



# SUMMARY PROCEEDINGS

**May 7-9, 2024**  
**Hyatt Regency Hotel, Vancouver, BC**

*Prepared by Megan Krempel:*



6983 - 181 Street, Surrey, BC V3S 6X3  
Tel: (604) 318-9223

[info@raincoastventures.com](mailto:info@raincoastventures.com) [www.raincoastventures.com](http://www.raincoastventures.com)

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## **BACKGROUND**

The First Nations Health Authority's (FNHA) Mental Health & Wellness Summit, was held May 7-9, 2024, in the Regency Ballroom at The Hyatt Regency Hotel in Vancouver, BC.

Since time immemorial, First Nations people have shared wise, wholistic health and wellness practices from generation to generation. During the Summit, the ways in which First Nations in BC were restoring wholistic wellness through wise, community-driven practices, were discussed. The Summit was designed to hear community and Nation perspectives of what was working in their communities and for these learnings to be shared and taken home by others to be adapted in their communities.

The Summit's theme, "Restoring Wholistic Wellness for First Nations in BC", focused discussions on the social determinants of health, the toxic drug response, and mental health, wellness, and healing. A series of keynote speakers, workshops, and interactive discussions highlighted community-based and best practices and provided hands-on training and education focused on building capacity in First Nations communities to better address trauma, addictions, harm reduction, and wellness.

In recognition of the heavy topics of discussion, Elders, cultural, and spiritual wellness supports were made available to participants throughout the Summit.

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# DAY 1 – MAY 7, 2024

The First Nations Health & Wellness Summit (Summit) commenced on Day 1 – May 7, 2024, at 8:33 a.m. in the Regency Ballroom at the Hyatt Regency, Vancouver, BC.

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## **TRADITIONAL COAST SALISH WELCOME AND OPENING**

***Dr. Nel Wieman, Chief Medical Officer and Duanna Johnston-Virgo, Executive Director, Mental Health and Wellness, FNHA***

Co-emcees Dr. Nel Wieman and Duanna Johnston-Virgo welcomed participants to the Summit and provided a territorial acknowledgement.

To start the day in a good way, Nathan and Francis Louis and Melissa Henry were invited to share a Coast Salish welcoming. They offered thanks to all in attendance for doing the good work, which was vital to communities for generations to come. First Nations people have fought many battles over the years, and the current fight for the mental health and wellness of their people was an important and difficult one. The teachings from the ancestors would keep First Nations strong and make future generations even stronger.

As a welcome to the Musqueam, Squamish, and Tsleil-Waututh Nations, a song was shared about a beautiful woman from upper Squamish.

The emcees commented that the strong turnout at the Summit demonstrated the commitment to health and wellness in community. Thanks were extended for the welcoming.

### ***Elder Lucy Barney, T'it'q'et Nation***

Elder Lucy Barney was grateful for the invitation to be in attendance and provided background of her family. It was a day to remember the sisters and daughters who were missing or lost. Women were sacred, they had the ability to bring life into the world and carry amazing gifts. The life experiences of women had changed from what they were; women now faced violence.

Elder Barney spoke of the dance outfit she was wearing; the breastplate represented a shield and protection from harm; the moccasins represented walking softly together; the eagle feathers secured the outfit and were treated with the utmost respect. When a feather fell, it was felt it was a fallen warrior, and one who had given up their life for others to conduct ceremony. Dancing was for those that could not dance, and when the breastplate swayed, it was the ancestors dancing alongside.

The Woman Warrior song was shared, and acknowledgement paid to the life givers, future, past, and present.

Emcee Wieman reflected on when the COVID-19 pandemic prevented gatherings and was grateful for the COVID-19 vaccine and that it was safe to convene again. Participants were encouraged to be comfortable in the space and were welcomed to wear a mask and utilize the hand sanitizer available.

The Summit's theme was *Restoring Historical Wellness for First Nations in BC*, with an emphasis on the social determinants of health (SDoH), harm reduction, mental health and wellness, and healing. First Nations were well aware of the disproportional and profound impacts that the toxic drug health emergency, wildfires, floods, COVID-19, and residential school have had on First Nations individuals, families, communities, and

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Nations. The Summit was an opportunity for Chiefs, health leads, frontline workers, and partners to share and learn of innovative ways in which critical health issues were being addressed.

During the Summit, participants would hear of promising practices related to the toxic drug response, mental health and wellness, healing and the First Nations Health Council's (FNHC) 10-Year Strategy on the Social Determinants of Health (10-Year Strategy). The 10-Year Strategy was an exciting direction for First Nations across BC, and more would be learned during the Breakout Sessions on the Strategy and its focus on social determinants, including housing, food security, and justice.

The Summit agenda included keynote speakers, workshops, and interactive discussions that would highlight community-based wise and best practices, with the intention for those learnings to be taken home and adapted in community. Hands-on training and education would focus on strengthening capacity around healing from trauma, harm reduction, and wellness. The Summit would focus on the health and wellness needs of BC First Nations living in urban settings, away from home, youth and individuals with lived and living experiences.

Day 1 of the Summit would focus largely on the SDoH and opportunities for health, healing, and recovery, and there was much to share and learn. Numerous breakout sessions would be held throughout the Summit of which participants were welcomed to select the sessions of their choice. Keynote sessions would be held in the Regency Ballroom, and breakout sessions in the Georgia A or B rooms. The Summit additionally offered 25 exhibitors with information on health issues, climate change, cannabis, vaping, harm reduction, health benefits and more. Members of the Indian Residential School Survivors Society (IRSSS) and the Thunderbird Partnership Foundation were on site along with artisans selling their products.

While at the Summit, the health and wellness of participants was a priority, and the conference bags provided included a piece of paper for use on the Summit's "Medicine Walk", where participants could collect cedar, sweet grass, nettle tea, sage, and Labrador tea from booths on site. A range of traditional healers, wellness and cultural supports were available from the start of each day until 4:30 p.m. with the exception of Day 3 when they would conclude at noon. Support included cedar and eagle fan brushing, one-on-one cultural support, counselling, energy healing, massage, and traditional healing. Services were available by sign-up and offered in the Balmoral and Oxford rooms.

Presentations shared during the Summit would be available online, and the web link for access to the materials would be emailed to participants following the Summit.

The Chiefs and leaders in the room were asked to stand and be recognized for the leadership and support they provided and for bringing life into the work on the SDoH. The health leads and Health Directors (HD) in the room stood and were acknowledged for their work and commitment. Finally, the frontline community staff were acknowledged for walking alongside community members each day.

## OPENING REMARKS

### ***Dr. Sheila Blackstock, Board Chair, FNHA***

Dr. Sheila Blackstock offered thanks to the Elder and for the Coast Salish welcome. The focus of the Summit was to look at restoring holistic wellnesses using ancient ways of being for the wellness of BC First Nations. Since time immemorial, First Nations have shared and collectively created community-based practices to

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sustain and advance their holistic health outcomes in a manner that resonated with their cultural values to support one another in and between communities and Nations.

During the Summit, participants would have the opportunity to draw upon the wisdom of others and share best practices of the good work being done in addressing the challenging impacts of the health emergencies. Acknowledging the SDoH and understanding these complexities must be recognized throughout the journey, which would be difficult. Through addressing the challenges and trauma through a lens of collaboration and compassion, communities could explore pathways together, using holistic wellness that honours First Nations cultural identities.

The Summit was a platform to listen and to learn from one another and an opportunity to gather insights and strategies that could be carried back to communities to empower them to play their part in fostering health and wellness.

Participants were thanked for travelling to be in attendance and for joining in navigating the critical conversations in an open and respectful manner. Recognizing that it was National Nursing Week, Dr. Blackstock further acknowledged all the nurses in attendance.

### ***Keith Marshall, Board President, FNHDA***

Keith Marshall acknowledged the Elders, Chiefs, health leads and frontline workers in attendance who had taken the time to participate at the Summit, and the Musqueam, Squamish, and Tsleil-Waututh Nations for the opportunity to live, work, and play on their lands.

The primary function of the First Nations Health Directors Association (FNHDA) was to support professional development and mentorship opportunities for HDs and provide technical advice to the FNHA and the FNHC on research, policy, and program design.

Community HDs navigate within and between institutions across the whole of government on behalf of the communities and Nations they serve. Frontline community workers administer the programs and services in primary care, harm reduction, and mental health. Restoring Indigenous ways and practices would mean decolonizing current systems and practices and healing through the First Nations connection to the land, sky, sea, and animals.

Throughout the Summit, Keith Marshall encouraged all in attendance to take care of themselves and to be mindful that as they stepped into a place of remembering and sharing, they were all in their own unique place in healing and reclamation.

## THE 10-YEAR STRATEGY ON THE SOCIAL DETERMINANTS OF HEALTH

### **RECLAIMING OUR WELLNESS, REMEMBERING OUR FUTURE**

#### ***Wade Grant, Chair, FNHC***

Wade Grant offered thanks for the warm introduction and the powerful opening to the Summit, including the songs, which ensured that all in attendance were blanketed in tradition passed on since time immemorial. Dr. Sheila Blackstock was acknowledged for taking the mantle of the Chair of the FNHA Board.

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In regard to the 10-Year Strategy, Wade Grant emphasized that the Strategy was not the FNHC's; it belonged to all First Nations in the province. The Strategy was created after many years of engagement with communities and Nations to ensure their voices were heard and incorporated. When the Strategy was presented at Gathering Wisdom for a Shared Journey (GW) XII, to the over 190 Chiefs and leaders in attendance, over 170 of them voted in overwhelming support for the Strategy.

The Strategy was needed. Prior to contact, First Nations thrived; they were diverse, and they did not know what homelessness was or lack of food; they shared the land, the resources, and the food with one another. The settlers felt their colonial and Western ideas were better, but they were not better, certainly not for First Nations. Western ways have had a terrible impact on First Nations people. First Nations were disproportionately represented in homelessness, the justice system, and the opioid epidemic, and this was not something their ancestors would smile upon. However, the ancestors would smile to see all of the people in attendance at the Summit, working to ensure the page was turned and First Nations traditional wellness, education, ceremony, and connection to the land were brought back.

Transforming the health of First Nations people would require overcoming the intergenerational trauma, the result of the residential school system and the disconnection to culture. Intergenerational healing would provide opportunities for First Nations children and grandchildren to overcome what their parents, Elders, and ancestors went through. Transformation and health and wellness would be different for each Nation and each community.

The mandate of the FNHC was to oversee the transition and transformation of health services, to make progress on the SDoH, and to advocate for the communities that elected each of the FNHC representatives. The FNHC members held their roles sacredly and remained directly accountable to BC First Nations Chiefs and leaders.

The FNHC governance model covered the 203 First Nations in the province, and each region selected three representatives from their region, including the Northern, Fraser Salish, Interior, Vancouver Coastal, and Vancouver Island regions. Moving forward, this governance structure would be evaluated and modified based on the direction of Chiefs and leaders, and whether the structure truly reflected the desired governance model for BC First Nations.

The transformation of the health care system would be a significant task and would be realized in four primary ways: healthy, self-determining, and vibrant First Nations children, families, and communities; the self-determination of First Nations people; access to culturally safe and appropriate services; and decolonization and Nation re-building.

The FNHA 7 Directives guide the work of the FNHA; however, two Directives in particular drove the work of the FNHC: Community-Driven, Nation-Based, and Be Without Prejudice to First Nations Interests. The FNHC was accountable to Chiefs and leaders; Nations and communities would make decisions about their health and wellness. The FNHC was the only council of its kind in Canada and one of a few in the world.

### ***Wenecwtsin, Deputy Chair, FNHC***

Wayne Christian (Wenecwtsin) acknowledged the welcoming to the territory and the song shared by Elder Lucy; the songs and ceremonies welcomed the ancestors to come and work alongside First Nations.



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The ancestors would provide direction over the Summit, and it was important to make an offering to them and ask them for help.

Wenecwtsin asked the FNHA staff in attendance to stand and be acknowledged, they were the ones driving health and wellness in First Nations communities.

During his 46 years in the health and wellness field, Wenecwtsin spent 20 years working in addictions and helping those struggling with substance use. The work was incredibly difficult for frontline workers, and their bosses and Chiefs must pay attention to them and their needs; they must be looked after.

As BC First Nations enter the spring caucus season, they would be asked to engage further on the 10-Year Strategy. Caucus was part of the engagement pathway and an important process in obtaining community input. The engagement journey process has been marked with ceremony at every stage, and that included the Memorandum of Understanding (MOU) with BC and Canada and the tripartite process.

The 2018 MOU on Mental Health and Wellness (MHW MOU) was an important piece of work and provided significant resources, including \$30 million for mental health and wellness programs and \$60 million for treatment centres and infrastructure. The MHW MOU framed the work on the SDoH, and there were over 50 projects funded under it.

Just the week prior, the FNHC secured an agreement with its provincial and federal partners to renew the MHW MOU for 18 months. The intention was for government ministries to be at the table to develop a process where First Nations could engage and create space and resources for their communities. The following week, the FNHC would be meeting with the Deputy Minister of the Ministry of Indigenous Relations and Reconciliation (MIRR) in Ottawa to open the door federally to get the work done.

Authentic partnerships were needed to move the work, and all levels of government must be engaged to develop processes for collaboration. In 2023, the FNHA negotiated the Canada Funding Agreement and secured an additional \$50 million to support the implementation of the Strategy. The Provincial Government of BC committed to \$5 million over the next three years but would be pushed to match the federal contribution for the 10-year span of the Strategy.

The BC First Nations health governance structure has been seen as a model for others in Canada and the world. Community-driven, Nation-based decision-making closer to home does not happen in all parts of Canada and the world. The FNHC's advocacy for resources under the Health Equity Fund, as announced by the federal government, would open the doors and resources for communities to do the work.

During the presentation, Wenecwtsin offered further comments regarding:

- Community-driven responses and success stories including:
  - Dakelh Dene Nation and the revitalization of the Sboo'tih Ghe Ti (Grease Trail)
  - Gwa'Sala-Nakwaxda'xw's culturally-based trauma-informed programs and creation of a healing centre situated on the water
  - The Fraser Salish Multi-Year Mental Health and Wellness Plan and Youth Advisory Committee
  - Five of seven Interior Region Nations developed mental health services on a Nation-to-Nation basis
- Government system process:
  - Community approval of the 10-Year Strategy at GW XII

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- 86% of 170 Chiefs and leaders voted in approval of the 10-Year Strategy
- Ongoing engagement with those that did not vote in favour of the Strategy to alleviate concerns and ensure that no Nation was left behind
- 10-Year Strategic Framework:
  - Short-term focus on healing approaches and cultural infrastructure
  - Long-term focus on Nation-based governance and sustainable funding
- 10-Year Strategy Implementation Plan:
  - Two-year implementation plan sets out guiding principles, flexible funding approach, governance structure, and process for joint decision-making
- Focus for 2024-2026:
  - Establish partnership tables and processes
  - Roll out funding to Nations
  - Support Nations to plan and deliver programs and services aligned with local priorities
  - Develop a reporting framework, build on work commenced under the MHW MOU
  - Continue to meet at Deputy Minister tables (both federal and provincial) on health
- The Strategy covers numerous ministries including climate change, children and families, and housing:
  - The FNHC would collaborate with the FNHA on a whole-of-government approach to implementation
- Lessons learned:
  - The voices of communities were essential, “Nothing about us, without us”
  - The importance of engagement with Chiefs, leaders, and experts in communities
  - Advocacy and engagement
  - Put First Nations in the driver’s seat to improve health outcomes
  - Stand up Indigenous ways of life and share ceremony with partner organizations
  - First Nation self-determination is key.

## **Discussion**

During further dialogue, the following Questions (Q) were offered, and Responses (R) provided:

Q: What is the plan for getting longer-term buy-in from the Province? The renewal of the MOU for 18 months is not enough, it will go quickly.

R: *We will continue to lobby Premier Eby and the Ministry of Health (MoH) and the Ministry of Mental Health and Addictions. We had initial meetings last week and sought more of a commitment from them. We will continue to meet with them and lobby for support. The goal is to have the agreement done prior to the writ dropping in September 2024.*

Q: This gives me hope for the FNHA and other Nations to work in partnership with our partner organizations across the province.

R: *We will ensure that it happens and will advocate for that.*

Q: I see the FNHA and all of us on the same path. I sit on an Indigenous stewardship table that advises Parks Canada on co-management agreements. I feel lucky to be at that table, and I am now the Chair. I see there may be an opportunity to invite someone from the FNHA to speak to our table. We are on parallel paths and are working on a framework. Hopefully, as the FNHC Chair, you could move that forward.

R: *I will ensure that we discuss this at the FNHC and FNHA levels. We are having conversations with partners, not just government, and there are many organizations who are seeking the right approach. We see that in the*

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*private sector, they want to change and learn from the people in their territories. Those conversations must be had in order to erase racism in the health system and across the province.*

Q: With potential changes in provincial and federal governments, is the 10-Year Strategy stable and firm?

R: *Yes, it will outlive the government of the day. That commitment was made in case of a change in either the provincial or federal government. Our partners are well aware of that commitment and will ensure that the financial independence will be there for ten years and beyond.*

Q: Where do the FNHDA and the youth stand on the 10-Year Strategy? They are important pillars. We are doing this for the children and for future generations, and they should be involved in these gatherings.

R: *We had youth from all over the province at GW XII. As FNHC Chair, I am committed to including the youth; they are leaders, and we are actively ensuring they are more engaged. In our sub-regional caucuses, we had youth in attendance to ensure their voices were heard. It is important that they are full participants.*

R: *The FNHDA is part of the Three Pillars and works closely with the FNHA and FNHC at their joint planning sessions to ensure all voices are heard. In March 2024, we held our professional development conference. We broke into town hall groups and discussed medical transportation and opioids, and we are developing concept papers that will be presented to the FNHC and the FNHA at our next joint planning session. The FNHDA has always ensured it brings the issues of community to the table and that programs and services are developed with them in mind.*

Q: In the north we do not have funding for our youth. For us to make a difference in the toxic drug crisis, we must begin with the 10-year-olds. If we do not engage with them now and get them to abstain from drugs and alcohol, we will never get ahead of the crisis. We need funding so we can work with our members who struggle with addictions. As the FNHC and the political body, we need you to advocate for every health centre to have funds so they can work with the youth.

We celebrated a youth taking part in a sports event in Nova Scotia, and I was not able to donate even a small amount for them. It is frustrating that we must watch our youth and Elders fundraise for medical transportation and sporting events. We need to engage with children to make them successful, and as the political body, we need your voice to fight for our youth. Youth are indulging in high-risk behaviour to get our attention. There are children who are doing well and excelling in sports, so how do we support them for doing well?

R: *We hear you, and we have been advocating for that at the table, such as with the Ministry of Children and Family Development (MCFD) and the SDoH agenda. We have been advocating for communities to access resources.*

*We have all been personally impacted by the opioid crisis. The deaths are increasing, and we must find new strategies to deal with the crisis, or it will continue to escalate. The crisis is no longer on the streets, it is in our communities and in our homes.*

The emcees thanked everyone for the questions and responses. Participants were advised of the breakout session topics and their locations.

## **Wellness Break**

The meeting recessed at 10:20 a.m. and reconvened at 10:45 a.m.

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## BREAKOUT SESSIONS

### **BREAKOUT SESSIONS**

Participants divided into three rooms to hear from speakers on Ahousaht Nation's justice strategy and decolonized approach, Indigenous foods and practices, and applying a social determinants of health lens to community planning.

### **?UNAAKNIŠ ?UKWIIC ?IQHMUUT QWAAC AK “WE HAVE OUR OWN ANCESTRAL WAY OF BEING”**

The justice system has profited significantly from the impacts that colonialism has had upon Indigenous people. Issues of systemic racism and ongoing intergenerational trauma have been barriers that have delayed meaningful healing and justice in communities. Ahousaht was developing a Justice approach that would truly honour ancestral ways of life as well as the colonial hardships First Nations continue to experience. The justice system has not effectively provided sustainable healing and rehabilitation for those who caused harm in communities. Ahousaht understands that those who were causing harm are often victims of harm themselves and is therefore developing a justice strategy that would provide meaningful supports and healing to all people.

This session was led by Chief n' aas?aʔuk (John Rampanen) ʕaahuus?ath (Ahousaht Nation).

### **INDIGENOUS FOODS AND PRACTICES: LIVING AND LEARNING THROUGHOUT THE LIFE CYCLE**

Knowledge Holder Brenda Pike shared knowledge on food harvesting and food preservation, including her journey working with children and youth in her family and community. Along with Kathleen Yung, the presenters discussed the Canning Champions Community of Practice and tea blending.

This session was facilitated by Knowledge Keeper Brenda Pike, Skwah First Nation and Kathleen Yung, Specialist, Healthy Eating and Food Security, FNHA.

### **APPLYING A SOCIAL DETERMINANTS OF HEALTH LENS TO COMMUNITY PLANNING**

The hands-on session shared learnings on how to draw from existing community-driven plans and processes to help identify activities to strengthen the social determinants of health in community.

This session was facilitated by Paul Miller, Director, Community Planning, FNHA, Pratyush Dhawan, Senior Specialist, Community Development, FNHA, and Maya Molander, Senior Specialist, Community Development, FNHA.

### **Wellness Break**

The emcees shared the many activities available for attendees to take part in during the Summit, including a Talking Trees tour, a seawall scooter tour, watching the documentary, “Sugar Canes” at the Vancity Theatre, or visiting the youth or Elders rooms.

The meeting paused for lunch at 12:00 p.m. with a food blessing provided by Elder Lucy Barney. The meeting reconvened at 1:00 p.m.

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## REFLECTIONS FROM THE CEO

### **Richard Jock, Chief Executive Officer (CEO), FNHA**

Richard Jock acknowledged the Musqueam, Squamish, and Tsleil-Waututh territories, Elder Barney, and the Coast Salish welcoming.

Reflecting on the pandemic, Richard Jock noted that a benefit from the strenuous efforts during that time was a testament to all teams working together to achieve the best outcomes for First Nations. This demonstrated that when everyone put their minds together on a specific focus, they could achieve anything and could change systems. The FNHA was involved at every provincial table during that time, and this demonstrated the possibilities.

Over recent years, First Nations communities have gone from one crisis to another. What was not anticipated was the discovery of the 215 graves and the resulting effect on communities across the province. The reopening of trauma compounded the toxic drug crisis, and all efforts were being made to address that issue; it was a complex one. All Pillars must reflect on what has worked and what could potentially work.

It would be fundamentally important to develop new ideas and thinking to bring about systemic change. Healing was imperative to generate better outcomes for First Nations people, and approaches must focus on prevention and changing the conditions that would lead to change. The health system focused on illness, making it difficult to achieve wellness.

Improving the SDoH would be the ultimate prevention, and fundamentally changing the conditions of ill health could be done if institutions focused on culture and changing relationships with First Nations people.

The aforementioned resources would not be enough to do the job; they were there to support the capacity so that distinct plans could be developed and that additional provincial and federal ministerial resources could be accessed directly from communities/Nations. It would not be an FNHA-led process but an FNHA-facilitated process, coming from the FNHC-led strategy and built on relationships with HDs in terms of how it would be executed.

In reference to the presentation from the Ahousaht Nation, Richard Jock commended the Ahousaht Chief's approach which focused on guaranteed income for Ahousaht citizens. It was those types of ideas that would ultimately bring about change. Poverty was a determinant of health, and having adequate income was a determinant of health. The FNHA would contribute in the areas of healing lodges and in the development of mental health programs and would confirm more resources that would enable communities and Nations to implement those plans.

## CULTURALLY SUPPORTIVE HOUSING + WRAP AROUND SUPPORTS + HARM REDUCTION = PATHWAYS TO RECOVERY

### **Fran Hunt-Jinnouchi, Executive Director, Aboriginal Coalition to End Homelessness Society (ACEHS)**

Fran Hunt-Jinnouchi provided background on her family and acknowledged that she had just received a notification that one of her clients had just passed, and asked for a moment of silence.

The work of the ACEHS was urgent. First Nations people were unhoused and living in cities and urban centres; in many cases, the ACEHS was the last place on earth for them to go. The mission of the ACEHS was

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to lovingly provide culturally supportive and affordable housing and services to end Aboriginal homelessness on Vancouver Island. This has been made even more difficult to fulfil with the number of youths who were aging out of or running from foster care and were forced to live on the streets with nowhere to go nor money to pay rent.

The majority of the work took place on the territory of Esquimalt, but also Sooke and Saanich and included four directives: provide Island-wide culturally appropriate housing, secure funding, support services, and community relations. The program focused on those living in the downtown core who had broad and complex needs.

The ACEHS Board was strategically designed to include political leadership in its composition with representatives from the three tribes of Vancouver Island and from the Métis Nation British Columbia. Political will and support were necessary to influence policy change.

The ACEHS program included a continuum of housing supports beginning with services for those that were unhoused, in and out of shelter, or in transitional and supportive housing. Previously, BC Housing did not use the language of “culturally supportive housing”, but now do. The program model and staff changed; clients need an Auntie or a Granny, not a surveillance team where they feel under the microscope. The intention was for clients to feel they were home, and that staff were working for them.

The ACEHS was established as a not-for-profit in 2016. Fran Hunt-Jinnouchi was asked to participate on the Mayor’s Priority One Task Force comprised of mayors, police, and judges. The Task Force identified 74 people in the city of Victoria who were deemed a priority and met eight criteria, including high substance use, history of mental health issues, violence, and in and out of corrections. The first cohort of 74 individuals was a challenging group of whom 20 self-identified as being Indigenous: 17 First Nation, 2 Métis, and 1 Inuit.

Mid-way through the initial cohort, an assessment was made of what was working, what was not, and validation of the key concepts. What was learned was that housing was the first place to begin. The common thread amongst everyone in the cohort was they had been banned from housing because other non-Indigenous housing providers in the city could not handle them.

After a year and a half, people began to see the differences the ACEHS program was making. The space was culturally supportive, and staff understood that clients needed time to adjust in their own time and to feel a sense of safety. Without feeling safe, individuals would remain in “survival mode”, and when in survival mode, they could not concentrate on their healing. Once a space of safety was established, the transmission of skills and connection to family and a sense of purpose would follow. This would initiate a sense of hope for those who had lost the ability to dream.

What was learned was that love could not be qualified or quantified. Clients felt loved, accepted, and not judged, and as a result, the ACEHS bylaws were amended to include “lovingly provide”. Women clients were at a disadvantage, they needed to reach a certain quota for their johns, the ecosystem of grooming, violence, and having people addicted in order to have their way with them. These issues needed to be addressed systematically and through a lens of prevention.

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Clients were housed but were still using and suffering from addiction which demonstrated that more than just housing, even culturally supported housing, was needed. Clients needed pathways to healing, recovery, and a decolonized form of harm reduction, with a focus on safety, and addressing labelling and stigma.

The ACEHS held large events with the BC Nurses Union, BC Transit, fire departments, and city hall, and shared the voices of the street people and of what labelling and stigma meant to them. They helped to design the program as it is today.

The pathway to healing and recovery included:

- Provision of culturally supportive housing
- Development of an Indigenous alcohol harm reduction program
- Established Island-wide healing communities
- Alignment of traditional and Western models of care
- Development of a healing house in the downtown core.

COVID-19 brought with it unanticipated challenges. Clients who had previously lived off of \$400/month were suddenly given COVID-19 benefits from the government and had more money than usual. They began to use harder and more expensive drugs. Clients who were once primarily abusing alcohol were now using opioids and were dying at a faster rate.

A desire for land-based healing and recovery in sacred places was sought, and the FNHA supported the ACEHS with delivering healing across the Island. A healing house, based on a dual model of housing care and decolonized harm reduction, was introduced. Clients found healing through nature and traditional practices such as cedar bark stripping, berry picking, learning how to cut fish, and skinning and smoking deer. These activities created a sense of place and safety. The pathway to healing and recovery, deeply rooted in land-based healing, was where the transformation was seen in action.

Healing house projects:

- “House of Flowers” for women with children in care and who suffer from mental challenges, polysubstance use, and chronic alcoholism
- “House of Courage” or Kwum Kwum Lelum – a design for a 40-room harm reduction facility
- “Sacred Cradle House” – for perinatal polysubstance use
- A Youth House opened in April 2024 and includes six therapeutic beds for children in care
- Two pilots sites for mothers and babies and a facility to house 15 Indigenous girls and women who are pregnant or new mothers:
  - The program will work with them and their addictions and help them move forward with life skills
- The Xexe pahlatsis lelum proposal for housing in Langford for mothers transitioning with their babies and reunited with children in care:
  - The project would include a daycare
- Sanala Culturally Supportive Housing Society in Port Hardy
- Wellness House supported by the Canada Mortgage and Housing Corporation (CMHC) and BC Housing.

The Culturally Aligned Integrated Support Program (CAIS) was a model designed to address housing and homelessness. Funding for the work was provided by Island Health, the Ministry of Social Development and Poverty Reduction, and BC Housing. The model includes health and wellness, food security, restorative

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justice, housing, personal care, and community. Additionally, 50 rental supplements would be distributed per year for eviction prevention and transitioning people into housing.

### **Discussion**

During further dialogue, the following Questions (Q) were offered, and Responses (R) provided:

Q: We have housing with six Nations. How do we invite you to our community to do a presentation? I like what you are doing and want to do the same.

R: *We have a website and Facebook page, so please follow us. Our social media shares real-time land-based healing and other events. Contact me and I will come see you. We have a Vancouver Island-wide focus and have done research up and down the Island.*

Q: Is there funding available for this program? Are you applying to bring that type of housing to regional areas, like in the Caribou? Do you reconnect members back to community through ceremony?

R: *We have brought people home for funerals, ceremonies, and grandchildren's haircutting; that is a big part of what we do. We have a townhouse in our women's facility that we use for family reunification.*

*As far as housing, we are lucky that we have BC Housing, it has been an advantage to us, and they have worked in a committed way. Contact them and let them know that you have housing. Sometimes, they will call on me to help a community, and we are willing to share the knowledge that we have. We are not building an empire, but we can help to get started, including helping them with recruitment and training.*

*If you need a sample proposal, we can help. BC Housing and the CMHC are key partners. We have no core funding as an organization, but we write a lot of proposals each year. It is difficult work.*

Q: We run an outreach program in Campbell River. Is there any support or housing for Campbell River?

R: *We would love to work with Campbell River. Chief John Powell was on our Board, and we discussed the need in Campbell River. We feel equipped to meet our Island-wide mandate, but please reach out, and we can look at ways to support you. We have a robust outreach team, and when you connect that to the CAIS, it will grow. We have a proven model and hope to expand across Vancouver Island and help communities with rental housing and wrap-around supports.*

Q: The ACEHS has a fixed mandate and is serving a specific part of our population. Who fills the void for our urban and away-from-home population when they leave for school or employment? How do we ensure they have a sense of community while they are away from home? Your program is for those who are street-entrenched; how does your organization teach or inform those who work for this population?

R: *I cannot speak to all of that. When we started, we did so because there was no Indigenous leadership addressing the unhoused, those at highest risk, and those most vulnerable. We have an open door, and we do not turn people away. We have supported those who went away to school but did not make it through and were too ashamed to return to their home community. They ended up not in school and unhoused. That is where these rental supplements will be key. Someone who is at a certain income level and needs housing is eligible for rental housing up to \$600/month. We chose our lane because it was a high need.*



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Q: I love the land-based healing program. I have a niece and a nephew in your housing, and I was so happy to see photos of them picking sea urchins; that is what I would like to see our people doing. What supports are in place when there is a passing in your housing?

R: *We will do everything that the family needs to support them through it. We learned how other passings were handled, with a non-Indigenous priest holding a service and often without the family present. We have been holding training and raising awareness of not using a pan-Indigenous approach and teaching them the diversity of First Nations cultures. When a person moves into our housing, we ask them what they want us to do if they are incapacitated or if they pass. We ask them if they want family to be present and whether they want smudging and prayer. They feel empowered by making these decisions.*

Q: Terrace has the second-highest rate of opioid deaths in BC. We have found that when our members who are on a treatment plan come home for a funeral, their families do not know what to watch for to recognize if they are withdrawing or whether they are safe. It would be beneficial to be able to share information with family members for when their loved ones come home.

R: *We lost a young man; he had been drinking since he was eight years old. He was in the alcohol harm reduction program and moved out to live with his buddy, who was also quitting. He passed away from quitting alcohol. We need to raise awareness around chronic alcoholism, and that people can pass from the withdrawal.*

*In some of our long and big houses, if a person is high, they are not permitted inside. What we are experiencing is that culture is healing, so how do they move forward? We are a resilient people; we have held on to our teachings and adapted. We cannot hold our land-based healing camps without having nurses present. We need risk management plans. Our harm reduction program is funded by Canada for cannabis substitution. We can reduce some of their alcohol intake with a gummy or joint. One fellow weaned off his 12 daily drinks to cannabis. We try to utilize that when we are out on the land. We must ensure those coming with deep addictions are safe.*

Participants were encouraged to seek out Fran Hunt-Jinnouchi for further discussion and information.

### **Wellness Break**

The meeting paused at 2:19 p.m. and reconvened at 2:45 p.m.

## BREAKOUT SESSIONS

### **BREAKOUT SESSIONS**

Participants divided into three rooms to hear from speakers regarding pathways for accessing treatment, opportunities for health, healing and recovery, and community-based harm reduction in action.

### **PATHWAYS FOR ACCESSING TREATMENT**

The hands-on training session offered information on referrals to FNHA-funded treatment centres and rapid-access beds. Information was provided on accessing subsidies to attend non-FNHA treatment centres for adults and youth.

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The session was facilitated by Colleen Salter, Director, Clinical Mental Health Services, FNHA, and Dawnda Tate, Senior Addictions Specialist, FNHA.

## OPPORTUNITIES FOR HEALTH, HEALING, AND RECOVERY OF OUR FAMILIES AND NATIONS

Thousands of First Nations children died at the Indian Residential Schools and Indian Hospitals in BC, and they will never be forgotten. 21 communities and project teams from Nations were leading research, interviews, and using various geophysical technologies to conduct investigations into these institutions in a culturally appropriate and respectful way. Leaders and frontline workers in attendance were dealing with a toxic drug crisis, Missing and Murdered Indigenous Women and Girls, child welfare and mental health issues, all as a result of government policies meant to assimilate First Nations. The collective strength of their cultures, traditions, and languages would ensure they heal and create safer families and Nations.

This session was facilitated by Charlene Belleau, First Nations Liaison, MIRR.

## COMMUNITY-BASED HARM REDUCTION IN ACTION

The session shared community-based approaches to introducing harm reduction supports and services while engaging everyone in the conversation.

The session was facilitated by Courtney Harrop, Harm Reduction Coordinator, Tla'amin Nation, and Rachel Bach, Associate Director of Health, ?Akisq'nuk First Nation.

## CULTURAL SHARING

Summit participants were informed that the Cultural Sharing group was unable to attend due to heavy traffic.

## WRAP-UP AND CLOSING PRAYER

***Dr. Nel Wieman, Chief Medical Officer, FNHA and Duanna Johnston-Virgo, Director Mental Health and Wellness, FNHA***

Emcee Wieman acknowledged the losses felt by those in attendance. In her role as the FNHA CMO, Dr. Wieman shared the data around the toxic drug emergency with communities and leadership. The data reflected people, not numbers, and those people were missed and should still be with their families. The work being conducted at the Summit was heavy, and it was important for all participants to take care of their wellness and utilize the cultural supports and medicine available on site.

***Elder Lucy Barney, T'it'q'et Nation***

Elder Lucy Barney appreciated the day of learning and sharing. As participants learned, they took in the good work and what could be applied in their communities. First Nations were innovative, and what they have been able to achieve with the limited resources provided to them was incredible. In the teachings, an eagle feather with its long central stem and two sides illustrated the journey of life. The right side represented the positive lessons learned and the gratitude for that goodness, and the left side was the negative, but reflected the lessons of life and how negatives could be changed into positive experiences.

## ADJOURNMENT

The Summit adjourned on Day 1 – May 7, 2024, at 4:06 p.m. with a closing prayer provided by Elder Barney.

## DAY 2 – MAY 8, 2024

The Summit reconvened on Day 2 – May 8, 2024, at approximately 8:30 a.m.

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### **OPENING PRAYER, REVIEW OF DAY 1, AND OVERVIEW OF THE DAY**

***Dr. Nel Wieman, Chief Medical Officer, FNHA and Duanna Johnston-Virgo, Executive Director, Mental Health and Wellness, FNHA***

Participant Janice Billie shared that her daughter was unwell with addiction, and Janice had to leave her job to be there for her granddaughter, who had special needs. Janice appealed to the FNHA representatives in attendance to hear her concerns with the decisions made regarding patient travel. Janice must travel to appointments for her granddaughter and must use her own vehicle, and she felt the mileage rates were not sufficient considering the ever-increasing fuel prices. Janice recommended that the FNHA consider using the National Joint Council rates.

Emcees Wieman and Johnston-Virgo welcomed participants to Day 2 of the Summit and were reminded about the wellness supports available. Elder Lucy Barney offered an opening prayer.

Elder Barney was grateful for the sharing and the learning that took place the previous day, particularly the sharing of traditional ways. First Nations people have been doing research for generations; they know the best hunting and fishing grounds and the food that was good for them.

Elder Barney's father was born in 1896, he was one of 13 children, and they all attended residential school. Elder Barney's mother became a community helper, but she did not learn to read or write. The family members all had a role in community, and they worked together. There were often other children in the house, and they, too, were kept safe and happy. Her parents knew traditional ways before they went to residential school, and they quietly performed ceremonies for their children. The brothers were taught to fish and hunt. Elder Barney's mother performed the Coming of Age ceremony. Ceremony was key to keeping Indigenous people strong and healthy. Elder Barney was glad to be in a time when First Nations no longer needed to ask permission and were reclaiming their ways and ceremonies; their rituals helped them.

Nora Billy, a third-generation survivor of residential school, spoke of her grandparents being the first generation to watch their children torn away from them. She shared a St'at'ł'imx Elders Honour Song.

Knowledge Sharer Sam George Jr. and Caleb George from Tsleil-Waututh were welcomed to share culture and song. Knowledge Sharer George shared of his family background and how through colonization, his traditional family name was taken. His family member was given the name "Daniel" and then the surname "George", and he became the elected Chief Dan George. Sam George Jr. offered a blessing to start the day, and Caleb George sang a Clan Song.

Emcee Johnston-Virgo thanked all for the opening and reflected on the work and discussions had during Day 1 of the Summit. Participants were reminded to participate in the medicine walk in which attendees could receive various medicines. The Day 2 Agenda was reviewed.

## DAY 2 – MAY 8, 2024

### HONOURING CEREMONY – LISA LAPOINTE

A ceremony took place to honour and acknowledge Lisa Lapointe, former Chief Coroner of the BC Coroners Service, who, in partnership with the FNHA, engaged in work for First Nations communities in BC.

#### ***Aaron Williams, Squamish Nation***

Aaron Williams led the ceremony, and kindly requested patience from observers as the family organized the ceremony and protocols.

Four witnesses were called; they would act as the “newspaper” of what took place during the ceremony and would be asked to speak on what they witnessed. Katie Hughes, Vice President Public Health Response, FNHA, John McNamee, Acting Chief Coroner, Ryan Panton, Office of the Chief Coroner, and Dr. Nel Wieman were called upon as witnesses.

In traditional language, Aaron Williams thanked all in attendance for being in the place known as the “cluster of Maple trees” to witness the work. Family members laid a blanket on the floor. A procession entered the room, led by Lisa Lapointe and Brennan MacDonald, with drumming and song.

Aaron Williams shared that the family was to honour the recently retired Lisa Lapointe for the work she did, which was very sacred to First Nations in BC for their loved ones who had passed. Lisa Lapointe would look to find what was wrong in an individual’s body and what foreign substances were inside. She worked with people to help set new policies and create relationships with First Nations people across BC and Canada.

Many community members go to the city seeking companionship, and they, unfortunately, often find loneliness, darkness, and emptiness. Lisa Lapointe worked with them to learn their story and the path they may have walked that led them to the Coroners Service. It was very heavy work.

It was the intention of the family to honour Lisa Lapointe with a touch of culture and love, using the tools and items bestowed upon them by their ancestors. The blanket, a pure place, represented the time when Lisa could transition, let go of her old life, and begin her new life.

The witnesses and two speakers were called up to offer words to Lisa Lapointe.

Katie Hughes commented it had been an honour to bear witness to the ceremony and to acknowledge Lisa Lapointe for all she accomplished in her career. The ceremony was moving, and Lisa showed great humility as she entered the space and saw the people in attendance to honour her. This was similar to how Lisa approached her work; she was open to learning how best to support First Nations people with their losses and be a partner, advocate, and voice for those who did not have one. Lisa was bold in her advocacy work concerning the toxic drug crisis and pushed in a clear and bold way that influenced others. Lisa’s voice was used as an ally for many.

John McNamee reflected on the elaborate preparation for the ceremony; the witnesses, the careful laying of the blanket on the floor, the blanket full of rich colours and patterns, and the large room full of people quietly

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waiting in anticipation. This was followed by the drumming, which had made his eyes well up with tears. John McNamee felt happiness for Lisa and for the relationships she created. The drumming procession was beautiful as it moved through the room and marked Lisa's transition from her role of taking care of those who had passed for the sake of their loved ones. The ceremony was touching, and John appreciated the placement of the blanket and the sharing of the explanation of the blanket transitioning Lisa's time to spend time with her family. Lisa appeared very humble and happy.

Ryan Panton summarized what he saw, heard, and felt as "connection and love". When Lisa first appeared, Ryan felt very connected to her in that moment, and the drumming and song amplified those feelings. He was reminded how fortunate he was to have been a part of the important work Lisa had done for families and First Nations in the province and country. Lisa had a gravitational pull that pulled good people into her orbit, and it had been a privilege to work alongside her and assist her in supporting the family in an effort to provide them with answers and closure. Ryan closed by saying it had been a privilege to call Lisa a friend.

Dr. Wieman shared an incredible sense of pride in the FNHA Family, who took the responsibility to honour an ally who had been so valuable to them in so many different ways.

Dr. Wieman described Lisa as humble, respectful, powerful, and courageous, and someone who would speak out for those in vulnerable situations and for First Nations in the province. The work in health was heavy work, but when First Nations worked together and with allies, it made the work more impactful. The tragic data of losses were family members, and Nations did not want to see more losses. Lisa Lapointe displayed courage when fighting for First Nations family members, trying to reduce the number of losses, and hopefully reduce those deaths.

Lisa Lapointe had been a mentor to Dr. Wieman and would continue to be so. The work to battle the toxic drug crisis must be done in partnership, and that would include letting one another know how they felt. First Nations were disproportionately overrepresented in the toxic drug crisis, but through the work of Lisa Lapointe and the work of BC First Nations and partners, the hope was that significant strides would be made to turn the issue around.

Aaron Williams thanked the witnesses for their sharing and showing the love and connection.

### ***Grand Chief Willie Charlie, Sts'ailes***

Grand Chief Willie Charlie thanked Aaron Williams for being the voice of the ceremony and the family for the work and part in the ceremony. The Grand Chief emphasised that the ceremony, the honouring, the covering, and the work Lisa Lapointe had done had been ground-breaking in government, in terms of honouring traditional ways of "looking after death".

Some protocols around death involved not leaving the door to the spirit world open for more than four days following death, and ensuring that a loved one was buried in that time. Western coroner services had their own policies and practices, which sometimes did not fit within First Nations practices. Lisa Lapointe demonstrated brave leadership when she broke some of the colonial approaches to looking after loved ones.

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Grand Chief Charlie referenced meetings with Lisa Lapointe's colleague Vince Van Patten, in regard to a request by a family to take an Elder from the Coroners Services, and that while leaving the Elder with the Coroners Service for death confirmation was provincial law, it was against First Nations law.

Western practices in death have many implications for First Nations people and could compound the hurt and trauma they experience. Lisa Lapointe used common sense to assist families; that was her approach. She touched many First Nations families and helped to arrange for a loved one to get back home to Alert Bay within four days. In her position, Lisa Lapointe helped to break some of the rigid Western policies.

Grand Chief Charlie shared of a First Nations family who lost their daughter, Makara, suddenly, at just seven weeks old and how the Coroners Service had wanted to retain Makara to conduct research on how she had died. It was practice for the Coroners Service to do an autopsy in the case of an infant's sudden death, but Makara's family wanted the child released so they could begin their healing; they did not want her to be taken apart.

First Nations believe that when people die, they have time to transition from one world to the next. Babies, however, went straight through to angels as babies had not been impacted by the physical world. The Coroners Service wanted to do research on Makara, to study her brain stem, but this meant that Makara could not move on. Lisa Lapointe had stepped in to move things along and for the baby to be released.

Grand Chief Charlie gave Lisa Lapointe a gift of a straw hat as a token of appreciation from Sts'ailes community.

### ***Brennan MacDonald, Vice President Regional Operations, Vancouver Island Region***

Brennan MacDonald offered that her role was to share words about Lisa Lapointe's role as Chief Coroner and the impact she had in the work. Lisa was a leader who worked in partnership with the FNHA and was a key change-maker in those years.

The partnership between the FNHA and the BC Coroners Service was formalized through an MOU in 2014. The MOU confirmed the joint commitment to work together to improve the health, safety, and well-being of BC First Nations and was an important foundation of the change that was to come. The relationship needed to move forward in a good way, and the partners needed to spend time getting to know each other.

Brennan MacDonald thanked everyone for sharing their personal stories, they were important in building that understanding. It was not just technical information required to change the system, but lived experiences and sharing who First Nations were and what was important to them, would help both organizations to move forward in a good way.

In 2017, the FNHA and the BC Coroners Service signed the Declaration to Commitment to Cultural Safety and Humility, and it was held in ceremony. Brennan MacDonald appreciated the willingness to hold space for ceremony and to mark moments of importance to First Nations. Lisa Lapointe was one of the FNHA's best health and wellness partners due to her willingness to stand in that space of ceremony, to truly understand what cultural safety and humility meant, and to get to know First Nation communities, in order for them to move through times of loss in a smoother way.

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During the past nine years, Brennan MacDonald worked closely with the Coroners Service, and together with provincial partners, in their collective efforts to address the toxic drug crisis, including gathering data on the impacts of the unregulated toxic drug supply. The FNHA CMO worked closely with BC Coroners Service on death panels, and there were many learnings on that journey and opportunities to create change. There was important work to carry forward; the path must be clear to keep the relationship moving in a good way and build up on the good work that happened under Lisa's leadership. Understanding BC First Nations cultural ways of being would help ensure decision-making considers them and ensures service is appropriate.

Lisa Lapointe approached her work with a high degree of compassion and understanding of the importance of relationships and cultural protocols. She treated First Nations' ways of being with dignity and respect, has been responsive to their needs, and made efforts to ensure an open line of communication. When there was a need that could not be addressed in the region, Lisa helped to facilitate a way forward.

Through Lisa's leadership, many families were able to uphold their cultural protocols following the loss of a loved one. BC First Nations honour Lisa and were grateful for her dedication, contribution, commitment, and humble approach to her work. Brennan MacDonald closed by offering that as Lisa transitioned to her new life, she could be assured that she had left a wonderful legacy and a positive influence of which BC First Nations raised their hands in gratitude.

Aaron Williams informed that in the next phase of the ceremony, Lisa would step off the blanket and take her first steps into her new life. The blanket was picked up, folded, and given to Lisa.

### ***Lisa Lapointe, Former Chief Coroner, BC Coroners Service (retired)***

Lisa Lapointe was humbled to be part of the amazing ceremony and grateful to have been able to do the work in partnership with First Nations. Lisa added that it was she who had benefitted from the relationship, and who had learned so much. If in a small way she had helped, Lisa was grateful.

Lisa commented that it was an honour to be on the territories of the Musqueam, Squamish, and Tsleil-Waututh Nations and an honour to have worked with so many people in attendance. The story of the Makara was the beginning of Lisa's relationship with Joe Gallagher, former FNHA CEO, and his brother Steve. Makara was a beautiful baby girl who died unexpectedly in her home in Powell River. The BC Coroners Service process at that time was for a full post-mortem to be conducted when a baby died unexpectedly and that some organs be retained for research. Joe Gallagher had called Lisa about his niece, and a meeting was set up in Burnaby with BC Coroners Service staff, Grand Chief Willie Charlie, and Grand Chief Doug Kelly in attendance too.

It was a difficult meeting, there was a great deal of anger in the room and a lot of ignorance on the part of the Coroners Service. Lisa Lapointe recalled Grand Chief Kelly being emphatic when he said, "Your people have been telling my people what is good for us, and look how that has worked out". This caused Lisa to pause and to consider what right the Coroners Service had to impose colonial practice on a people who had their laws for thousands of years before Western contact. It had been a "lightbulb moment" for Lisa. She remembered the late Chief Leonard George who said, "It is ok to be ignorant, we are born ignorant, but we have to work hard to be stupid." That was the epitome of cultural humility.

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Lisa realized that the BC Coroners Service did not have all the answers, and when they worked with First Nations people, there were ceremonies and laws to be considered, and they needed to learn from them, and to change. It had been a privilege for Lisa to be part of that work.

Grand Chief Willie Charlie had been instrumental in helping the Coroners Service to train coroners in First Nations spiritual practices. The Coroners Service had been ignorant, but they could learn, and that was an important lesson.

With 203 First Nations communities in BC, it could not be the expectation to know all their practices, but coroners must be humble and seek to learn and ask what they could do to make the process easier for families. Although this could be seen as common sense, it was a learning journey.

The Coroners Service was the first agency of its kind to sign the Declaration of Commitment to Cultural Safety and Humility, and since then, many regulatory colleges have additionally signed the commitment. Approximately six people die each day from toxic drugs, and this has been the rate for more than two years. The Provincial Government's response has been appalling. With fewer than 4,000 beds for treatment, there was no evaluation of how the treatment process functions, nor reporting requirements.

Those most impacted by the toxic drug crisis were also the most vulnerable community members. After years of trauma from events of their childhood, the impacts of colonialism, racism, mental health struggles and homelessness, the compassion from government was not evident. People used drugs in public because they did not have a home, and yet government continued to try to force people out of sight.

Expecting an outcry and for government to do something meaningful beyond prevention sites and safe consumption sites, government instead wanted to push users away so they did not have to see them and to cause people of privilege to feel uncomfortable. They have not provided those struggling with addiction, roughly 225,000 people, with any supports or alternatives.

Lisa Lapointe acknowledged the work of the FNHA for the difference the organization had made to the health and wellness of First Nations people in the province. The FNHA's focus was on community, and they listened to people. Lisa shared that she has learned to listen, to hear and that there is "Nothing for us, without us". The honour bestowed on Lisa meant the world to her; she felt unworthy, as it was she who had benefited from the wise teachers who had helped her with her learning. Lisa felt assured that her BC Coroners Service colleagues would continue to do the good work.

Aaron Williams offered thanks to the Creator for all that had been bestowed upon them, and to the Elders for their songs and language. Aaron shared that he had grown up in his grandmother's home, speaking traditional language. He had been given a lens as to what life had once been like for her. His grandmother was born in 1919, and when she was five, she received her sentence to residential school. She was born into a time of oppression, disease, and the imposition of foreign concepts. It was as though she was being torn into two different worlds. His grandmother spoke the Squamish language and learned English when she was 13 years old.



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Aaron Williams reflected on the “time of great change” when First Nations began to wear shoes, to disconnect themselves from the earth they belonged to, to speak a language that did not belong to them, and to wear clothes to cover the body that their ancestors had given them. Some families went into seclusion and held on to the songs, dances, and instruments.

His great-grandmother had been a spiritualist ritualist, and her work involved the passing on of loved ones. She would clean and dress the body and determine why they left had left the world. She had a special spiritual power given to her by her guardian spirit to communicate in a way that colonial minds may not have understood. It was a real and serious business to handle the loved ones. People had time to help. They would open a window, and people would come in to see the family and give blankets. The next morning, they would bring the body out through the back of the house and “leave not as they came”. The window of the home would be removed so that the coffin could fit through, it could not fit in the door. On the fourth day, the loved one was brought to the “boneyard”. Prior to that time, people were put up in trees. First Nations history changed when the Westerners came. Settlers arrived hungry and lost. Since then, First Nations people were put into a process of purgatory while still in the living world, and this was because of that change.

The impact Lisa made was significant, sometimes it only took one person to create change. The Elders used to say they had alliances with relatives both near and far through trade. Up until 1872, trade was a primary economy; biologicals were traded, pelts, beads, meats, and spiritual tools, but then Fort Langley and the Hudson’s Bay Company were established.

Although the outsiders came and changed aspects of how things were conducted, First Nations never forgot how to identify themselves to the lands, who they were, and where they came from. With the relationships Lisa established, First Nations people would continue to be able to take care of themselves in a way that reflected the olden times, and the hope was that those that took up the space Lisa was vacating continue to hold those relationships with the people around the Coast Salish territories. First Nations people were not going anywhere; colonists may have assimilated them; they now wore shoes, clothes, and spoke English, but they would always hold on to what they were given. It was their responsibility to be who they were, and their responsibility to be Indian people. They would never let that go.

Aaron Williams confirmed that the ceremony agenda the family had in mind had concluded, and he was grateful to be part of the process with everyone in attendance.

Emcee Johnston-Virgo thanked Aaron Williams and all who participated in the ceremony to honour Lisa Lapointe. Ceremony was foundational to the work to build, reset, and strengthen relationships with governance and health system partners.

### **Wellness Break**

The meeting paused at 10:15 a.m. and included an activity led by FitNation. Participants were informed that a provincial emergency alert test would take place at 10:55 a.m.

## BREAKOUT SESSIONS

# DAY 2 – MAY 8, 2024

## **BREAKOUT SESSIONS**

Participants divided into breakout rooms to hear from speakers regarding withdrawal management and supporting home detox, Opioid Agonist Therapy (OAT) access programming, and amplifying youth voices.

### **WITHDRAWAL MANAGEMENT, SUPPORTING MEDICAL, SOCIAL, AND HOME DETOX**

The session presented ways to assess potential safety and concerns around home or community withdrawal, symptoms of the withdrawal process, and when and where to get medical help if needed.

This session was facilitated by Jodie Millward, Director, Toxic Drug Response, FNHA, and Jenny Peters, Nursing Practice Consultant Substance Use, FNHA.

### **OAT ACCESS PROGRAMMING: WALKING ALONGSIDE COMMUNITIES**

The session discussed implementation of OAT Access Programming in community in a sustainable and culturally safe manner while meeting the needs of communities and Nations where they are at. Through the use of the analogy of building a boardwalk to health and wellness for communities impacted by substance use by building upon existing strengths and values and embedding community programming in First Nations ways of knowing and being.

This session was facilitated by Hattie Daumann, Nurse Practice Consultant, Substance Use and Harm Reduction, FNHA, and Torrie Beram, Registered Nurse, Central Interior Native Health Society.

### **AMPLIFYING YOUTH VOICES**

Youth with lived and living experience shared their realities on engaging young people, harm reduction, and healing.

The session was facilitated by Whitney Welsh, Project Manager, FNHA, and youth representatives from across the province.

### **Wellness Break**

Participants were welcomed to sign up for two activities taking place that afternoon, a tour to Science World and to the Museum of Anthropology.

The Summit paused for lunch at 12:00 p.m., and Sempúlyan Gonzales, Squamish Nation, offered a meal blessing. The Summit reconvened at 1:00 p.m.

The emcees welcomed participants back from lunch and emphasized they continue to access the cultural supports, exhibitors, and artisans on site.

### **SNXASTWILXTN RECOVERY HOUSE: A PLACE TO HEAL**

#### ***Jacki McPherson, Health Manager, Penticton Indian Band (PIB)***

Jacki McPherson shared a presentation titled, "Penticton Indian Band Health Department Mental Health Substance Unit and Recovery House".

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After losing her husband 18 years ago, Jacki McPherson threw herself into work. Her adult children struggled to cope; one was into drugs, and the other alcohol. Even with all of Jacki's knowledge of health and access to supports, her children were still affected by addictions. Seeing her children suffer, Jacki wondered what to do, and she took note of what was and what was not working for her children's healing. One observation was that the National Native Alcohol and Drug Abuse Program (NNADAP) worker in community sat in the office and waited for individuals to come to them.

The first step toward the vision of a Recovery House was to build a team. Beginning with the NNADAP worker, a Mental Health Substance Use (MHSU) was created, its members bringing their individual gifts to the team.

Highlights of the MHSU work included:

- People must see themselves participating, healing, and growing; they need to be proud of it
- The program involves many on-the-land activities
- Activities held with families, grandparents, aunts and uncles – this was an identified gap:
  - Confidentiality was important, and only those clients who gave permission to are invited
- Importance of not getting stuck in one way of doing things and working the way the community and family needs
- Elders involved in every step of every program and participate in activities such as bowling, dinner, and dances:
  - Elders see what is occurring in communities and they are eager to help
- Community nursing includes immunizations, mobile vision clinic, mobile foot clinic, pediatric care, Living Your Best Life (chronic illness/disease program), homecare, and medication return program
- The entire health department is involved in the Recovery House:
  - People often do not ask questions about their health or their treatment or understand their medicine
  - Staff speak to clients about their medications, explain potential side effects and complications, such as when a person is coming off opioids
- Paramedics participate in programs
- Services offered include clinical counselling, pre/post treatment/recovery and detox assistance
- Recovery House programming includes building healthy leaders, day treatment, self-defence, anger management, and men's groups
- Five-year funding received for the program
- Everyone is welcomed, no matter where they are on their journey
- Prevention is a key focus
- Youth exercise classes to get them away from screens:
  - Program offered five times per week
  - Grandchildren are lifting weights with their grandparents
  - RCMP members participate in plain clothes – it makes them seem “more human”
  - Youth are choosing to exercise rather than play video games
- Youth are seeking healthier foods, taking fewer drugs, and have improved their mental health and personal habits
- Advocacy for clients including working with child services, schools, Interior Health, and prisons
- Treatment for when prisoners are released
- Work with MCFD and parents to get their children back to them
- A living agreement and work plan, led by the client, is developed for each client:

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- Clients indicate what their personal goals are, where they see themselves in the future, what they want from the program, and what they are willing to do
- When necessary, the agreement is referred to and adjusted
- The PIB high school supports with the gym, cooking, and nutrition
- On-the-land training, culture, and language are important
- Building healthy future leaders through the Heart Ways program:
  - Providing education and support while doing different activities
- Partnership with Interior Health on a Girl's Group, sharing teachings while participating in activities
- Day treatment and providing clients with the tools to stay sober and reach their sober goals
- Self-defense classes with a focus on discipline, respect, responsibility, and accountability
- Integrated Community Outreach Team (ICOT) includes representatives from Interior Health's Mental Health Substance Abuse Team, paramedics, and the RCMP:
  - First responders know the locations of drug houses, and they check in on them
  - Teach people how to use Naloxone and refresh their kits
  - Lives have been saved on multiple occasions
  - Opens the door for people to ask for help or to talk
- Collaboration with Interior Health on training and education:
  - Team members from PIB wear "PIB Health Badges" so hospital staff know who they are; this has had a positive impact on how First Nations people are treated
- Nurse prescriber on site
- OAT nurse on site every Wednesday to assist people with setting up a program:
  - The nurse is available to clients by text and phone and has even met clients at their homes
- Methadone delivered to homes:
  - Clients may have issues getting to drug stores each day and can often fail in their recovery
  - Partnership created with a local pharmacy to deliver methadone to clients seven days per week
  - The number of clients using this service has increased
- Wild Mountain Counselling offers services to clients at their centre or at the PIB centre twice per week:
  - Training provided to the PIB Team
  - Hoarding workshops held
- Partnership with BC Housing on a new complex in Penticton for sober living:
  - A referral application process set up through BC Housing to fast-track people into the housing so they do not have to return to their homes where there may be ongoing substance use
- Staff training provided in 2023 included trauma-informed practices, curriculum development for day and post-treatment, youth programming, First Aid, Mental Health First Aid, Train the Trainers in Naloxone, Counselling 101, community crisis training, and pharmacology and how pharmaceuticals interact with traditional medicines
- During COVID-19, families were not permitted to be with loved ones when they passed in the hospital:
  - Spoke with the Interior Health to help them understand First Nations' lack of trust in the system
  - Brought the PIB community together to learn more about COVID-19 and Interior Health protocols for shared understanding of both systems.

### **Discussion**

During further dialogue, the following Questions (Q) were offered, and Responses (R) provided:

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Q/C: What does ICOT mean?

R: *Integrated Community Outreach Team.*

Q/C: How do you approach the community members of that team and make it work?

R: *The RCMP went to the drug homes and told them that they knew what was going on but that they wanted to ensure that all were safe. They offered Naloxone and informed them of their options.*

Q/C: Would you be able to share your curriculum with us?

R: *Yes, we could share that.*

Q/C: Was the facility for the recovery house built, or was it a pre-existing building?

R: *It is a very old house. Our health centre broke last year and we had to move to an old Band Office. We fixed some things up, and we left, but our MHSU team stayed there. It is an old house, but it works.*

Q/C: Jackie was an instructor of the HD program. She told us to look outside the box. We want to do this work and work with the schools and the health authority. I raise my hands to you.

Q/C: Could you explain more about the hoarding workshop?

R: *We defined hoarding as when it became unhealthy for an individual or their family. We found that there was more hoarding taking place in community than we thought. Some people hoard differently; there is medication hoarding, for example, or clothing or tools. We spoke to individuals about letting go of their things. The participants ended up offering to go to each other's homes and help them get rid of their stuff. They began to help each other unclutter. We have held three workshops to date.*

### **Wellness Break**

The meeting paused at 2:07 p.m. and concluded at 2:45 p.m.

## BREAKOUT SESSIONS

### **BREAKOUT SESSIONS**

Participants divided into breakout rooms to hear from speakers regarding land as a modality for healing inter-generational trauma, addressing BC's addiction treatment crisis, and strengths-based treatment services to heal from sexual harm.

### **LAND AS A HEALER**

The panel session focused on land as a modality for healing inter-generational trauma, dispossession, and cultural loss, by supporting the reclamation of identity, tradition, and ways of being. Speakers presented strategies, ideas, and challenges in utilizing the "land as healer" to inspire best practices for land-based healing.

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The session was facilitated by Carla Lewis, Senior Specialist, Traditional Wellness, FNHA, Dr. Karla Tait, Oyate Kin Ekta Kigla Win Tait, Brenda Michell, Abraham Ramirez, and Savannah Prince.

### **ROAD TO RECOVERY: AN INNOVATIVE MODEL OF SUBSTANCE USE CARE IN BC**

The Initiative sought to address two aspects of BC's addiction treatment crisis through increasing access to on-demand addiction care and reorganizing existing clinical services to support patients at every phase of recovery. The session described the unique ways the initiative sought to address Indigenous patients' needs.

The session was facilitated by Angela Thomson, Indigenous Wellness Liaison, Providence Health Care, Dr. Brittany Dennis, Road to Recovery Physician, Providence Health Care, and Raquel Joseph, a patient with lived experience.

### **REBUILDING THE CIRCLE AND HEALING FROM TRAUMA**

Rebuilding the Circle (RTC) was a strengths-based continuum of comprehensive treatment services to heal the impacts of sexual harm in Nuu-Chah-Nulth. RTC was the first healing modality initiative on Vancouver Island. The session shared about RTC and emerging community-led modalities across the province.

The session was facilitated by Lisa Robinson, Executive Director, Kackaamin Family Development Centre, and Hilda Green, Manager, Healing Modalities, FNHA.

## CULTURAL SHARING

The Children of Takaya, Tseil-Waututh Nation, provided a cultural closing including a Swan Song Dance and an Eagle song.

Their Creation Story was shared and related to the First Grandfather, who was orphaned as a newborn. When his mother gave birth to him, the blood attracted a nearby wolf pack, and the mother wolf of the pack raised him as her own. As a young man, he realized that he was the only one of his kind; he did not have fur, feathers, or fins. He did not walk on all fours, swim, or fly. He was lonely.

He hiked high up on a cliff which overlooked the Burrard Inlet. Creator spoke to him and gave him a vision of diving off the cliff into the inlet. He swam to the bottom and collected as much earth and rock as he could hold. When he made it back to the beach, he laid the rock and earth down and made a circle of cedar boughs. He fell asleep, and when the sun rose, a beautiful woman was there next to him; she was a gift from the womb of Mother Earth. The First Grandfather was to love, respect, and cherish her.

The Children of Takaya shared a Matriarch Song and dance. "Sxwóxwiyam" (story/legend) was more than a story; they were deeper and more meaningful. The dance group began in the 1950s, and Bob George and Chief Dan George created the dances and songs; it was a way to share who the Coast Salish people were with the non-Indigenous. As part of the Wolf Clan, a Men's Wolf Song was shared.

Another story was shared about the history of Vancouver and downtown, which was known as the "place with a lot of Maple trees". Their late grandfather and Uncle Dan George used to hunt for deer along where

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Hastings Street currently runs, and they hunted elk in what was now False Creek. First Nations were taught to only take what they needed from the land and not to take too much.

Another Sxwóxwiyam involved two young boys who were catching salmon and killing them for no reason. The Watsauk came along and was upset, and waved his hands to send the salmon back to the ocean. The boys brought shame to their village, and the Elders decided they needed to find Watsauk and apologize. Watsauk told the boys not to apologize to him but to the water and apologize to the salmon. As the boys were walking to the water, they began to hum and sing. The Watsauk Song, also known as Big George Song, was their apology to the salmon.

80% of the diet of the ancestors was salmon; they relied heavily on salmon. There were once 10,000-15,000 Tseil-Waututh people around North Vancouver, up to Indian Arm, and back through West Vancouver and to Upper Squamish. It was shared territory with some overlap, and all Nations were relatives, although they may have spoken different languages.

Kitsilano and Belcarra were considered summer villages to both the Tseil-Waututh and Squamish peoples and likely the Musqueam. They lived together in harmony, and it was not until colonization that they were divided and separated, which was done with purpose and intent. Indigenous people were intentionally infected with smallpox, and the population went from 10,000 to 15,000 to 39, of which 13 were adults. There were waves of smallpox, Spanish flu, tuberculosis, and then residential schools. The last 150-200 years have been a dark time for First Nations people and for the history of Canada. It was up to First Nations to keep their culture alive and in a good way.

The Children of Takaya shared a final “Skipgate song” and thanked everyone in attendance for their kind attention and for allowing them to share culture with them.

### WRAP-UP AND CLOSING PRAYER

***Dr. Nel Wieman, Chief Medical Officer, FNHA and Duanna Johnston-Virgo, Executive Director, Mental Health and Wellness, FNHA***

Emcee Wieman thanked Robert George Sr. and Robert George Jr. for joining the Summit and closing out the day with song. Thanks were extended to all who had participated in the gathering, which began that morning with ceremony and the showing of love and care to partners and colleagues and ended with song and dance.

Elder Barney shared that it had been beautiful to see culture in action and to see the women and children take part; it lifted her heart. Elder Barney offered a closing prayer.

### ADJOURNMENT

The Summit adjourned on Day 2 – May 8, 2024, at 4:35 p.m. with a closing prayer.

## DAY 3 – MAY 9, 2024

The Summit reconvened on Day 3 – May 9, 2024, at approximately 8:35 a.m.

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### **OPENING PRAYER, REVIEW OF DAY 2, AND OVERVIEW OF THE DAY**

***Dr. Nel Wieman, Chief Medical Officer, FNHA and Duanna Johnston-Virgo, Executive Director, Mental Health and Wellness, FNHA***

The emcees welcomed all to the final day of the Summit, reviewed the agenda, and invited Coreen Paul, Musqueam First Nation, to start the day off in a good way.

Coreen Paul, Musqueam First Nation, spoke in her traditional language and shared her family background, adding that she could only read her language; she could not speak it fluently. Her grandparents had attended residential school, but they were able to keep Coreen's father hidden from agents, and he did not go to residential school. Generations of First Nations lost their language, but the language was being regained and supported by programs such as the First Nations Endangered Language Program at the University of British Columbia (UBC).

Coreen was honoured to represent Musqueam and begin the day in a good way, and welcome all to the ancestral and unceded territory of the Musqueam, Squamish, and Tsleil-Waututh people. In attendance with Coreen was her granddaughter, Sienna. Sienna was a student in grade 10 at Crofton House School and would be the first Musqueam graduate from there. Sienna's academic, sporting, and volunteer accomplishments were many, and she was recognized for her Red Dress art project, which was on display at Crofton House. Sienna additionally participated in a live UBC radio show in which she spoke about anti-Indigenous racism, including toward those who may not look Indigenous.

Sienna Matheson, Youth Advocate, Musqueam, was honoured and humbled to be in attendance and shared her Red Dress project she completed at school. She had used one of her grandmother's red dresses and, on canvas, depicted a red dress hanging from a tree. She spoke of the micro-racism she faced at high school and was very happy to be in attendance at the Summit amongst First Nations from all across the province.

Elder Barney and the Summit participants shared a round of applause for the Hyatt Regency Hotel kitchen manager and staff for the delicious food they had prepared over the three days of the Summit. In recognition of National Nursing Week, all nurses in attendance were acknowledged.

Elder Lucy reflected on the beautiful day and was grateful for all the gifts that had been shared. Although the 215 little ones found in the unmarked graves did not get to grow old, they were teachers. Ceremony would carry on so that the little ones could find their spiritual journey home.

Sisters from the Stl'at'imx Nation shared a Dream Song, also known as the Four Direction song, and encouraged participants to pay attention as they went and to listen, not to the words, but to what was around them. When they walked, there were messages to be received from everywhere.



## DAY 3 – MAY 9, 2024

### HONOURING OUR YOUTH

Emcee Wieman welcomed the opportunity to hold up the young people who were connecting and learning during the Summit, attending breakouts, connecting with Elders, and taking part in the outside activities. Wellness supports, George Jeffery and Don Beacham, were invited to honour the youth.

In traditional language, George Jeffery, Tsow-Tun Le Lum, honoured each of the participants in attendance in the highest manner, the Chiefs, matriarchs, the house speakers, and all in community. He reflected on the vitality of the youth and their role in community, their commitment to excellence, and to a better future for all. George called upon the Creator's medicine to honour the youth; the sun, moon, stars, mountains, ocean, air, and cedar were all powerful protectors; they held dreams and visions. George bestowed these gifts upon the youth as they stepped in to help others.

Don Beacham could feel the energy in the room. As they looked to spring, it was important to remember their own springtime and their youth. Don extended a hand to all who raised the incredible youth. Youth today were more spiritual than their parents, they had spontaneity and creativity, and there was great pride in bringing them forward. They were pushing their parents and Elders forward too.

Don Beacham emphasized the importance of bringing humour into one's life journey; where they walked and what they experienced made them who they were. When loved ones were in the spiritual world, they were unencumbered from the physical body and life, they were free. The Creator created all to have spirit and to look within; they were the result of all the people that came before them. It was important to nurture oneself, everyone needed time, attention, and direction.

It was explained that Don Beacham would brush the back of each youth with an eagle feather, and George Jeffery would brush their front with cedar. The youth were invited to come and be brushed.

When medicine was brought forward, it was called a brushing, but in actuality, the medicine pulled off energy that was not theirs. The messages were released to the ancestors and collected and held until they were released. Participants were asked to hold space and be mindful of their thoughts for the youth, and to speak from their hearts and their souls. It was important that when receiving medicine, two questions be considered: "What do they need at that moment?" and "Who are they?". When protocols were loved, honoured, and respected, the ancestors would come forward. No one would ever walk alone when they were connected to family, ancestors, and Creator.

Don Beacham acknowledged the space for the voice of the youth at the Summit and the Elders, creating inclusivity and collaboration and developing future leaders. The youth and Elders took part in several activities, including the scooter tour to Stanley Park, watching a film, visiting the Museum of Anthropology, Science World, and the UBC Indian Residential School History and Dialogue Centre.

Others joined the front for a brushing, and participants were encouraged to give the youth a hug.

George Jeffery was grateful for the space to honour the youth and acknowledged them through applause. The circle was closed by honouring the Creator and the creation of the land.

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Several Youths in attendance spoke of their gratitude to all who organized the Summit and for including the youth. They expressed heartfelt thanks for the opportunity to participate in the workshops, breakout sessions, and off-site activities. The youth were all committed to bringing what they had learned back to their respective communities and to assisting those who were struggling.

### BREAKOUT SESSIONS

#### **BREAKOUT SESSIONS**

Participants divided into three breakout rooms to discuss traditional healing mentorship, incorporation of traditional wellness workers in harm reduction, and establishing peer networks.

#### **TRADITIONAL HEALING MENTORSHIP VISIONING WORKSHOP**

The interactive visioning session guided participants through reflective discussion on strategies to establish mentorship opportunities for the next generation to lift up their gifts as healers, visionaries, and future Knowledge Keepers.

This session was facilitated by Carla Lewis, Senior Specialist, Traditional Wellness, FNHA, Brett Draney, Youth Mental Health Program Consultant, FNHA, Lorraine Naziel, Specialist, Mental Health and Wellness, FNHA, and Jolene Wesley, Coordinator, Traditional Wellness, FNHA.

#### **MOVING FORWARD IN A GOOD WAY**

The presenters discussed education around Naloxone, harm reduction supplies, and the incorporation of traditional wellness workers, along with a discussion on the importance of fire safety training and response as part of preparing for climate change.

This session was facilitated by Kathleen Davidson, Housing and Resource Worker, Boothroyd Indian Band, and Tanis Campbell, Aboriginal Head Start and Community Health Worker, Boothroyd Indian Band.

#### **ESTABLISHING PEER NETWORKS – WHAT IS IMPORTANT TO PEERS?**

The sessions discussed how engaging with, listening to, and supporting peers on what works for them was crucial to establishing meaningful peer networks and providing peer-driven responses in community.

The session was facilitated by Terri Gillis, Project Manager, FNHA, and peers with lived and living experience from across the province.

#### **Wellness Break**

The meeting paused at 10:30 a.m. and concluded at 10:40 a.m. with a prize draw.

#### **MOVING FORWARD TOGETHER**

#### ***The Honourable Jennifer Whiteside, Minister of Mental Health and Addictions, Province of BC***

Minister Whiteside shared it was a privilege and honour to be gathering on the lands of the Musqueam, Squamish, and Tsleil-Waututh peoples.

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Minister Whiteside has worked extensively in the labour movement and in advocating for the public healthcare system and for equality. She was grateful for the work the FNHA has done in this regard and for the incredible partnership they bring to regional health authorities and to the Province in working and striving to support and improve the health of First Nations across the province. Thanks were extended to the Board and the FNHA team for all they do.

The Summit brought all levels of the health system together to learn from one another, and it was great for Minister Whiteside and her colleagues to spend time with all in attendance. Minister Whiteside brought warm greetings on behalf of the Honourable Premier David Eby and the entire BC government.

The Minister shared that the Summit, like other gatherings she had experienced, was where people came together to learn from one another, to plan, to educate themselves as part of a social movement, and to better understand their power and to take that power forward. The space and the energy that people brought were making incredible and important changes while discussing critical issues, including land-based healing, harm reduction, treatment, recovery, and more.

Minister Whiteside noted the powerful youth session and the youth focus across the province, and hearing Indigenous youth speaking traditional language was incredibly hopeful.

Minister Whiteside referenced a meeting the previous week in Victoria with the FNHC, the Honourable Minister Adrian Dix, MoH, the Honourable Murray Rankin, MIRR, and Premier Eby, in which the 10-Year Strategy and shifting the dial and making advancements on the SDoH was discussed, and improving the health and wellbeing of First Nations in the province.

Minister Whiteside recalled being with Chief John French, Takla Nation, in Prince George, where the Chief spoke of the challenges in supporting and protecting youth. As Minister of Education at the time, Minister Whiteside saw how important it was for First Nations youth to be taught to “see with both eyes”, to have feet in both worlds, to be connected to culture and First Nations ways, but also to operate in the broader world. First Nation communities had the additional challenge of staying rooted in culture and in Indigenous ways of knowing and bringing those forward into the broader world.

First Nations health leaders were on the frontlines doing the critical work around improving the health and wellbeing of their people and saving lives in communities. The toxic drug crisis was a particularly vexing situation for all communities in the province. It had been a long eight years since BC declared the toxic drug situation a public health emergency. Since that time, First Nations have been through extraordinary experiences, including an unprecedented global pandemic which profoundly disrupted the health system.

BC First Nations continued to live in the shadow of the pandemic, compounded by the affordability crisis, accelerated climate change and its impacts; many communities would likely be facing an early wildfire season. There was the disproportionate impact of the toxic drug crisis on Indigenous in the province. The impact of the toxic drug crisis on the life expectancy of First Nations people was staggering. The losses of sisters, brothers, friends, and loved ones, must not continue.

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The circle of impact and the grief connected to loss was exponential, and few were untouched by the toxic drug crisis. The Province and First Nations were compelled to try every possible intervention, and if they were not working, to change mid-way and try other alternatives. Every life lost was worth saving.

The Union of BC Indian Chiefs (UBCIC) called for an emergency joint response to the toxic drug crisis, and states of emergencies had been declared in a number of communities. The Province stood with communities, with the UBCIC, First Nations leaders, and frontline workers, to protect communities and those that were most vulnerable. It was imperative that the work be done together to try to change the dial and save lives.

It was well understood that First Nations communities required programs and services that meet their specific needs, and that were culturally safe and led by First Nations. Community health leads were in the best position to determine how to provide care to their communities, and there was not one solution to fix the crisis. The Province was working hard to expand access to mental health and addiction care in BC across the entire continuum, including early prevention, harm reduction, aftercare, supportive housing, and complex care.

The provincial government was making unprecedented investments in the area of mental health and addictions. Since its inception in 2017, the Ministry of Mental Health and Addictions has worked to specifically address the growing crisis. In 2023, Premier Eby announced a \$1 billion budget allocation for mental health and substance use. Those resources were to be used to help regional health authorities and First Nations with on-the-ground supports and pathways to care. \$171 million was allocated for Indigenous-led treatment, recovery, and aftercare services, and the Ministry was working with the FNHA and Nations to provide those supports and services and triage areas where the most concerning rates of mortality lie.

The Minister shared additional work being done, including:

- Support for the Lheidli T'enneh First Nation on the creation of a Youth Centre of Excellence in Prince George
- Work with the FNHA and Canada on the revitalization and building of new First Nations treatment centres throughout the province
- The Orca Lelum Youth Wellness Centre in Lantzville provides substance use treatment for youth.

There were many more milestones to come as First Nation treatment centres in the province were revitalized.

The partnerships solidified through that process were critical. The Province was working hard to be responsive to areas where increased rates of mortality were noted, including in the northwest of the province. The Province was working with the Northwest Alliance to bring better care to those people in the region. A 16-hour bus ride from Terrace to Prince George to receive detox was too hard for people struggling, care must be brought closer to home. Supports were needed for those in early stages of withdrawal management, and they must be provided in community.

Across the mental health and substance use system, the Province was working with Nations on the ground for solutions, including First Nations-led complex care housing and investments for Indigenous-led peer assistance care teams. Minister Whiteside appreciated the leadership of Nations for putting their hands up and asking for support in getting their initiatives off the ground. Their leadership was making progress possible, and the Ministry stood with them.

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The Province wanted communities to be safe and secure and for support and treatments to be available for people when needed. Government was committed to continuing to do the important work alongside Nations. It was a challenging and volatile time, and it was critical to leverage the collective strengths to take on the crisis, make progress, and save lives. Minister Whiteside was confident that together, it could be done.

The emcees thanked Minister Whiteside for being with the Summit and for the work she and her colleagues did each day for communities and Nations.

### **WRAP-UP AND CLOSING PRAYER**

***Dr. Nel Wieman, Chief Medical Officer, FNHA and Duanna Johnston-Virgo, Executive Director, Mental Health and Wellness, FNHA***

Members of Culture Saves Lives, Cody Hunt, Cameron Webber, Rory Dawson, James Dawson, and Aramis Hanuse, shared that Culture Saves Lives was created to address the need for First Nations people to receive cultural and spiritual care and help them to reconnect or connect to traditional practices. The group, located on the Downtown Eastside, provided culture and harm reduction through drumming, sweat lodges, singing, and feasting, along with access to Elders, traditional medicines, links to housing, nutrition, and health care.

Culture Saves Lives shared a number of songs and spoke of the origins of the songs and how they were used. Cody Hunt thanked the FNHA for inviting them to share culture with the Summit participants and thanked all in attendance for the work they were doing to support First Nations people in BC.

Emcee Wieman thanked Culture Saves Lives for lifting the spirits of all in attendance, their hearts were full. The group and culture helped to heal the distress and hurting of First Nations people in the province. Hearing from Culture Saves Lives was a wonderful way to conclude the gathering.

Heartfelt gratitude was extended to all for making the Summit possible, including the FNHA family and staff who worked tirelessly on the event, the breakout panelists for sharing their knowledge and wisdom, the keynote speakers for their inspiring stories, the artisans who shared their amazing work, the exhibitors for sharing their information, and to the cultural support workers for grounding participants and keeping them well over the three days of the Summit. The emcees wished everyone safe travels home.

On behalf of the three First Nations, Hereditary Chief Gibby Jacob, Squamish Nation, thanked everyone for taking part in the Summit, and for being present with respect for their people. Chief Jacob felt strongly that the issues being faced by Nations and communities were symptoms of what First Nations had been through and experienced.

Referring to a report from the BC Coroners Service, Chief Jacob commented that the difference between First Nations people who had hope and those who had none was drastic. If First Nations could give each other hope, they could work together to create opportunities for healing. The Chief took this to heart and created opportunities in his Nation to train members in carpentry, pipe fitting, plumbing, clerical, work, and heavy vehicle operations. The Chief encouraged other communities to do the same, it was important to ask their people, "Do you have any hope?" They would share if they did or did not.

## DAY 3 – MAY 9, 2024

Chief Jacob shared that his parents had worked in long-shoring and fisheries in the Downtown Eastside. The area then was primarily the working class and included many First Nations. The area had changed, and the hope was for First Nations to come together to bring support to their people living on the Downtown Eastside, and to give them hope.

Chief Jacob shared an Eagle Song, which belonged to his later grandfather. The eagle was important to First Nations and was the being that brought the prayers to Creator.

### **CONCLUSION**

The Summit concluded at 11:49 a.m. on Day 3 – May 9, 2024.

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# ACRONYM LIST

## ACRONYM LIST

The following acronyms are used throughout these proceedings:

ACEHS	Aboriginal Coalition to End Homelessness
CMHC	Canada Mortgage and Housing Corporation
CEO	Chief Executive Officer
CMO	Chief Medical Officer
CAIS	Culturally Aligned Integrated Support
FNHA	First Nations Health Authority
FNHC	First Nations Health Council
FNHDA	First Nations Health Directors Association
GW	Gathering Wisdom for a Shared Journey
HD	Health Director
IRSSS	Indian Residential School Survivors Society
ICOT	Integrated Community Outreach Team
MOU	Memorandum of Understanding
MHW	Mental Health and Wellness
MHSU	Mental Health Substance Use
MCFD	Ministry of Children and Family Development
MoH	Ministry of Health
MIRR	Ministry of Indigenous Relations and Reconciliation
NNDADP	National Native Alcohol and Drug Abuse Program
OAT	Opioid Agonist Therapy
PIB	Penticton Indian Band
RTC	Rebuilding the Circle
SDOH	Social Determinants of Health
UBCIC	Union of BC Indian Chiefs
UBC	University of British Columbia