faculty of Applied Science as an Associate Professor in the School of Nursing. She has been on faculty at the University at Buffalo, Yale University, and the University of Minnesota. Dr. Moss was a 2014 Fulbright Visiting Research Chair in Aboriginal/Indigenous Life and Culture in the North American Context at McGill University, Montreal, QC (2014). As a RWJF Health Policy Fellow she staffed the US Senate Special Committee on Aging (2008-9) and was original lead staff on the now enacted National Alzheimer's Project Act. Moss has published the first nursing textbook on American Indian health (Springer 2015), which won AJN Book of the Year in 2 categories (2016). Her next text, Health Equity and Nursing(Springer) was out March 2020. She has given over 150 presentations on these topics especially in and about the four settler states New Zealand, Australia, Canada and across the US. She was just appointed to the Board on Population Health and Public Health Practice (BPH) at the National Academies of Sciences, Engineering and Medicine (2021).

Dr. Mary Ellen Turpel-Lafond, Aki-Kwe, is the Academic Director of the Indian Residential School History and Dialogue Centre at UBC. She is a Canadian lawyer, former judge, legislative advocate for children's rights and a professor at UBC's Allard School of Law. She holds a law degree from Osgoode Hall at York University, a master's degree in international law from the University of Cambridge, and a doctorate of law from Harvard Law School. As a member of the Muskeg Lake Cree Nation, Aki-Kwe was the first Treaty Indian to be named to the judicial bench in Saskatchewan. She has served as a Representative for Children and Youth for BC, and continues to draft legislation, provide legal advice and speak to all levels of government.

Harmony Johnson sɛƛakəs is of the Tla'amin First Nation. Harmony has served in executive and senior roles in health and in First Nations policy, health, intergovernmental relations, and self-governance. She currently operates her own consulting practice, serves as the interim Vice-President for Indigenous Wellness and

Reconciliation at Providence Health Care, and teaches in issues of colonialism, racism, Indigenous human rights, and Indigenous health. She is the co-author of a number of publications on these matters, and about the history and teachings of Tla'amin peoples.

PANELISTS

Dr Danièle Behn-Smith, has been working to support Indigenous health in the Office of the Provincial Health Officer since 2015. Dr. Behn Smith works alongside Dr. Bonnie Henry, Provincial Health Officer. Dr. Behn Smith provides independent advice and support to the Ministry of Health on Indigenous health issues. In support of the ministry's strategic agenda, Dr. Behn Smith works in meaningful partnership with Indigenous collectives, communities and organizations to advance wellness and disrupt colonial practices and policies. Dr. Behn Smith is Eh Cho Dene (Big Animal People) of the Fort Nelson First Nation in B.C. with French Canadian/Métis roots in the Red River Valley. Since getting her Doctor of Medicine from McMaster University and completing residencies at the universities of Ottawa and Manitoba, Dr. Behn Smith's career has spanned the country and the globe. She has practiced rural medicine in remote and First Nations communities across Canada. She was a board director for the Indigenous Physicians Association of Canada, the director of education for the University of Alberta's Indigenous Health Initiatives Program and the site director of the University of British Columbia's Aboriginal Family practice residency. Since 2014, she has transitioned to a functional medicine practice. Functional medicine is a complex systems biology approach to family practice that resonates with Indigenous approaches to health and healing. Dr. Behn Smith was also the host of "Medicine Woman", a 13-episode television series that explored traditional healing practices in ten countries on six continents.

Dr. Margo Greenwood, Academic Leader of the National Collaborating Centre for Indigenous Health, is an Indigenous scholar of Cree ancestry with years of experience focused on the health and well-being of Indigenous children, families and communities. She is also Vice-President of Indigenous Health for

the Northern Health Authority in British Columbia and Professor in both the First Nations Studies and Education programs at the University of Northern British Columbia. While her academic work crosses disciplines and sectors, she is particularly recognized for her work in early childhood care and education of Indigenous children and for public health. Margo has undertaken work with UNICEF, the United Nations, the Canadian Council on Social Determinants of Health, Public Health Network of Canada, and the Canadian Institute of Health Research, specifically, the Institute of Population and Public Health.

Chief Mutáwi Mutáhash (Many Hearts) Lynn Malerba is the first female Chief in the Mohegan Tribe's modern history. Lynn follows in the footsteps of her mother, former Tribal Councilor Loretta Roberge, and her great-grandfather Chief Matagha (Burrill Fielding). She served as Chairwoman of the Tribal Council and Executive Director of Health and Human Services. Prior to her role at Mohegan, she spent 23 years in the field of nursing, ultimately the Director of Cardiology and Pulmonary Services. She earned a Doctor of Nursing Practice at Yale University, named a Jonas Scholar; a Masters' Degree in Public Administration and a Bachelor of Science in Nursing. In addition, Eastern Connecticut State University and the University of St. Joseph awarded her honorary Doctoral Degrees. Lynn chairs the Tribal Self-Governance Advisory Committee of the Indian Health Service, is the Secretary for the United South and Eastern Tribes board, is a member of the Justice Department's Tribal Nations Leadership Council, NIH and Treasury Tribal Advisory Committees. She authored "The Effects of Sequestration on Indian Health Funding" (The Hastings Center Report, Nov-Dec. 2013) and two chapters in "American Indian Health and Nursing" Ed. Margaret P. Moss.

Dr. Shannon McDonald, proudly Metis/Anishinabe with deep roots in the Red River Valley of Manitoba, is the Acting Chief Medical Officer at the First Nations Health Authority. Dr. McDonald is a trained physician with post-graduate medical training in Community Medicine and Psychiatry and has worked for over 25 years in First Nations and Aboriginal Health. Dr. McDonald has extensive experience both in the federal and

provincial government contexts. As an influential leader, Dr. McDonald was awarded BC's Physician Champions of Change award by the Doctors of BC for her leadership and advocacy for physician services in BC's rural and remote First Nations communities.

Dr. Nadine Caron is a member of the Sagamok Anishnawbek First Nation. She is a practising surgical oncologist in northern British Columbia where she provides cancer screening, diagnosis and surgical care for individuals in rural, remote, and northern BC – a large percentage of whom are Indigenous. Dr. Caron is the sole Indigenous physician within BC Cancer, the only Indigenous academic faculty member within the University of BC's Faculty of Medicine, a Professor at UBC Northern Medical Program and Department of Surgery as well as a Senior Scientist at Canada's Michael Smith Genome Sciences Centre at BC Cancer. Dr. Caron is the inaugural First Nations Health Authority Chair in Cancer and Wellness at the University of British Columbia. She is also a founding co-Director of the UBC Centre for Excellence in Indigenous Health and Consultant in development of BC's first-ever Indigenous Cancer Strategy to improve Indigenous cancer outcomes and experiences in BC. "Improving Indigenous Cancer Journeys: A Road Map". Dr. Caron currently leads the development of the Northern Biobank Initiative, including a First Nations-governed and controlled biobank in partnership with the FNHA that aims to provide safe access to cancer research for First Nations people in Northern BC. She is also co-Lead investigator on the Silent Genomes project which aims to address the genomic divide by reducing access barriers to diagnosis of genetic disease in Indigenous children and facilitating a governance framework to inform policy in fields of data sovereignty, genomic research, Indigenous research processes, among others.

Dr. Kate Elliott, Minister for Mental Health & Addictions, Minister for Women & Gender Equity, Métis Nation BC, is a member of the Métis Nation of Greater Victoria. In her professional life, she is currently Minister of Women & Gender Equity and Minister of Mental Health & Addictions for Métis Nation BC and Chairperson of Métis Women BC. Kate obtained

both her Bachelor's and Master's degrees from the University of Victoria and recently completed UBC's Indigenous Health Family Medicine Residency training program based out of the Cool-Aid Clinic in Victoria. She has extensive experience working with Indigenous communities on Vancouver Island in support of healthcare equity and access.

Dr. Terri Aldred, Medical Director, First Nations Health Authority. Terri is Carrier from the Tl'Azt'En territory located north of Fort St. James. She is Lysiloo (Frog) Clan who are traditionally known as the voice of the people. She follows her mother's and Great-Grandmother's line Cecilia Pierre (Prince). Terri grew up in both the inner city of Prince George and on the Tachet reserve (in Lake Babine Territory) and these experiences helped motivate her to go to medical school so she could give back to her community. Terri has a Bachelor of Health Science Degree and a Doctor of Medicine Degree from the University of Alberta. She then went on to complete the Indigenous Family Medicine residency program through the University of British Columbia. At present, Terri is the Site Director for the Indigenous Family Medicine Program, Family Physician for the Carrier Sekani Family Services Primary Care team that serve12 communities in north-central BC, the Medical Director for Primary Care for FNHA, and the Indigenous Lead for the RCcBC. Sna Chaylia.

Leslie Bonshor, VP Indigenous Health, Vancouver Coastal Health. Síselé (Grandma), Mother, Auntie, Sister, Friend and life partner are some of the first ways Leslie defines who she is. Leslie and her many generations of family members come from the Stó:lō Nation, Ch'iyaqtel and the Nooksack Indian Tribe. Leslie was appointed to the newly created Vice President of Indigenous Health for Vancouver Coastal Health (VCH) in May 2021. Leslie joined VCH in 2015 as the Director leading the Indigenous/ Aboriginal Health team and then appointed to Executive Director before the appointment to VP. VCH is the second regional health authority in BC that Leslie has provided service and leadership as the inclusion of cultural safety and reconciliation has grown since the formation of the First Nations owned and operated health authority (FNHA). She first entered the provincial health system as the Director of Aboriginal Health at Fraser Health,

another new position created in FHA, a direct deliverable of the Transformative Change Accord from 2005. Since 1998 Leslie has been working to improve the health and wellness of the Indigenous population either as a business consultant, board member, and volunteer or health director.

Leslie has been building the team at VCH including a leadership team of Indigenous Directors to advance the strategic work internally and with the Indigenous population and organizations. Progressive and meaningful change through a system transformation approach is making a significant impact across the health system. Advancing all of their initiatives through the lens of Indigenous women and cultural safety; acknowledging the world views of the Indigenous population, and upholding the mandate and recommendations of all the leading documents and commitments.

Dawn Thomas is a member of the Snuneymuxw First Nation. Her traditional Nuu-chah-nulth name is Aa ap waa iik which loosely translates to "The one who says the right words about chiefly business." She currently serves as Associate Deputy Minister, Indigenous Health and Reconciliation at the Ministry of Health, on assignment from her role as Vice-President, Indigenous Health & Diversity, Equity and Inclusion at Island Health. She has more than 20 years experience with Indigenous children, families, communities and leadership. She has worked for the B.C. government at the Ministry of Children and Family Development and at the Office of the Representative for Children and Youth. Dawn holds a Master of Arts in Dispute Resolution, and a Bachelor of Arts in Child and Youth Care, both from the University of Victoria.

Dr. Shannon Waters is Coast Salish and a member of Stz'uminus First Nation on Vancouver Island. She initially worked in her home territory as a family doctor but became frustrated with seeing people mostly when they were unwell. Wanting to focus on keeping people healthy in the first place, Shannon completed her specialty training in Public Health and Preventive Medicine. Shannon has worked in public health and preventive medicine federally, provincially and at First Nations organizations. She is

currently honoured to have come full circle and to be working in her home territory as the local Medical Health Officer with Island Health. Her priorities in her work are a connection to the environment, mental wellness, and maternal/child/family health.

Lauren Brown, Health Director, XaaydaGa Dlaang Society – Skidegate Health Centre, BSN, MA, is from the Haida Nation. She advocates for improving Aboriginal health and has experience in policy and program development, teaching and government relations. She has worked in various provincial organizations, including Chief's Committee of Health and Healing Our Spirit, and in-patient advocacy at BC Women's, BC Children's and St. Paul's hospitals. Lauren served for seven years on the board of the First Nations Health Directors Association, and more recently on the board of the Minister's Advisory Council on Indigenous Women. In 2003, Lauren moved to the Haida Nation community in Skidegate, BC to assume the role of health director at Skidegate Health Center. Though challenging, this fulfilling role allows Lauren to influence positive changes in health in her community. The proud mother of two girls, Lauren is committed to learning the Haida language, Xaayda K'il. She holds a bachelor of science in nursing from UBC and earned a Master of Arts in Leadership – Health from Royal Roads University.

Tania Dick hails from the Dzawada'enuxw First Nations of Kingcome Inlet and is a registered nurse and has a master of nursing degree. Her career has been spent in rural and remote nursing, specializing in emergency and Aboriginal health. Tania has been a board member and since 2015 the President Elect of the Association of Registered Nurses of British Columbia, representing the voice and issues of Aboriginal and front-line nurses, and has played a key role in advancing the association's work around Aboriginal health nursing. She also served on the board of directors of the Aboriginal Nurses Association of Canada, representing B.C. and Alberta, and was a member of CNA's Expert Committee on Aboriginal Health. Tania has served as a BCNU union steward, chair for an equity seeking caucus, and worked as a BCNU staff consultant in Aboriginal health policy. She has served on Council in her community and as the First Nations Health Council representative for the Vancouver Island region.

Chief Marilyn Slett is a citizen of the Heiltsuk Nation and the elected Chief Councillor of the Heiltsuk Tribal Council. She is currently serving her fourth consecutive term as Chief Councillor, beginning in 2008. She is the President of the Coastal First Nations/Great Bear Initiative and is a member of the Vancouver Coastal Health Board of Directors. She previously held the position of the BC Assembly of First Nations Women's Representative on the National Assembly of First Nations Women's Council and Co-Chair of the Wild Salmon Advisory Council and former Board of Director for the BC Assembly of First Nations. During her time as Chief Councillor, Marilyn has guided the Nation on many major endeavours focused on protecting Heiltsuk title and rights and British Columbia's marine health. Marilyn views Heiltsuk title and rights and way of life as intrinsically connected to a protected and healthy coastal environment.