

Spirit

SHARING FIRST NATIONS HEALTH AND WELLNESS

OUR FIRST NATIONS HEALTH AUTHORITY



Digital Wellness

Spirit of the Peace

A Time to Cleanse

FALL 2013
www.fnha.ca

WHAT DOES HAVING A NEW FIRST NATIONS HEALTH AUTHORITY MEAN TO YOU?



"It means that the everyday person is thinking about their health, because of this transfer process. If it wasn't for this, we would not be thinking about our or our neighbour's health. The medicine makers in our world would not be able to share their knowledge of our own ways of being healthy, and it would have taken longer for our people to be more aware of our medicine."

Chief Brenda Lester, Samahquam First Nation



"I have seen the wellness services provided to many generations. I want to use my skill, my love, and my culture to ensure that we break this cycle of depending on others for our survival. We are a strong vibrant people and adding my efforts in along with others brings my pride, my confidence, and my strength to a level that at one time felt could never be achieved. It feels good to be a part of a transition from the grass roots level and see success exists simply through the powerful yet simple task of speaking up and taking action as a whole and as one."

Crystal Disher, Lake Babine Nation



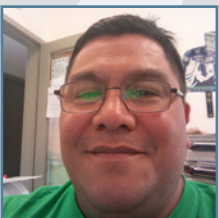
"The Health Authority to me means a better understanding and better communication between the federal, the provincial and the Aboriginal people. As we bridge between the gaps our people will have greater flexibility and have a voice in the care and have our specific needs met more effectively."

Lily Ned, Upper Nicola Band



"I think it is important and absolutely vital we have our First Nations Health Authority. We have been so sick for generations; we have been taught that the answers for our poor health status need to come from outside ourselves. If we allow ourselves, we can have the capacity to work with and guide all provincial stakeholders to create and deliver services that have a positive impact on our health status. Healthy individuals are the greatest assets to strong healthy Nations. We cannot and will not thrive as a people when health is absent."

Tania Dick, Dzawada'enuxw Nation



"It means there is a possibility that our people will achieve their best health through their own volition that will begin a ripple effect for the generations and those that are in vicinity to them."

Peter D. John, Chawathil First Nation

WORDS OF WISDOM FROM OUR LEADERS

WHAT DOES IT MEAN TO FINALLY SEE THE TRANSFER OF HEALTH CANADA RESOURCES TO THE FIRST NATIONS HEALTH AUTHORITY TAKE PLACE?

“Amazing! Hoychexw, Siyam - Xals! (Thank you, Creator - God). First Nations and Aboriginals have suffered far too long with inappropriate health services. Incorporating our traditional ways will bring greater success in assisting our people to be strong and healthy once again.”

Virginia Peters, Sts’ailles



“First Nations in control of First Nations Health! What a concept! Something First Nations used to dream about, and now this dream is a reality. What an accomplishment! All those leaders, communities and staff who have driven this initiative need to be held up and thanked for the big thing they did. It is a big step forward to be in control of health services and a stepping stone to bigger things. We all know the struggles within our communities for better health services, being treated with dignity and respect when receiving those services and striving for higher standards of health care. I am honoured to have played a small part at the beginning of these plans and am so excited to see how effectively our leaders have achieved the final agreements before moving into implementation.”

Judith Sayers, Hupacasath

“I am excited and looking forward to the final transfer from Health Canada to FNHA. First Nation leaders in BC are again demonstrating their ability to ‘think outside the box’. I know we will succeed and be the model for the rest of Canada.”

Chief Bill Cranmer, Namgis



“This is a very exciting time for First Nations in BC, we are in control of how our health programs and services will be rolled out. We can have input about the types of programs based on what we see as needs in our communities. We understand that health and wellness involves many things, not just the physical but spiritual and mental wellness too. We need to help our future generations grow up strong physically and mentally, they need to know how to deal with the challenges they will face in life. We need to instill in them hope, faith, and optimism, for a better tomorrow. We as leaders, health leads, and parents need to show by example, we need to have peace in our hearts before we will be able to help anyone. This is our opportunity to make the future better, to get back to where we were a few centuries ago ~ strong and self-reliant.”

Julie Morrison, Gitanmaax

BEEFY CHIEFS AND CHAMPIONS WELLNESS CHALLENGE WINNERS

A total of 211 elected Chiefs and Councilors, Hereditary leadership, Health Directors, health staff and health champions registered in the First Nations Health Council's first annual wellness challenge: Beefy Chiefs and Champions - we thank all participants in the challenge!

Community registration, weight and inches lost per region:

<u>Registration</u>	<u>Total Inches Lost</u>	<u>Total Weight Lost</u>
Vancouver Island: 60	Vancouver Island: 86.25	Vancouver Island: 165
Vancouver Coastal: 48	North: 46.25	Vancouver Coastal: 134.3
North: 43	Interior: 36.5	Fraser: 93.2
Interior: 27	Vancouver Coastal: 27.53	North: 53.8
Fraser: 19	Fraser: 5.25	Interior: 46.8



Vancouver Coastal - Most Weight Lost
Peter Johnson - Total Lost: 56 Pounds
"Well I was having a bunch of health issues, high blood pressure, diabetes, and was having a hard time to walk 100 meters and now that I have lost 56 lbs I can now walk about 4 Kilometres a day."

Vancouver Island - Most Inches Lost
Tom Henderson - Total Lost: 22 Inches
"I want to get healthy. My body is so out of shape."



Vancouver Coastal - Most Inches Lost: Chief Wayne Sparrow - Total Lost: 11.75 Inches
"I would like to enter into this competition to help motivate my community, at the end of the competition I plan on sharing my experiences and giving feedback. I'm sure these 6 months will have impacted and have made a change in my life, my body and health."



Interior - Most Inches Lost
Kukpi7 Wayne Christian
Total Lost: 8.5 Inches
"Like my fellow Beefy Chiefs I believe that actions speak louder than words."

Fraser - Most Weight Lost
Grand Chief Doug Kelly
Total Lost: 80 lbs (late registration)



Interior - Most Weight Lost
Patrick Harry - Total Lost: 16.8 Pounds
"Because my wife made me and I have to listen to her or my health could be in jeopardy."

North - Most Inches Lost
Barry Seymour - Total Lost: 32 Inches
"I have been overweight since my teenage years. I have been a diabetic since I was 38 years old, the disease is now beginning to impact me to a point where I have to use insulin to try and control my sugar levels. I have tried to lose weight in the past, but never successfully. I am encouraged by the potential impact that this contest will have on myself but more importantly our communities. I do want to be a positive role model for others young and old."

North - Most Weight Lost
Michelle Brown - Total Lost: 25.5 Pounds
"I am entering this challenge because I am very sedentary and overweight so I would like to do something about it. I thought that this challenge was a good way to start."

Vancouver Island - Most Weight Lost
Shana Manson - Total Lost: 30 Pounds
"I have struggled with weight and physical health since having children and sitting at a desk all day...this challenge is the perfect opportunity to focus on getting healthy in a fun way that can encourage others to get healthy!"



First Nations Health Authority
Health through wellness

SPIRIT MAGAZINE

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Cover: The 2013 Reconciliation Week All-Nations Canoe Gathering on Coast Salish Territory Sept 17. Credit: Trevor Kehoe

Organizing Your Digital Wellness

Instead of reviewing a physical activity app in this issue of Spirit I thought of covering “organizing your digital wellness” tips. Using technology to help with physical wellness through apps and web services can be easy. Another way you can use technology for wellness, or mental wellness, is utilizing it to organize your digital lifestyle. As many of us know our digital lifestyle can sometimes be complicated. Being unorganized can lead to unnecessary stress and can be overwhelming at times. How often have you been in a situation where you cannot find a file or document or the right version of it and you think, ‘I really should organize my files’. Here are some tips I’ve used to organize my files.

Cloud Backup: I use this all the time. An auto-backup of your phone through services like Dropbox or Box.net has been amazingly useful. Recently my phone died, when I got the fixed one I simply just restored a backup and I was right where I was before the repair.

Document Storage: Amazingly useful for documents I use on a regular basis. Scanning important documents, account info, etc. that you can access on your Dropbox account through your phone. It could save you a trip home just to grab a document.

Encryption: Important if you store sensitive items that could put you at risk for things like ID theft. Truecrypt is a good option - it seems complicated to use at first but just watch a quick video tutorial on how to create encrypted folders.

Password Managers: Services like Lastpass or KeePass that generate highly secure passwords are useful for managing all your accounts, login info and passwords, all in one place.

Scanning: Boring, but useful. Scanning receipts has been very handy for me. Years down the road if you ever have to use the receipt and you find the ink has worn off, simply just print off a new copy from your scan.

Offsite Backups and Mirrors: Drives are cheap. I make sure each drive I have has a mirror copy as well as an offsite backup. Get a friend or family member to hold a drive or even get a safety deposit box for one. Because even if you have a local copy that is mirrored if you get a power surge or a break-in then your backups are useless. Encrypt them too just in case they’re stolen.

All of these tips can sound boring or like a lot of work, but having secure backups and all your important documents handy and securely accessible has saved me many headaches on many occasions. Especially when those hard drives inevitably fail or you need that important document when you’re away from home.

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OUR HEALTH BELONGS TO EACH OF US

JOE GALLAGHER, FIRST NATIONS HEALTH AUTHORITY CEO

It's an incredible journey for BC First Nations to improve their health outcomes they currently experience to a level they aspire to. A First Nations perspective of health is holistic and includes living well through a balanced lifestyle and the harmonious relationship with the land and its many resources that have existed since time immemorial.

A significant step forward on this journey was taken with the signing of the Transformative Change Accord on November 25, 2005 which acknowledged the importance of First Nations' governance in supporting healthy communities and called for subsequent action plans or agreements to reflect this reality. This historic tripartite document set in action the work and developments that have resulted in the new health partnerships that now exist between BC First Nations, and the Governments of BC and Canada.

Important milestones along the way include the Transformative Change Accord: First Nations Health Plan on November 25, 2006, the Tripartite First Nations Health Plan on June 11, 2007, the British Columbia Tripartite Framework Agreement on First Nations Health Governance on October 13, 2011, and the Health Partnership Accord on December 17, 2012.

The First Nations health governance process established to support this work creates the space for First Nations direction and decision-making at multiple levels through local, regional and provincial processes that will guide and support the ongoing transformation of health services for First Nations people across the province.

The First Nations Health Governance structure identified in the agreements sets out a working partnership between the First Nations Health Council, the First Nations Health Directors Association, and the First



Nations Health Authority (FNHA), and builds on the health partnership with BC and Canada within the context of reciprocal accountability.

Through the direction of BC First Nations Leadership, the FNHA was established in August 2012 for the purpose of promoting and advancing health and health service solutions on behalf of BC First Nations.

The signing of the Framework Agreement in October 2011 initiated the transition period which set out the important work specifically to enhance the health partnership with the Province and its Health Authorities to collaborate on better access to provincial services for First Nations people, as well as working with Health Canada on the transfer of First Nations and Inuit Health Branch BC Region responsibilities and functions to the FNHA. The transfer was completed on October 1, 2013 with service continuity agreements in place to support infrastructure requirements for the FNHA that extend the transition period for up to 2 years.



The 2011 Tripartite Framework Agreement on First Nations Health Governance Signing ceremony.



The 2012 Health Partnership Accord Signing ceremony.

The evolution of the FNHA and the health partnerships with BC and Canada to where it is today has created a great opportunity for BC First Nations. The table has been set at the regional level with Provincial Regional Health Authorities, and provincially with the Ministry of Health and Provincial Health Services Authority to realize the commitments made by the Province of BC to work with BC First Nations to improve their health status. Priorities identified by BC First Nations through regional health and wellness plans will guide the work at all levels within the provincial health system and the FNHA.

Health Canada will continue to support the further transition required to enable the FNHA to run completely independent of the federal system. The transfer of federal responsibilities to the FNHA means the FNHA now has health service provider responsibilities. The agreements with Canada set out the opportunity for the FNHA to carry out these responsibilities in a manner that is directed by and in the best interest of BC First Nations people. The additional service capacity now provides the FNHA with more resources to work with the provincial health system to better support the health service needs of First Nations peoples across the province. In addition, the FNHA will work to be the health and wellness partner to all BC First Nations communities and people. The FNHA has adopted an approach to health and wellness that is founded in traditional First Nations knowledge and teachings. At the center of this approach is the individual human being and the recognition that our health belongs to each of us. As a health and wellness partner, the FNHA will work to support each and every person to live well and be the best they can be.

At the individual level it is essential we take ownership of our own health and wellness journey. As a result of the historic relationship with Canada there is much discussion on Canada's duty to ensure the health of First Nations peoples. Regardless of whether or not Canada provides that support, we all have the ability to make decisions today to improve the health and wellness of ourselves, our families and our Nations. This year's Beefy Chiefs initiative was an excellent example of our people taking responsibility and making decisions to improve their wellness. I congratulate everyone who entered the initiative and made progress on their health and wellness journeys, showing that each of us can be a health and wellness champion in our own families, communities, Nations and for all First Nations peoples in BC.

With the evolution of the work done to date it's clear we now have the opportunity to create a better health system for First Nations people, working with our partners and with personal contributions to our own wellness, while building a more effective health system that will benefit all British Columbians.

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Spirit

Kwantlen Bootcamp

INSPIRING COMMUNITY



Kwantlen First Nation Elder 76-year-old Maureen Gabriel has been a star at the local bootcamp inspiring many community members to get active and fit.

A community bootcamp program in Kwantlen First Nation territory is motivating many in the community to be active and get fit, healthy and have fun. Kwantlen has made health their number one priority as a community and the new bootcamp has members as young as 5, and Elders as old as 76-year-old Maureen Gabriel who has been showing the young ones a thing or two about the ways of bootcamp.

Elder Maureen heard the name 'bootcamp' and it motivated her to join up. She hasn't missed a class since and loves the fun and challenging activities as she motivates the next generations to join in and get healthy.

"Our youngest participant is 5-years-old, as he watches great grandma and her aunties working hard he feels motivated to work just as hard. They also love how each member supports one another just like family should. They have fun, not realizing they are also preventing diabetes and other health risks that affect our communities," said Donna Leon, with Kwantlen First Nation.

"Another Kwantlen member came to me and said she will be playing soccer again, because of the bootcamp program on Kwantlen. Before she suffered with many aches and pains but now she is ready to go back after many years not able to play. She owes it all to joining bootcamp. We are so proud of all our tireless bootcampers, keep up the good work!"

Members of all ages are enjoying the challenges brought to them at each class by their bootcamp instructor Jill Cusheron. Jill has taken the time to get to know all the members and learn their goals and fitness levels. Everyone works at their own pace and many speak about the positive changes in their energy levels, mobility, and feeling stronger in both body and mind.

"We want everyone to participate at their own level. Kwantlen had a wellness fair and asked me to come and chat with people because they heard bootcamp and it sounds a little intimidating – but it's really about just getting everyone together and having fun," said Jill Cusheron, the bootcamp instructor. "Maureen is amazing. She tries everything - we have to keep our eyes out for her because she pushes it pretty hard - she chooses not to do the modifications doing push-ups on the ground and can hold her planks for 3 minutes which is impressive for anyone."

With more and more hearing about the sessions, the community is taking health into their hearts and minds, challenging and supporting each other to be at their best.

STRENGTH, CULTURE, AND FAMILY

HONOURING LOVED ONES IN CANCER JOURNEY AND PASSING

Being close to end-of-life can be challenging and difficult times for families sending off their loved ones. One family in the Fraser Valley is sharing their story about coming together and surrounding their loved one with culture and respect. Linda Kay Peters and her family united while her father, Harry Kay (Kaysaywaysemat), was diagnosed with colon cancer that progressed into the liver. He was only given four to six months to live. Her dad opted not to participate in chemotherapy through the last of his days and to instead rely on natural and traditional approaches.

Reconnecting with his First Nations culture and traditional medicines, her father survived for a full year after diagnosis and was surrounded by family every hour of his experience. Linda was in University in Ontario but dropped out to come home and help look after her dad, sharing the responsibility with the rest of her family. Her sister Jeanie Kay-Moreno became 'the family medicine woman' looking for the best alternative therapies for their father using wood bark tea, wheat grass, carrot juice, and other cancer-fighting medicines.

"I truly believe that traditional medicines and our family connections prolonged his life. Our family took a shared responsibility and kept him out of the hospital for as long as we could. He opted not (to have) chemotherapy, he was told he only had a few months left to live and didn't want to be sick for his last days," said Linda, who works as a Community Engagement HUB Coordinator with Seabird Island. "When he finally decided to go to the Fraser Canyon hospital in Hope, I didn't know they allowed smudging and pipe ceremonies and I am very grateful to the hospital for allowing us to do this. When he was there he was never left alone, there was always family with him day in and day out."

Linda's father is Cree originally from Saskatchewan and had been living in Chawathil with his partner, Rita Pete when he was diagnosed. Having left his territory in the prairies many years earlier, the whole family was present to witness a return to his culture that included a sweat lodge ceremony for the first time since his youth, a name passing ceremony to his grandson, Steve Peters, and a traditional pipe ceremony.

"He acquired a pipe a few years before, but only smoked out of it once so we brought in some Cree pipe carriers for a pipe ceremony in the hospital. It was such a powerful thing to see, they spoke Cree together which was great to see him speak his language again," said Linda. "About a week before we could tell his time was about to come so we started to prepare ourselves. He passed away on May 17th, 2001



Three Sisters: Linda Kay Peter, Jeanie Kay-Moreno and Andrea Delorme, with their late father Harry Kay (Kaysaywaysemat).

at 11:00 am. We brought in Ida John and Sadie McPhee, two medicine women from Chawathil who cedar washed him and prepared him for his journey. We all said our goodbyes and our family began to build his casket by hand."

The casket was hand carved by George Price with a number of animal designs held close to her dad including a white buffalo, salmon, eagle head handles, and included a Pendleton blanket. Linda has shared her story a number of times to educate various health providers. Integrating culture into end-of-life care in the Fraser region is making waves with some palliative organizations taking initiatives to ensure culturally appropriate end-of-life care for First Nations they are serving who may not have close family ties.

"The cultural things helped us as a family to heal emotionally, and I'm really proud of how our family took care of him the way we did and brought culture back into his life to send him off on his journey," said Linda. "As First Nations people our traditions are being left behind in some ways, some things are missing and as Aboriginal people we should be looking to bring it back. I share this story for two reasons, one it keeps me close to him, and because I think it's important that non-Aboriginal health care professionals know that we care for our loved ones in a different way and our culture is a very important part of our end of life practices."



SPIRIT OF THE PEACE POWWOW 2013

WORDS BY SUSAN AUGER

PHOTOGRAPHY BY SANDRA KENT



The Spirit of the Peace Powwow took place in the District Ice Center in Taylor, BC June 14-16, 2013 and saw drum groups come from across BC, Montana, Saskatchewan and Alberta to attend.

When we started we had wanted the Powwow to be in Fort St. John, but could not get the city to donate the use of the arena for our event. Our request for use of the arena ended up in the local paper and the committee was contacted by the District of Taylor letting us know our group was welcome to use their arena and surrounding area for free.

The Powwow's roots originated from a local dance group that wanted to join the Powwow circle. In order for them to do this they needed to be initiated into the Powwow circle at their own Powwow. In September of 2005 a call for volunteers was sent out and the Powwow was born, followed by creation of the "Spirit of the Peace Powwow Society" in 2007 as fundraising for the event was difficult without this status.

Our first traditional Powwow was held in June of 2006 and in 2013 the committee held its first competition Powwow. The reason for the change was to attract champion dancers and drummers who would attend for the opportunity to compete against others. This would allow our local youth to experience and see these dancers and drummers perform at their best. The committee believed this opportunity was beneficial for our youth as they would learn from those competing.

Since the inception of the Powwow more than 165 young dancers have been initiated. The Powwow dancers are taught about the ceremonies, the significance of being initiated and their responsibility as a dancer. The dancers must live a traditional lifestyle, they receive teachings from the Elders and it is their responsibility to role model for other youth. The committee lives by these teachings, following our traditional ways without alcohol and drugs as those were not the norm for our people. All committee members role model this behaviour for our youth. Many committee members volunteer and help out in the community we live in. We are taught to help when we can help and that we also must take time for our families. It is our responsibility to help carry on our traditions, language and culture.

The Powwow has also brought back traditional crafts with beading and sewing groups that have started. These groups consist of women and youth meeting to work on their regalia, beadwork etc. there is much fun and visiting that happens and we have youth and Elders connecting and working together. We have communities that have requested their dancers be initiated at our Powwow and this year the Blueberry Spirit Dancers from Blueberry River First Nation were initiated. The 2013 Powwow was a huge success - hope to see you there in 2014.

Kinanskomitin, mussi cho, hiy hiy.

RESPECT FOR TRADITION

NICK CHOWDHURY



“This is a great opportunity for the FNHC, FNHA, and Island Health to partner to really incorporate new approaches that look at how we integrate traditional medicines and foods, to better accommodate First Nations people visiting the hospitals and giving new opportunities for innovation we’ve never had before...We want this to grow beyond our involvement and live beyond our involvement.”

There have been a number of positive developments in the North Island including progress with the Mt. Waddington Local Working Group with Island Health, a community movement on Traditional Knowledge and Medicines, and working closely with Island Health on the North Island Hospitals Project (NIHP). The North Island First Nations have had an opportunity to feed into design concepts and provide consistent feedback on the stages of building these two hospitals with the NIHP Aboriginal Planning Group and a series of community information sessions, rather than just asking what we think about the design and that’s it. Island Health is developing appreciation for the elements important to the child and the Elder - real First Nations elements, not just painted or whitewashed on the top of a building.

This is a great opportunity for the FNHC, FNHA, and Island Health to partner to really incorporate new approaches that look at how we integrate traditional medicines and foods, to better accommodate First Nations people visiting the hospitals and giving new opportunities for innovation we’ve never had before. We’re talking about garden space available to plant herbs and plants that provide medicines, and during the sessions when I raised the question to Tom Sparrow, Chief Project Officer of the NIHP of how are they were going to do that - the question came back to us for our lead of how are we going to do that? So we’ve continued the discussion and its grown into a recognition for communities in the North end of the Island that have started a learning process of collecting info on gardens, plants and herbs that provide medicines, and building that connection between the knowledge holders and the youth. It’s exciting work to see this happening at the community level. We are also looking at establishing a committee that would oversee the sharing of information through our regional office so that the traditional data is protected and it’s ours but also allowing us to share that with the hospitals project so Island Health can incorporate garden space that we can use and establishing a committee that we can oversee how the garden space is managed and maintained. So the long term is looking at how those plants are harvested or stored so we have a stock readily available for people who want or need it. So this starts to turn the scope of the committee or working group into a longer term process. We want this to grow beyond our involvement and live beyond our involvement. It will be amazing to see a committee in place to work with hospitals to maintain and manage the gardens and also work with the communities on the Island and hopefully we can spread this from the communities on the North Island throughout all of Vancouver Island and potentially build community learning centres or community healing centres where people are forming stronger relationships with this information.

We’re also working on information exchanges with younger people who are learning about healing and traditional medicines – and ensuring that knowledge now is not at risk of being lost. Our Elders have done a lot of work building those relationships and sharing that learning. This conversation is including key aspects of respect for the Elders, and respect for the knowledge itself. There’s caution and concern about sharing this information in an environment where it could be exploited. The knowledge holder doesn’t need to be an Elder, there are people in their 20’s that may have been learning about this for the last 10-15 years of their life. We feel that traditional knowledge and medicines are directly tied to our wellbeing. We’re right at the beginning stages of seeing how we can start integrating this – it’s exciting work and I can’t wait to see where our regional offices start developing to assist in that data management, I know it’s going to be a carefully planned process.

OUR CHANGE, OUR TIME

CHIEF MICHAEL HARRY



“Everyone has an opportunity to influence this process...My focus is contributing and supporting each other and each Nation to mold and drive the change that they want to see and not the change that I necessarily want to see.”

I was very excited for Gathering Wisdom VI and transfer in October. It's very exciting but also comes with the responsibility of being on our own. So we've been getting prepared, signing the novation agreements and making sure the Nation's understand it while keeping our eyes on the big picture and managing change as it comes to us.

What comes with something like this transfer is that there are big expectations for our work, so we need every Nation to know what we will be able to change and won't be able to change. The planning is really coming from the Nations at sub-regional and regional levels. The change we are looking for will come along the way but Health Canada won't be leading that change, it will be up to every Nation to lead it for their community and region - everyone has an opportunity to influence this process.

There are big expectations coming from many Nations, sub-regions, regions, and I'm looking forward to the fact that each Nation has an opportunity to contribute as opposed to us as the Health Council telling people how they need to feel. It's exciting that we will have actual control and have the ability to manage change not just running programs. We have an opportunity to create our own legacy where everyone has contributed.

I've also been participating in the Beefy Chiefs contest and lost 38 lbs doing running and canoe-paddling, along with my cousin Lawrence who lost 90 lbs since January, and Malahat Councillor Russell Harry who lost 20 lbs in 6 weeks. I'm excited to run the Victoria Marathon with FNHC Chair Doug Kelly and the BC Minister of Health Terry Lake.

It's been going very well so far managing the change and managing the pieces of expectations - that's probably one of the biggest challenges we face with taking over the health transfer - is understanding the process and moving forward together leaving no Nation behind.

Exciting times come with transfer and the opportunity for people to understand and make the differences we want to make. My focus is contributing and supporting each other and each Nation to mold and drive the change that they want to see and not the change that I necessarily want to see.



A TIME TO CLEANSE

DR. GEORGIA KYBA, NATUROPATH ADVISOR

Fall is a time of change. It is a time to shift your health needs and goals. Many of us spend the summer months attending BBQ's, watching sporting events or going on holidays which usually creates a challenge for healthy eating and physical activity. We overindulge and find our routines are off. This is the perfect time to cleanse! A cleanse helps us get back on track and focus on what we are consuming.

You can cleanse your body in many ways, on the emotional, mental, spiritual and physical levels. This can be done by participating in ceremonies such as sweats or baths, participating in spiritual ceremonies, seeing a counselor, body healer, or energy worker, or eliminating certain foods and taking certain supplements. There are techniques to cleanse the mental, emotional, physical and spiritual aspects of the body as well as different parts of the body such as the liver, colon, kidneys, skin and lungs.

This article will look at cleanses that can be done with diet and lifestyle changes. On a physical level there are several organs of elimination when considering a cleanse: your colon, liver, kidneys, skin and lungs.

Our environment has become very toxic and we are exposed to thousands of chemicals daily. This exposure is through contact with water, air, food, soil, household products, personal products, fabrics, building materials, and pretty much anything we can touch that is man-made. These toxins accumulate throughout the tissues in our bodies and cause various symptoms. The liver carries the greatest burden of detoxifying foreign substances as well as substances our bodies create (such as hormones). Certain substances such as alcohol, tobacco, and prescription, non-prescription, and illicit drugs create a greater challenge for our bodies to detoxify.

Some indications that a cleanse is needed includes: allergies, headaches/migraines, fatigue, digestive issues, constipation/diarrhea, skin issues, chronic infections, depression, autoimmune conditions, and joint pains. Therefore it is a good idea to do a cleanse periodically. Good times to make these commitments are during times of change such as spring and fall.

Cleanses can be anything from a liquid fast to diet changes with detoxifying supplements. They can last anywhere from 3 days to 1 month. The key is that it is for a short period of time and allows the body to have a break from the toxins we are exposed to and allows for healing of the body tissues.

A cleansing program should include:

Exercise

Exercise is important to help eliminate toxins, increase oxygen to tissues and increase metabolism. It increases the flow of the lymphatic system which helps detoxify and increases elimination from the bowels. Start your exercise slow and increase to an intensity level that makes you sweat.

Sweats or Sauna

Sweating increases detoxifying through your skin, the largest elimination organ in the body. Start slowly and increase duration and frequency as you can tolerate. Be sure to shower or towel off after sweating as the toxins can be reabsorbed through the skin.

Dry Skin Brushing

Dry skin brushing increases detoxification through the lymphatic system. A dry bristled brush is used in circular motions on the skin up the limbs and torso towards the heart.

Water

Water is essential to life and for detoxification. It is necessary for the kidneys to filter substances, necessary for proper elimination of the bowels and is necessary for all cells to function properly. Drink at least 8 glasses of water a day, ½ of your body weight in ounces.

Cleansing Recipes

KIDNEY AND BLADDER TEA

6 TEASPOONS JUNIPER BERRIES
6 TEASPOONS CORN SILK
6 TEASPOONS UVA URSI
6 TEASPOONS GRAVEL ROOT
6 TEASPOONS HYDRANGEA
3 QUARTS DISTILLED WATER

Soak the herbs in the distilled water overnight in a stainless steel pot. In the morning, bring the whole container of water and herbs to a boil and immediately reduce the heat to simmer. Simmer the mixture, covered, for 10 minutes. Let it sit another 10 minutes, then strain and serve.

Did you know Kidney cleanses can help clear up skin ailments?

LIVER AND GALLBLADDER TEA

1 TEASPOON BURDOCK ROOT
1 TEASPOON DANDELION ROOT
1 TEASPOON YELLOW DOCK ROOT
1 TEASPOON OREGON GRAPE ROOT
2 TEASPOONS RED CLOVER BLOSSOMS
1 TEASPOON PAU D'ARCO
1/2 TEASPOON GINGERROOT POWDER
2 QUARTS DISTILLED WATER

Soak the herbs in the water in a stainless steel pot overnight. In the morning bring the entire contents of the pot to a boil, then reduce the heat to a simmer. Simmer for 5 minutes. Turn off the burner and let the tea steep for 15 minutes.

Did you know cleansing your liver can help to improve eyesight?

OTHER CLEANSING TEAS AND JUICES

Aloe Vera Juice	Flaxseed Tea
Celery Juice	Celery Seed Tea
Beet Juice	Catnip Tea
Carrot Juice	Fenugreek tea
Ginger Juice	Fennel Tea
Parsley Juice	Oatstraw Tea
Garlic Juice	Red Clover Tea

Castor oil Packs

Castor oil is an oil used externally to help increase circulation to the organs and detoxification of the liver. Pour oil onto flannel until it is well moistened but not dripping. Lie down on top of an old towel. This is to prevent oil staining. Place the flannel directly on the skin over your liver. Place an old towel over this and apply heat (hot water bottle or heating pad). Rest for 30-90 min.

Deep breathing

Deep breathing and meditation awaken your diaphragm and help your lungs to clear toxins. Deep breathing not only detoxifies your body but helps clear your mind and improve focus and mental states.

Avoidance of caffeine, alcohol, tobacco, food additives, sugar & pesticides

All of these substances are known to be hard on the liver and should be avoided when on a cleanse to allow your liver to have a break.

Whole foods, organic (when possible) fresh fruits/vegetables, legumes, & grains

Eating a diet rich in whole foods including fresh fruits and vegetables, legumes & grains provide the necessary energy and fibre to detoxify. Avoiding processed foods, flours, sugars, animal proteins and processed oils reduces the burden on your liver and colon. Small amounts of wild meats, poultry, and fish are allowed on many of the cleanses.

Supplements

Many cleanses include taking supplements or drinking teas to help with detoxification of the liver and cleansing of the colon. However not every cleanse needs to include supplements. It is important to find a cleanse that is right for your health and energy needs. Some supplements include fibre, milk thistle, turmeric, L-glutamine, dandelion root, burdock root, yellow dock root, plantain, nettles, cleavers, red clover, licorice, quercetin, probiotics, essential fatty acids, B-vitamins, Vitamin A, Zinc, Selenium, Vitamin E, short chain fatty acids.

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FEDDIE LOUIE AND ISKUT VALLEY HEALTH



My career as a Health Director began in 1997. I was hired by the Iskut Band to facilitate the transfer of Health services from Health Canada to the Band. It was during the development of the community health plan in 1999 when I started to have a better sense of what I was doing. My philosophy then and today, is to create our own destiny and control our own path. Health transfer enables us flexibility and control, ensuring we are addressing current health issues so our peoples' health does not worsen. The transfer process has given this community the ability to meet its health needs without hindering it. I think that is one of the reasons our community is so healthy.

Some things I wish I knew earlier on include the complexity of the nursing program and all the requirements, standards, procedures, and overtime. At the start of our process, others said we would go broke because of nursing overtime. When the nurses became our employees, we talked about expectations: I expected them to teach our people to be responsible for their own health and that we had to stop creating dependency. We set guidelines around what was and what wasn't an emergency, educated our community and staff. For example, prior to transfer, a nurse would get a call-out for a baby with a fever and charge the system over-time hours for that call-out. Now if a nurse got called, more than likely it is the last resort and not the first. Our Headstart program provides parents with first-aid training for babies. Now our emergencies are real emergencies.

I don't have much contact with Health Canada. If I can't get answers from experts

in my health centre I go to other agencies for support. I depended on FNIH to provide funding for our services, not to help with service provision. In order to provide a quality service, you must understand who is receiving that service.

In First Nation Health, progress is slow but steady. I think First Nations people are not actively engaged the way we should be. Our people keep saying that services are not meeting our needs. Nothing will change unless we work harder to change it. This includes policies and procedures because those drive the system. We need to take the lead and meet the needs of our people so they can be responsible for their own health in a system they are comfortable with.

It's also important that the FNHC, FNHA and FNHDA have our experts at the table to support our regions. If you're not involved at the policy level it's really hard to implement at the community level. The Tahltans have started the process by developing a Nation-wide Health Plan. Our next step is to implement the Plan, which includes a partnership with NHA for service delivery and shared services. We live in what I call probably the richest triangle of minerals in North America so summers are always hectic up here with mining companies running all over the place. Our Elders are protesting a mine that doesn't have community or Nation support, we have potential mines going through the Environmental Assessment process, probably 128 exploration companies in the territory, and the big transmission line being constructed.

My philosophy then and today, is to create our own destiny and control our own path. Health transfer enables us flexibility and control, ensuring we are addressing current health issues so our peoples' health does not worsen. The transfer process has given this community the ability to meet its health needs without hindering it. I think that is one of the reasons our community is so healthy.

On the positive side, our unemployment rate is about 2 per cent, so only those who don't want to work aren't working. Household incomes are high which can have good and bad impacts: poverty is not an issue for the Tahltan and the Tahltan Nation is generally healthy. High incomes also bring drugs and alcohol abuse in younger generations. Our health and Social programs are aware and have been reacting to address alcohol and drug abuse through education and intervention. This is done through cultural activities, family support, counselling, recreation and any other means of engaging our people. Our front-line workers are required to be healthy and maintain a positive lifestyle so this work has more credibility.

The majority of our Elders do not consume alcohol and most of our parents especially those with young children do not abuse drugs and alcohol. They want their children to be raised in a positive and healthy environment. Ministry of Child and Family Development (MCFD) apprehensions are virtually non-existent and child-in-care numbers are very low. We've developed our own child welfare support system with a group of grandmas who deal with child welfare issues when we have them. Stable health staff in our community makes a big difference, our population is about 400 people and we

The majority of our Elders do not consume alcohol and most of our parents especially those with young children do not abuse drugs and alcohol. They want their children to be raised in a positive and healthy environment...We've developed our own child welfare support system with a group of grandmas who deal with child welfare issues when we have them.

have a big focus on cultural activities, education and prevention. We have a fitness program and are building a new indoor arena.

Our land and our identity is vital to our survival and health, and lately our people don't feel like they've been respected. We're seeing protests in the Sacred Headwaters - they won't stop until it is protected from development. Our territorial lands are being inundated with development and a lot of our people feel like they're being disrespected and disregarded as the keepers of the land. I think the province needs to look at what I call 'actual benefits' - we need to get away from 'we're giving you jobs', that's a standard benefit. When you disrupt people in their homeland you are changing a way of life and not everyone copes well. These things are very traumatic for the mental health of older people and you have impacts for a long time.

Finally, in order for our people to become healthy, we need to treat the whole being. Balance is key to closing the gap in our health status. We have to take care of the physical, mental, emotional, and spiritual in unison. If we can develop a system that does that then I think we will see a change for the better in First Nations health.

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LEARNING WHAT IT MEANS TO BE

“TWO-SPIRIT”

BY FIONA MACLEOD WITH DION THEVARGE



Fiona MacLeod (left) works with the FNHA Transfer Nursing Team and wrote this article as part of her Masters in Intercultural and International Communications at Royal Roads University. Dion Thevarge is the Team Leader for the Aboriginal Patient Navigator Program at Vancouver Coastal Health. Very special thanks to Dion for taking the time to share his experiences and insights.

“What does being two-spirit mean to you?”

Forty-one year old Dion Thevarge, registered nurse, leader, two-spirit man, and member of the N'Quotqua Band of the Lower S'tatlimc First Nation is sitting comfortably across from me, his right ankle resting on his left knee. His face is ever so slightly shadowed as the muted grayish Vancouver light from the enormous office window rests at his back. As he reflects on the question I have just posed to him, he thoughtfully crosses and uncrosses the ends of the soft black wool scarf loosely draped around his neck.

“I have my own perspective of what it means to be two-spirit,” Dion replies carefully, his pensive expression revealing the underlying complexity and depth of his answer.

Dion recalls when he first heard the term “two-spirit” from a nursing mentor, seven years into his difficult coming-out process. As his mentor explained the new term to him, Dion remembers how it resonated with him in a deeply personal way. That conversation started a process where many formerly disjointed pieces of his identity - spiritual being, First Nations person, gay man, healer, mediator – all began flowing into one. Finally, he had found a definition of self that went far beyond a black and white version of sexual orientation, and rather encompassed gender, spirituality, and role in family and community.

A number of historical accounts refer to North American Native tribe members who were gifted with the spirits of both man and woman. These individuals were often revered

as spiritual leaders, healers, mediators and seers. Now, as more and more First Nations people strengthen their history and tradition, two-spirit people have an increasingly re-accepted and evolving role in their culture and communities.

After first coming out as a gay man, Dion knew he needed to acknowledge and work through residual effects of an adolescence wrought with internalized homophobia, disconnect with his culture, and intergenerational effects of residential schools. During this transition period, he realized he needed to rely on something bigger than himself in order to cope, and it was at this point he started turning towards Native spiritual practices and ceremony. He thus began explorations into not only his gender and sexual identity, but also into finding his cultural identity as a First Nations person. Later on, once he learned about the traditional two-spirit role, spirituality and ceremonial practice became less of a coping mechanism, and more of an integral part of his identity.

“Historically, the traditional role described by the ‘two-spirit’ term sees gender as a spectrum rather than in absolute terms of either male or female...These individuals were often revered as spiritual leaders, healers, mediators and seers.”

The gifts of two-spirit people can vary between individuals. For Dion, healing and mediation are two developing aspects of his own personal two-spirit identity. The healing is notably reflected in his job as a nurse and support group facilitator. When there is a death in his family, he often takes on the role of spiritual mediator, supporting his family, and helping the spirit of the deceased move beyond the physical world.

Dion describes being two-spirit as “a fluidity between gender roles”. The Western concept of gender identity has a strong tendency to fuse gender to sexuality; however in the case of two-spirit people, gender is seen as independent of sexuality. Historically, the traditional role described by the “two-spirit” term sees gender as a spectrum rather than in absolute terms of either male or female. For example, a two-spirit individual could be a male-bodied person who also fills numerous aspects of a female gender role in the community. This would be

vice versa for a female-bodied person. Dion explains: "Being two-spirit is about the walking of a sacred balance between the masculine and feminine energies, and working in a place of interdependence where the gifts of both worlds are brought together."

Dion emphasizes that his self-identity is continually evolving as he learns, connects, and reflects on his experiences and their meaning to him.

There is a silence in the room as we both reflect on what has been shared and I realize our 2 hours together have somehow already passed. I thank Dion for sharing his time and experiences with me, and step out into the bustling streets of Vancouver. Dion's remarkable story of evolving personal, cultural and spiritual discovery gives an intimate insight into the history and continued evolution of the two-spirit role in First Nations and Aboriginal culture.

"Being two-spirit is about the walking of a sacred balance between the masculine and feminine energies, and working in a place of interdependence where the gifts of both worlds are brought together."

JUNE 21 FNHA DAY OF WELLNESS EVENTS

In total the FNHA funded 20 Wellness events across the province that were locally supported by over 70 community and health partners on June 21 as part of National Aboriginal Day. Events included walk and run events, traditional canoe rides, stick games, hand games, traditional food feasts, soccer games and much more!

Thanks to all volunteers, organizers, and attendees who made each event a success!

Remember to Tweet/Instagram your wellness photos with #FNHAWellness and tag the First Nations Health Authority in your shots on Facebook!



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DOC' TALK

WITH DOCTORS NAOMI DOVE,
SHANNON WATERS, AND EVAN ADAMS

My grandson may have schizophrenia. He is presenting a lot of the symptoms. I have learned from my research that it can manifest in the youth's early twenties. Being a grandmother, my own body is changing as I get older; memory, physical capabilities, etc. are wreaking havoc on my sensibilities, therefore making it difficult to be supportive of my grandson. My son is very aware of my changes and very, very understanding of my inabilities. Being an IRS (Indian Residential School) survivor most definitely does not help me come to some reconciliation with this current situation in my grandson's life. I doubt that talking to him at this time would be helpful. I'd be like a broken record at this point.

Thank you for your letter and for trust and courage in bringing a sensitive issue forward.

Mental illness can be very difficult and stressful for the person experiencing symptoms, as well as for families, friends and caregivers. Our mental health and well-being can be affected by the environment around us and our early experiences, as well as by biological differences in our brains. This may result in differences in how we feel, perceive and respond to events and interact with our family, friends and communities. Factors like stress and substance use can make symptoms worse. Additionally, it may be hard for a person to realize that he or she is ill, and to realize the consequences and impacts of one's behaviour. Hearing voices that others aren't hearing and seeing visions that others aren't seeing may sometimes be culturally appropriate, but sometimes not.

It is important for your grandson to have a mental health assessment by a trained health professional, such as a physician in your community. This will be useful to understand what your grandson is experiencing, make a diagnosis, recommend interventions that may be helpful, such as counselling or medication, and put in place supports for your grandson and family. The physician may choose to refer your grandson to a psychiatrist for a full mental health assessment. Additionally, there may be traditional practices that may be helpful for your grandson.

Additional mental health supports can be accessed through the Indian Residential Schools Resolution Health Support program. This program provides professional counselling services and ongoing emotional and cultural supports to all IRS survivors and their families in BC. Through

The Questions I have are:

- 1) Will my grandson be able to come to some realization that there may be something wrong with his brain with his inabilities/limitations?
- 2) What are the key areas I need to be aware of and how can I 'give it back' to him, when he asks for money; and when does his asking stop?
- 3) Can you recommend a Doctor who is an expert in this area?

I do like going on websites to gather information - however I prefer communicating as it gives me a better sense of understanding of what it is I'm dealing with. I believe my grandson requires proper diagnosis.

Thank you

this program, your grandson can be referred to a trained mental health counsellor in your area for an assessment and follow-up with counselling and more. The program can also help connect you with local cultural support services and resources.

Information on the IRS program in BC can be found by contacting the toll free number 1-877-477-0775 during regular business hours. Emergency support is also available from trained Aboriginal counsellors through the national 24 hour crisis line at 1-877-925-4419. Additional mental health resources may be available in your community or provided by your local health authority.

Returning to the basics – getting enough sleep, eating well, reducing stress and limiting substance use – will also be important factors for your grandson to achieve optimal physical and mental health. We would like to commend you on the strength and love that you are showing in helping your grandson seek the care that he needs. Additionally, it may be helpful to establish reasonable boundaries with your grandson, as that is what creates a feeling of safety and security with youth, even though saying “no” can be difficult.

Finally, don't forget to take care of yourself! It is the first step to taking care of others.

Have a question for Doc' Talk? Email it to Spiritmagazine@fnha.ca - all questions will remain anonymous unless otherwise requested.

KNOW YOUR STATUS - GET TESTED!

SARAH CALLAHAN - CHEE MAMUK CLINICAL PREVENTION SERVICES, BCCDC

It's estimated that 25% of people living with HIV do not know their HIV status.

First Nations and Aboriginal people make up approximately 5% of BC's general population and in 2012 made up 13% of new HIV diagnoses. Furthermore, First Nations and Aboriginal women made up 39% of new HIV diagnoses in women. This means that First Nations and Aboriginal people, especially women, are over-represented in new HIV diagnosis. There are various reasons for these numbers, such as First Nations peoples experiencing poverty, addictions, trauma, racism, and often poorer access to health care - but we can change this. Our communities can work together to reduce the spread of HIV.

What is HIV?

Human Immunodeficiency Virus (HIV) is a tiny virus that attacks the immune system. It can only live inside the human body. When the immune system is weakened by HIV over time, the body has trouble fighting diseases and infections leading to AIDS. There are four body fluids that can transmit HIV. Those body fluids are blood, semen, vaginal fluid, and breast milk. HIV can be passed from one person to another through oral, vaginal or anal sex without a condom, sharing needles or other equipment used to inject drugs, sharing needles for piercing, tattooing or steroid use, or from a woman to her baby during pregnancy, childbirth or breast-feeding. There is no cure for HIV, but there are medications that can help a person with HIV stay healthy longer. These medications can also help prevent the spread of HIV from a woman to her baby.

What is STOP HIV/AIDS?

Seek and Treat for Optimal Prevention (STOP) is a provincial program that encourages people to get tested in order to have the option to start treatment immediately. Early intervention with testing to ongoing medical treatment is allowing people who are HIV positive to live long, healthy lives. Evidence has shown that people who are on HIV treatment have a lower amount of virus in their body. Thus, they are less likely to pass HIV on to other people. Aboriginal HIV organizations recognize that there are barriers to access to care being faced in rural communities. Health care workers are working to address these barriers. STOP also aims to ensure that people have access to treatment and the necessary ongoing medical follow up. This includes identifying and addressing the barriers experienced by people in staying on treatment including access to services, and ensuring social or culturally appropriate services.

POC Testing vs. Standardized Testing

Point of Care (POC) testing is a finger-prick test that provides an immediate result. A negative result is a definite negative. A positive result is preliminary, meaning it needs to be confirmed by a standard HIV test. A standard test is a blood draw that is sent to a lab for analysis. Results take approximately one week.

Did you know?

HIV testing, treatment, and medication is free and available to all residents of BC.

HIV testing is offered in doctor's offices and some health clinics. Ask your doctor or nurse for more information.

Your health care provider is expected to keep your information private.

Make sure you return for your results. Your health care provider is there to help you access treatment if you have HIV.

It's important to have a support network through this process – ask yourself “who can I rely on for support in my community?” If you are new to the community, get in touch with local support groups, or follow the links below for an online BC First Nations and Aboriginal HIV/AIDS support network.

First Nations/Aboriginal Specific HIV Information:

www.positivelivingnorth.org

www.youthco.org

www.red-road.org

www.nativeyouthsexualhealth.com

www.caan.ca

www.vnhs.net

www.hiv101.ca

Partnerships and Integration Lead to Better Care in Nuxalk



An arial view of Bella Coola.

Creating new partnerships, integration and innovation in the Central Coast, Glenda Phillips and others have created linkages between organizations offering a higher level and quality of care for First Nations in the remote Nuxalk community of Bella Coola. While working with United Church Health Services (an affiliate of Vancouver Coastal Health), Phillips liaised with Vancouver Coastal Health, the Nuxalk Nation Health and Wellness Program, and First Nations Inuit Health (at the time) to get partners together to leverage funding, reduce overlap and coordinate for more effective health programming. Listening to the Nuxalk community members and letting their needs guide the discussion was key to tailoring the requests to establish integrated partnerships bringing a number of services closer to home.

“Direction has to come from the community and your programs have to be Community-Driven. I don’t think every community can be like my community, it will be different in each area because the services are different and the culture is different,” said Phillips who is originally from Bella Coola. “I would also recommend you definitely have to go to Chief and Council first. We also talked to the RCMP, Elders, Health Directors, and got their input on what kind of programs they wanted and then we developed it one at a time.”

Before the conversation started, Phillips had been a nurse for years in the area (three years as public Health Nurse for the Nuxalk Nation) and upon returning from university was asked to restructure home care for United Church Health Services. The Nuxalk Nation home and community care nurse (HCCN) position was also vacant for a year, leaving community members without the support of a HCCN - Community Health Workers Anna Edgar and Myrna Mack worked diligently for that year without the support. The community identified a number of priorities including a foot clinic, a blood pressure clinic, women’s clinic, and an open approach where staff went out into the community to offer services. They hired two LPNs (Licenced Practical Nurse) and an RN (Registered Nurse), and took on Diabetes education with community members no longer having to leave the community for this information. Community input directed the services to focus on assisting Elders to stay in their homes rather than direct them to a residential care facility.

“Our Elders didn’t want to go into residential care unless they absolutely had to - they want to stay home and that’s really the culture here. So we work with doctors who come in and do assessments every Tuesday and go through any cases they are worried about and offer referrals,”



UBC Graduate student and now professor Larry Leung working at an Elders lunch.

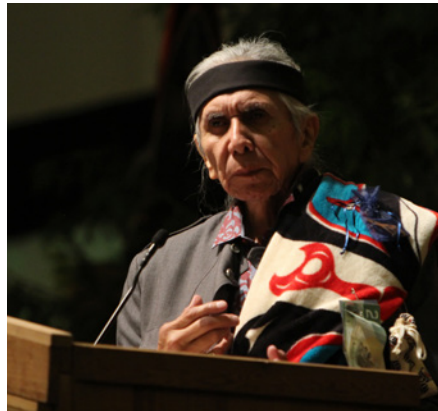
she said. “We utilize Infomatix with access to clinicians in Vancouver and we’re starting to use Telehealth a lot. So if I have a patient with a wound I do the assessment and add the details into the computer and the clinicians at Lionsgate Hospital in Vancouver can read my chart and see my photos and give me feedback. If I have an emergency like a burn I can phone them and they answer me right away and I can connect with the burn unit and get recommendations from the specialist immediately.”

Initially Charles Nelson, the Nuxalk Nation Health Director provided incredible support, meeting with Glenda weekly to review programs and service delivery to the community. The initiative was also supported by Michel Bazille of United Church Health Services, Regional Director Aboriginal Strategic Initiatives with VCH Peter Vlahos, Executive Director of Home and Community Care with VCH Shannon Berg, and Elizabeth Pearce and Isobel MacDonald with FNHI Home and Community Care.

Glenda has been invited to share her program success with Vancouver Coastal Health Home and Community Care who she works with now, Health Canada at the National Home Care Nursing Summit, the national First Nations Nursing Conference and more, while winning a 2011 Health Employers Association of BC Golden Apple for Excellence in Health Care provincial award for her work.



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Spirit

ELDERS' WISDOM

SHARING CULTURALLY IMPORTANT KNOWLEDGE & PRACTICES



“A First Nations Health Authority means better service for all of our people. A First Nations Health Authority will bring back our traditional values and culture, it will bring back trust and unite us.”

Elder Charlotte F.P. Manuel,
Tk'emlups te Secwepemc