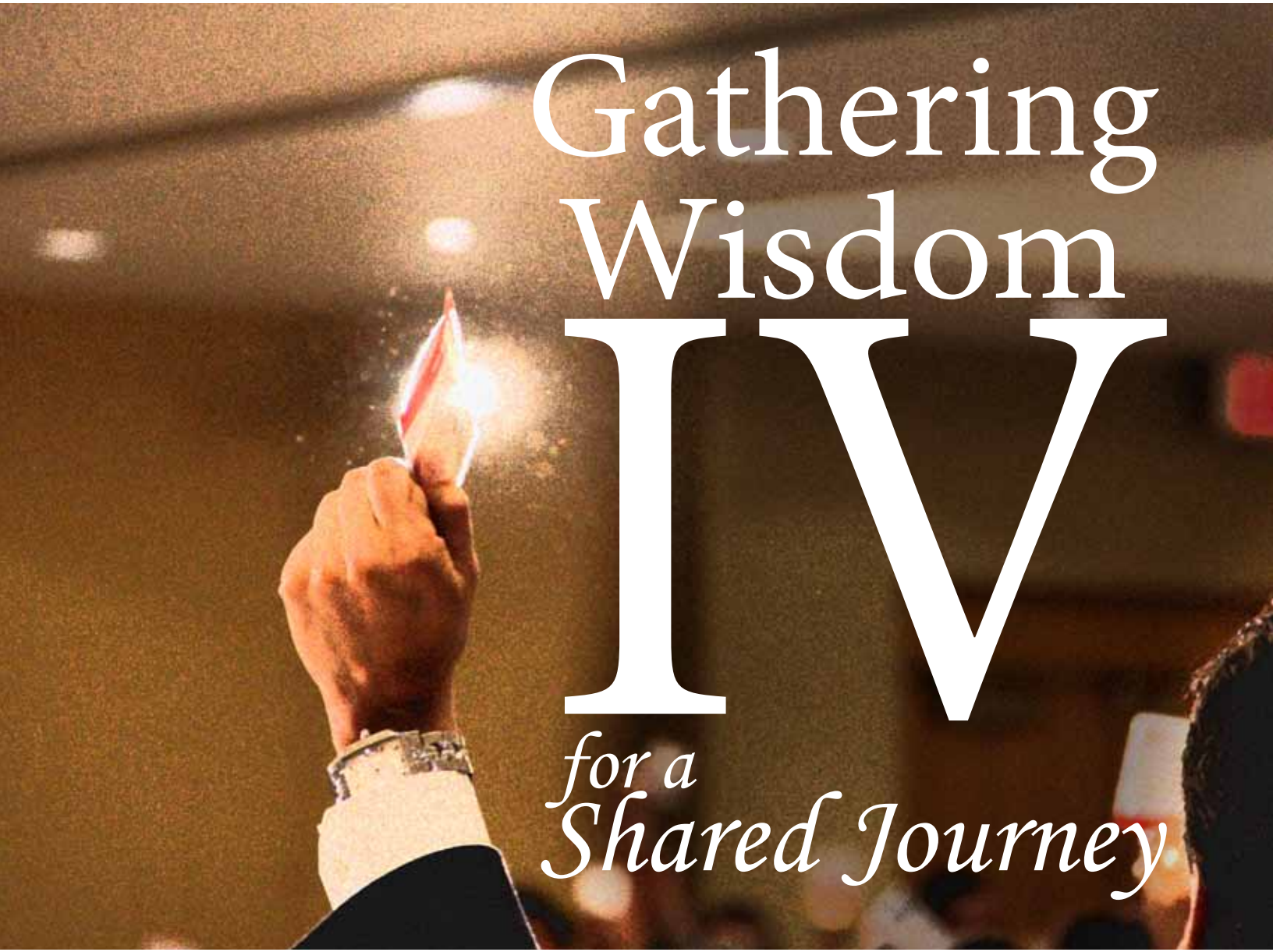

Gathering Wisdom IV

for a Shared Journey

Richmond, BC • May 24 - 26, 2011 | ***Summary Report***

Thank you to all the dedicated Chiefs, leaders, health professionals, and community members who attended **Gathering Wisdom for a Shared Journey IV** and offered their leadership and shared their wisdom, teachings, songs, prayers, and direction.

Thank You.

Gathering Wisdom IV

for a Shared Journey

IMPROVING THE HEALTH OF FIRST NATIONS PEOPLE IN BC

A Dialogue on the Tripartite First Nations Health Plan

Richmond, BC
May 24-26th, 2011

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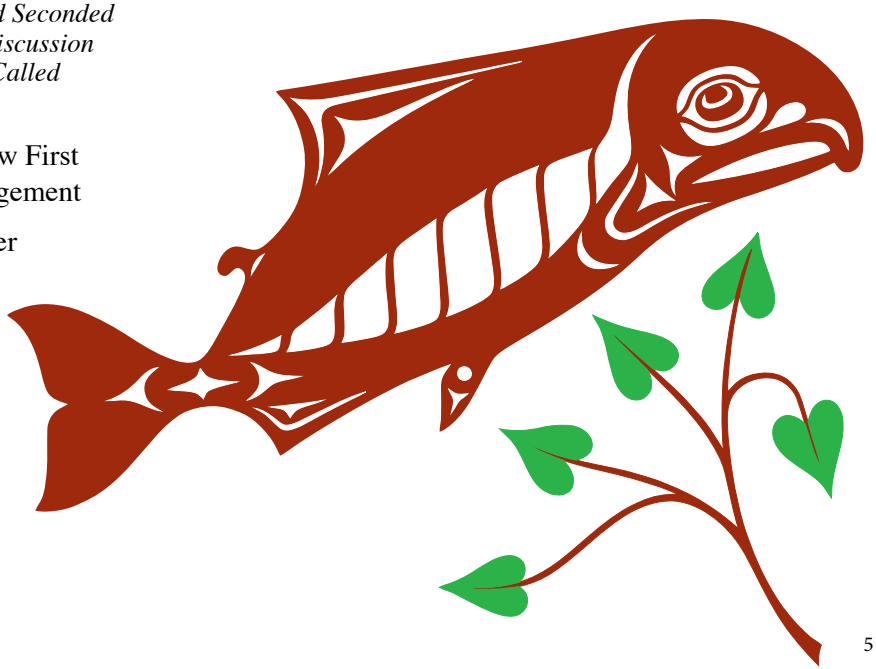

How to Use This Report:

This report summarizes the proceedings of the historic Gathering Wisdom event, including summaries from each of the speakers and agenda items, and highlights of the Resolution debate. Additionally, the report includes bonus content as described below:

- Gathering Wisdom Media Collection: This companion DVD brings to life the powerful moments of the forum and includes a highlight reel and full video versions of each presentation.

- Links: The electronic copy of this report contains hyperlinks to additional resources including presentation and video materials. Please visit www.fnhc.ca to browse the e-version of this report.

- Acronoyms appendix: Stumbling over acronyms? On page 47 of this report you will find a comprehensive acronymn guide to assist you in navigating this report.

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Background

Photo taken at the Tripartite Change Accord: First Nations Health Plan Signing, June 11th 2007

In March 2005, the Province of British Columbia and BC First Nations leaders agreed to a "New Relationship" guided by principles of trust, recognition and respect for Aboriginal rights and title, and in commitment to closing gaps in quality of life between BC First Nations and other British Columbians.

In November 2005, the Province of British Columbia, the First Nations Leadership Council (FNLC), and the Government of Canada signed an historic agreement – the Transformative Change Accord. The Accord recognizes the need to strengthen relationships on a government-to-government basis, and affirms the parties' commitment to close gaps in health, education, housing and infrastructure, and economic opportunities through a comprehensive 10-year plan.

As per the Accord, in November 2006 the FNLC and the Province of BC developed a 10-year plan for health – the Transformative Change Accord: First Nations Health Plan (TCA: FNHP). At the same time, the Government of Canada entered into a First Nations Health Plan Memorandum of Understanding (MOU) with the FNLC and the Province of BC. A key deliverable of the First Nations Health Plan MOU was

the Tripartite First Nations Health Plan (TFNHP), signed on June 11, 2007. The TFNHP was informed by advice and direction received from participants at the first annual Gathering Wisdom for a Shared Journey held in April 2007.

The TCA: FNHP and TFNHP identify priorities and actions to improve the health and well-being of First Nations in BC. Central to the TFNHP is a commitment to create a new governance structure that will enhance BC First Nations' control of health services, and will promote better integration and coordination of services to ensure improved access to quality health care by all BC First Nations. The FNHC was mandated by First Nations to implement these key agreements in health.

The Gathering Wisdom for a Shared Journey Forums have been fundamental to shaping the work of the FNHC under the TCA: FNHP and TFNHP. On May 20-21, 2008 the second annual Gathering Wisdom Forum convened in Vancouver, BC, and offered opportunity for BC First Nations health professionals, and their provincial and federal counterparts to discuss the significant progress made in the implementation of the TCA: FNHP and TFNHP actions, and to continue the conversation on BC First Nations' health. On November 3-5, 2009, Gathering Wisdom for a Shared Journey III took place with further discussion on health governance, and the actions in the TCA: FNHP and TFNHP, including discussions with respect to the First Nations Health Society (FNHS) – created to take on the legal and financial responsibilities for implementing the health plans, and ratification of the establishment of the First Nations Health Directors Association (FNHDA).

Over the same time period – since 2008 – a community and regionally-based engagement process has been underway specific to health governance. Over 120 regional and sub-regional caucus meetings have been held with First Nations leaders and health professionals. Further, in early 2011 a Health Partnership Workbook was released, and over 250 of these Workbooks were submitted by First Nations across BC. All of the feedback from this engagement process was set out in five Regional Summary documents, setting out each region's specific advice, direction, and feedback. These five papers formed the basis for one provincial Consensus Paper with a view to establishing collective principles, values, direction and mandates of BC First Nations for a new health governance arrangement.

At Gathering Wisdom for a Shared Journey IV held on May 24-26, 2011, BC First Nations were asked to consider and debate an important Resolution to adopt the Consensus Paper, which describes First Nations' vision of a new health governance structure. It sets out seven key directives that all documents, agreements, and structures to establish this new health governance structure must meet and uphold:

1. **Directive #1**: Community-Driven, Nation-Based
2. **Directive #2**: Increase First Nations Decision-Making and Control
3. **Directive #3**: Improve Services
4. **Directive #4**: Foster Meaningful Collaboration and Partnership
5. **Directive #5**: Develop Human and Economic Capacity
6. **Directive #6**: Be Without Prejudice to First Nations Interests
7. **Directive #7**: Function at a High Operational Standard

Through the Resolution, First Nations were also asked to endorse a Tripartite Framework Agreement on First Nation Health Governance – a tripartite legal agreement to transfer the operations of Health Canada's First Nations and Inuit Health Branch-BC Region to a First Nations Health Authority and enter into a new health partnership with federal and provincial governments.

FIRST NATIONS HEALTH DIRECTORS ASSOCIATION SESSION

At the First Nations Health Directors Association session held on the morning of May 24, 2011, the President and Vice-President offered an overview of the FNHDA, which was registered in April 2010, and discussed its vision, mission, and key strategic priorities as presented in a draft Strategic Plan. Key highlights of feedback received from Health Directors on strategic priorities during the regional sessions held in April and May 2011 were reviewed, and pertained to: health governance; system transformation; policy and advocacy priorities; capacity building; communications; and, tradition and culture.

First Nations Health Directors Association Members:

- **President:** Judith Gohn, Health Director, Ts'ewulhtun Health, Cowichan Tribes
- **Vice-President:** Laurette Bloomquist, former Health Director, Sliammon First Nation
- **Vancouver Island:** Georgia Cook, Judith Gohn, Nora Martin
- **Vancouver Coastal:** Laurette Bloomquist, Alison Twiss
- **Fraser Region:** Jeanine Lynxleg, Virginia Peters
- **Interior:** Franny Alec, Patrick Lulua, Jacqui McPherson
- **North:** Hertha Holland, Doreen L'Hirondelle, Mabel Louie

An overview of the FNHDA's key priorities and next steps for the following 12 months was also provided, including:

- review of the Strategic Plan;
- participation in First Nation Health Authority (FNHA) processes;
- participation in review of Non-Insured Health Benefits (NIHB);
- development of internal processes;
- planning and executing FNHDA Annual General Meeting to be held September 21-22, 2011 in Vancouver, BC;
- participation on the Tripartite Committee on First Nations Health (TCFNH);
- completion and implementation of a Communications Plan;
- development of issues report on regional session outcomes; and
- introduction of community engagement personnel to work with Health Directors.

KEYNOTE SPEAKER

Kim Brooks, Health Director,
Squamish Nation

Kim Brooks, Health Director, Squamish Nation, provided the keynote address during which she discussed some of the reasons that people became Health Directors, and commented on the importance of prioritizing and choosing key areas in order to make the most impact. Suggestions were offered for achieving work-life balance, and appreciation was expressed to the Health Directors for their efforts and for their leadership.

REGIONAL CAUCUS SESSIONS AND PLENARY

On the afternoon of May 24, 2011, Gathering Wisdom delegates were invited to meet separately in Regional Caucus Sessions for the North, Interior, Fraser, Vancouver Coastal, and Vancouver Island to consider the draft Consensus Paper, develop key questions to pose to the federal Minister of Health the following morning, and make appointments to the Resolution Committee which would consider all friendly amendments to the Resolution.

Following the Regional Caucus sessions, all participants came together in a plenary session and one person from each Region reported on their Caucus' discussion. Key points from each region included:

- **Vancouver Island:** Vancouver Island delegates indicated their support for the draft Resolution, and appointed Chief Lydia Hwitsum to the Resolution Committee.
- **Vancouver Coastal:** Vancouver Coastal delegates had a large number of questions with respect to the Framework Agreement, Consensus Paper, and Resolution. Urban participation was a significant question. Deborah Baker was appointed to the Resolution Committee and asked to bring forward a number of issues and recommendations on behalf of the Vancouver Coastal Caucus.
- **Fraser:** All Fraser delegates indicated their support for the draft Resolution, with the exception of one participant that required further information. Significant issues discussed in the Fraser session included: patient transportation, funding, remoteness, inequitable allocation of resources, implementation issues around Bill C-3 (population and funding), and the need for unity moving forward. Susan Miller was appointed to the Resolution Committee.
- **Interior:** There was little opposition to the draft Resolution in the Interior Caucus; however, there

was concern expressed that the process should be done correctly. Other key issues included: composition of the FNHC; mental health; ecological protection; Jordan's Principle; the United Nations Declaration on the Rights of Indigenous Peoples; composition and accountability of regional health authority Boards; and, the need for milestones and timelines. Jim Adams and Chief Mike LeBourdais were appointed to the Resolution Committee.

- **North:** Delegates from the North wanted to ensure that the Crown did not abrogate its responsibility to First Nations, and that we must therefore proceed with caution. Other key issues included: the need to have faith, the status quo does not work; effects of Bill C-3; that First Nations could do things better as demonstrated under health transfer; and that hospitals must be a priority. The Northern Caucus appointed Chief Kathy Dickie to the Resolution Committee.

Gathering Wisdom for a Shared Journey IV facilitator Harold Tarbell reported the deadline of 3:00 p.m. on May 25, 2011 for Chiefs and their designated Proxies to submit any proposed changes to the Resolution. The Resolutions Committee would provide a revised draft Resolution for consideration on May 26, 2011.

HONOURING CEREMONY

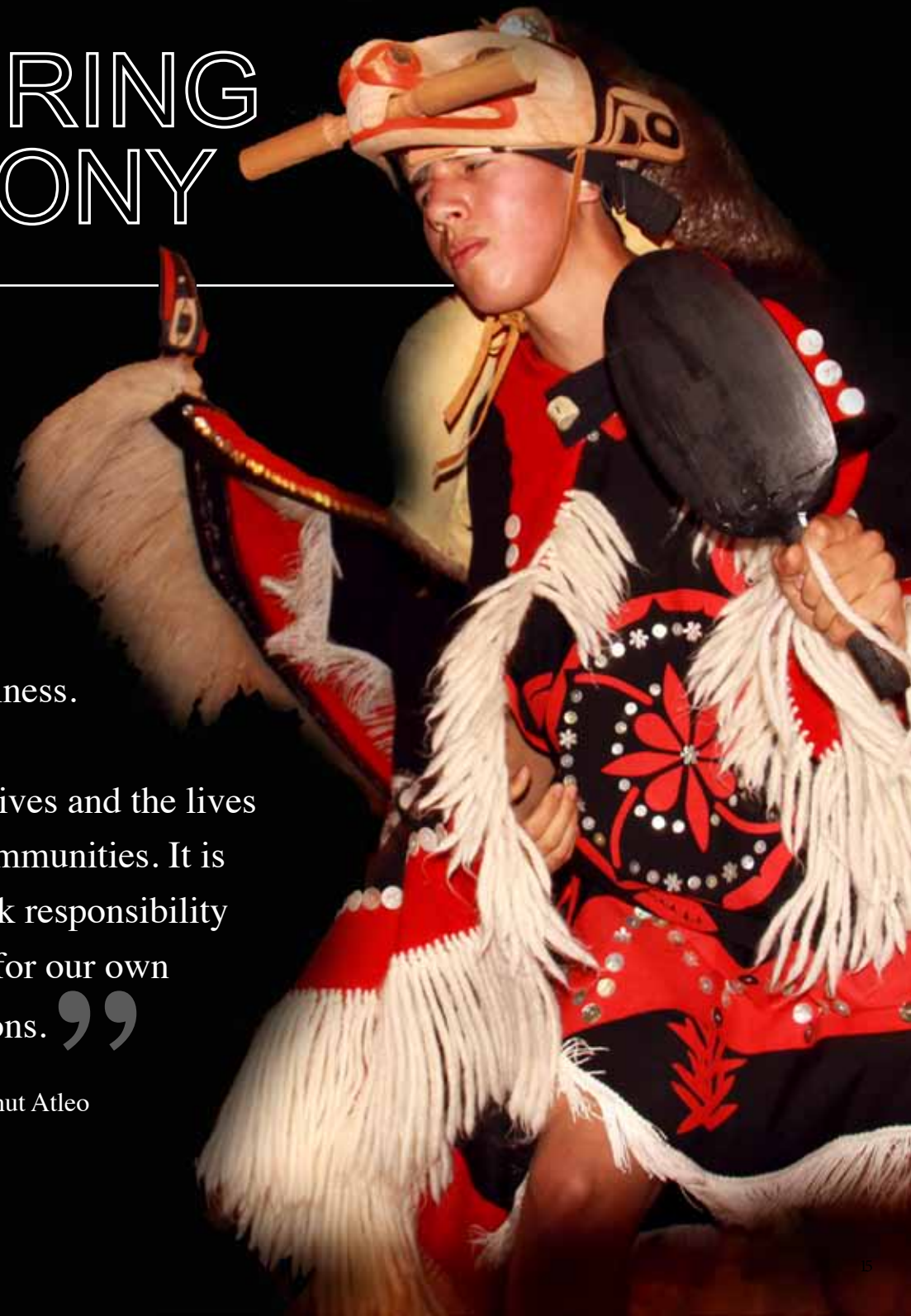
& Banquet Dinner

HONOURING CEREMONY AND BANQUET

On the evening of May 24th the FNHC hosted a special Honouring Ceremony and Banquet dinner. The purpose of the banquet was to acknowledge the political leadership that brought BC First Nations health issues to the fore, and developed and signed several key documents and plans which enable the work that continues today.

The banquet was hosted by Dr. Evan Adams. Over the course of the evening, the 400 delegates in attendance were treated to a keynote address by National Chief Shawn A-in-chut Atleo, the honouring of leadership and many beautiful cultural performances.

HONOURING CEREMONY



"Now is our time to work in a new way by being proactive in our approaches to wellness. We cannot be passive observers in our own lives and the lives of our families and communities. It is time for us to take back responsibility for our own lives and for our own communities and nations."

– National Chief Shawn A-in-chut Atleo

May 25th, *2011*

Leadership Perspectives

PROCESSION

Day two of the Forum commenced at 8:30 a.m. with a Procession of participants from the North, Interior, Vancouver Coastal, Vancouver Island, and Fraser regions, which each region entering the forum with drumming and songs of welcome, honour and celebration specific to their Nations and regions.

OPENING PRAYER

Elder Larry Grant, Musqueam First Nation, welcomed participants to the Forum with an Opening Prayer. Musqueam Cultural Singers and Performers Alec, Iona and Shadae performed songs of journey and welcome.

WELCOME AND OVERVIEW OF AGENDA

Facilitator Harold Tarbell welcomed participants to the Forum to participate in the ongoing critical dialogue about the future of health for BC First Nations. He acknowledged the record number of BC First Nations represented in the room, and led a round of applause for previous members of the First Nations Health Council (FNHC) who had been honoured at the prior evening's banquet.

Chief Douglas White III (Kwulasultun)
First Nations Leadership Council

Chief White III welcomed participants to the Forum. He noted his honour, as a member of the First Nations Summit (FNS) Task Group, the First Nations Leadership Council (FNLC), and as Chief of the Snuneymuxw First Nation, to be in the presence of and address BC First Nations leaders.

Chief White reflected on a number of personal and family experiences that demonstrate the grim reality that First Nations are not reflected in the health care system in this province and country. The work at this Forum was a step towards changing that grim reality and giving recognition and respect to First Nation concepts of health and wellbeing, and their unique ideas of what it means to be cared for and healed. He honoured that BC First Nations were doing this work together as one.

Chief White stated that the reason he was at this Forum was because he knew that alone he is not strong enough to look after and provide services to his people in the way that they deserve; and that his voice, no matter how loud, is not loud enough to provide the advocacy that his people deserve to change their situation. The health and wellbeing of his people depends upon how well he works with other BC First Nations. Chief White III acknowledged the need for help from others, and that others needed his help as well, and suggested that working together is the only way to arrive at the transformative change required to create healthy communities. He referred to the success of BC First Nations in various endeavours that had this simple, profound idea at their core – recognition of the need to work together to create a different world.

Chief White encouraged participants, when considering the draft Resolution, to support the idea of collective work, as the decision made would impact the health and wellbeing of all BC First Nations. This Forum was at a decision point that would have real impacts on the wellbeing of BC First Nations in future. He encouraged taking steps towards a health system in which the knowledge and sacred teachings of First Nations are respected and recognized. He noted desire for his sons to carry with them into the next century the knowledge and dignity of his grandmother, which all First Nations children and grandchildren deserve.

Chief White expressed his honour to be part of this historical gathering where almost all BC First Nations were represented. He expressed hope that the concept of working together could succeed, recognizing the necessity of unity and working together, while respecting each other's autonomy.

***Warner Adam**, First Nations Health Council Deputy Chair*

Mr. Adam spoke of the diversity of BC First Nations but that all walked with respect, pride and dignity, and discussed the need to recognize the strength of unity and working together, as being very important in this day and age. Mr. Adam noted that it was important to also embrace the impacts of colonization and to rebuild that, and to dispel what the visitors to this land thought of BC First Nations.

Mr. Adam commented that the health and social gaps between BC First Nations and other British Columbians are at an all-time high – an unacceptable situation. He spoke of the need for solutions to create healthy communities for children to grow up in. There is a need to turn these statistics around, recognizing that only BC First Nations can make a difference in their own health and well-being.

Michael de Jong**, Minister of Health Services, Government of British Columbia and Assistant Deputy Minister **Andy Hazelwood

Via video presentation, Minister de Jong expressed regrets that he was unable to attend the Forum in person, and extended welcome to participants in attendance. He stated that the Province of BC shared the same goal as BC First Nations, to close the health gaps between BC First Nations and other Canadians.

Mr. Hazelwood noted that BC is committed to the action items in the Tripartite First Nations Health Plan (TFNHP), and views the creation of a BC First Nation Health Authority (FNHA) as a key component in establishing the positive relationship between BC First Nations, health authorities, the Ministry, and the Province of BC. He noted that provincial health authorities are looking forward to engaging with a FNHA to identify opportunities to work together. Minister De Jong added that the Province of BC is committed to working with BC First Nations and the federal government as full partners.

Mr. Hazelwood commented that health is a huge economic driver, consuming nearly 50% of the provincial budget, and that there are a lot of opportunities for collaboration and cooperation, particularly amongst the six health authorities in BC and a future FNHA. He indicated that he would be proud if the FNHA received support and became a reality, as it would set a new standard across the country. He encouraged BC First Nations to come together and agree that they wanted more control of health services.

Minister De Jong indicated that the provincial government is committed to recognizing BC First Nations culture, values and traditions into health care delivery in order to improve delivery of services and to create a better life for all BC First Nations. He concluded by extending best wishes for participants' deliberations at the Forum.

***Leona Aglukkaq**, Minister of Health, Government of Canada*

Minister Aglukkaq shared that this was her fourth trip to BC for health governance discussions. She was delighted to be present for this Forum at which a historic decision was to be made, noting that the Gathering Wisdom forums have been an important part of the development of the work to date, and that the Forums reflect the parties' commitment to be accountable, work together and be involved every step of the way. She added that since signing of the TFNHP in June 2007, the three parties had also demonstrated their willingness to work together on health care through initiatives relative to H1N1, chronic disease, and an integrated telehealth network.

The Minister stated that an important element of the TFNHP is to build a new structure for the governance of BC First Nations health services. There is desire for Health Canada's role to evolve to become a partner with BC First Nations in the governance of health by continuing to fund BC First Nations health services and programs while recognizing that BC First Nations should have greater control in how their health services are developed and delivered.

Minister Aglukkaq was pleased that the negotiators had successfully negotiated the Framework Agreement for a First Nation health governance structure, including a new FNHA. Health Canada will continue to be involved through implementation of the new governance structure to ensure success, and Health Canada experts will provide ongoing support to their counterparts at the FNHA.

The minister stated that the Framework Agreement also contains important provincial commitments for: improved access to programs and services; collaboration between provincial health authorities and BC First Nations health providers; and adaptation of provincially funded programs and services to better meet the needs of BC First Nations. The desire is to ensure that BC First Nations have equitable access to services, and to create a continuum of care, as better services will mean better health outcomes for BC First Nations – the ultimate goal.

If the Forum supports the proposed Framework Agreement, the Minister indicated that she would present it for consideration and decision by the federal government, as had been done in both the Northwest Territories and Nunavut. She stated her commitment to this process, and her belief that this was the only way, and the best way, to improve the health outcomes of BC First Nations. The federal government is committed to building a healthy future for BC First Nations, and recognizes that there are better results when decisions are made closer to home, by First Nations for First Nations.

Minister Aglukkaq noted that it had been five years since the discussions began in BC. The following day, the Forum would deliberate and decide how best to deliver health services to BC First Nations, and she wished participants well in their discussions.

A question and answer period followed, where facilitator Harold Tarbell posed a series of questions created through the Regional Caucus sessions the previous day. Some key points arising from this question and answer session are as follows:

- The federal government will be an ongoing partner throughout this process and will continue to fund the delivery of BC First Nations health care services.
- The Framework Agreement does not change the fundamentals under the Canada Health Act and the responsibility of the province for provincial health services. It brings all the parties together and for first time will include First Nations as part of the decision-making in delivery of health services – First Nations people know best how to address program delivery in their communities.
- The biggest risk for First Nations under this arrangement is not moving forward. We are doing this because we have huge health disparities between Aboriginal people and the rest of Canadians. The risk of not developing a governance structure to address health outcomes for Aboriginal people is that their health outcomes will continue to worsen. We need to look at innovative ways to work together, including having First Nations as part of developing programs and having a say in how to better deliver health care to our people.
- Doing nothing is not a solution. Today and over the last five years BC First Nations have been working very hard to find ways to work together and start addressing health outcomes.
- There are a number of other program agreements outside of the Framework Agreement and organizations and communities will continue to have access to those programs.
- With a majority government in place, we have four years to ensure the roll out of the Framework Agreement is a success.
- The federal and provincial governments are open to looking at a legislative framework to support this work.

The Minister concluded by remarking that the TFNHP arrangement is historic. She commended First Nations for working very hard to come together to a consensus decision. The federal government will continue to be a partner. The provincial government, federal government and BC First Nations will continue to be partners. The governance model will ensure that BC First Nations will be involved as a partner in solutions for a governance structure. For the first time in Canada, First Nations will be included in the model.

KEYNOTE SPEAKER

Nai'noa Thompson, *Executive Director, Polynesian Voyaging Society*

Mr. Thompson shared his impression that BC First Nations are united, and that at his home there was not that kind of table to be collective, together, responsible and historic. To see 203 different BC First Nations represented in the same room was powerful, and he envied and was honored by that.

Mr. Thompson spoke of similarities between BC First Nations and native Hawaiians, including the impacts of colonization resulting in them dying younger, making less money, and having less confident children that felt inferior in their homeland – with eyes deadened by the absence of hope. The issues of First Nations and native Hawaiians are similar; debilitating and crushing, which is wrong.

With a backdrop of projected photographic slides, Mr. Thompson discussed the symbolism and the practical elements of the journey of the voyager canoe Hōkūle'a.

Mr. Thompson spoke of the arrival of Captain Cook in the Hawaiian Islands 200 years ago, and whose scribes wrote of a population of native Hawaiians that had the best use of fresh water, the highest productivity of foods, and great health on their small islands. The first man on shore guessed that the median population at that time was 800,000 fully sustainable native Hawaiians. 100 years later, the number had diminished to 24,000 as most were eliminated by European disease.

Mr. Thompson's father was born in 1924 and might have been the first generation from hundreds of generations that was not taught his culture because in 1926 by policy, schools disallowed Hawaiian culture to be taught. When Mr. Thompson was born in the early 1950's it was to parents working full time jobs, and his caregivers had been his two grandmothers. His paternal grandmother was pure Hawaiian, and he could recall being four or five years old and seeing his grandmother rest, meditate and dream in a large bed in her living room. She could see things that would happen to others, primarily family members, and was an extraordinary storyteller. His grandmother would tell stories of her father who had been a fisherman, and when she spoke of him she communicated best with her eyes and sitting up proud. It gave you the sense of her pride and love for her father who she said was a great Hawaiian ocean man.

Mr. Thompson's grandmother talked to him about her experience as a young child going to school and being beaten by teachers for speaking Hawaiian or for dancing the Hula. When she spoke of those times she would look beaten down, which gave him his first inkling of being Hawaiian and being ashamed. He grew up becoming more and more enraged that the identity that defined him was not valued.

Two years after high school, Mr. Thompson was part of a paddling club on the Island of Oahu. Across a canal was a set of old wooden houses, and in one house was an extraordinary man, Herb Kane. He was born in Hawaii and was an artist and historian who primarily lived away from Hawaii as a young child, but had an extraordinary dream about building a Polynesian double-hulled voyaging canoe. Mr. Kane talked about a journey of building a canoe, sailing back to the homeland, and bringing back pride to the Hawaiian culture. He started to create a map of the stars and stated that navigation by these stars would bring back dignity and honour to native Hawaiians.

A Micronesian Master Navigator was discovered. Pius "Mau" Piailug was the youngest of six Master Navigators at the time. He immediately accepted the invitation to navigate Hōkūle'a 2,400 miles using ancient way-finding techniques, with a crew he did not know, on a voyage six times longer than he had ever made, navigating by stars in the south he had never seen, and with little ability to speak English. Mau accepted because in Micronesia the footprint of forgetting was already starting, and wanted to be part of fundamentally saving the people by sharing his traditional knowledge.

Mau was concerned, however, that the people who would accompany him on the journey were not united. At a final ceremony before the launch, Mau addressed the crew and said,

> *"today we go to sea, today if you have any problem, you leave it on the land, today you come together, today when you get on Hōkūle'a she is your mother, and I am your father and you listen to my words and you will see the island you seek".*

Mau was concerned that there were two different communities on the journey that were both valid and important, but that could not find common ground. One part of the crew was a science community – the other part of the crew was native Hawaiians. Ultimately, the crew did find Tahiti after 31 days at sea. Once they arrived, however, Mau left secretly on a series of ships back to his community. He left behind an 8-track cassette tape for the second crew telling them that the first crew was no good, and that maybe the second crew was not either. Mau asked that no one come to look for him, because he would never be found.

Mr. Thompson was one of the members on the return crew – the youngest, least mature, and likely the most scared. To go deep sea on Hōkūle'a he needed leadership that he trusted, and the leadership had left. Not understanding that he needed to own that fear, Mr. Thompson projected it onto others and began talking about quitting. One of his elders heard his words of quitting and going home. The Elder sought out Mr. Thompson and told him to stop talking about quitting, and to get on Hōkūle'a and take her home because it was his time to make a decision. So he went on the journey, and thanked his Elder for the scolding he needed to get on the canoe.

Mr. Thompson shared that Herb Kane's vision was that the young native Hawaiians, on the voyage on Hōkūle'a, in the wake of their ancestors, would find themselves. If there had been no other voyages the people would go back to nowhere, so they had to sail again. It was not easy and the cost was huge.

Another voyage was planned March 16, 1978, and the crew trained and prepared, but leadership was not ready. There were thousands there to see Hōkūle'a depart from Oahu. Although there were strong winds in that afternoon, leadership determined that they did not need an escort, and said "if we do not contact you from sea, we will call you in a month from Tahiti". They left at sunset, crossing into the channel between Oahu and Molokai. The winds turned to gale and they could not keep the water out of the hull as the seas stacked waves 12 feet high. Around midnight they were trapped inside a stacking wave that picked up Hōkūle'a and turned it over. One hull was completely submerged, with only three feet of hull afloat. The 14-member crew was on top of that hull, but each set of waves would knock them off and they would have to swim back and climb on. No one knew the crew as there, drifting outside of the shipping paths.

Mr. Thompson shared the story of Eddie Aikau who was recognized internationally for surfing the world's largest waves, and was Hawaii's top lifeguard at the time. Everyone in Hawaii, no matter their nationality or age, knew Eddie by his actions – he was loved and respected and Hawaiian. He was a real hero, and young native Hawaiian children were proud to know him.

Eddie Aikau was a crewmember on the voyage when Hōkūle'a flipped over. Eddie was a true leader and prior to the journey remarked "I have to sail to Tahiti and go down that path, to pull Tahiti from the sea, and bring dignity and honour back to the elders and ancestors and to give it to the children". Eddie knew how important the voyage was to the wellbeing of the Hawaiian people. After Hōkūle'a flipped over, Eddie volunteered to paddle on his surfboard to the nearest islands which were at least 25 miles upwind. Eddie was never seen again.

Following the rescue of the crew, half of the community wanted to rebuild Hōkūle'a and reclaim the vision and dream, the other half wanted to take it out of the water and put it in a museum so that no one else would be hurt. The problem with putting Hōkūle'a in a museum was that it would leave the legacy of Hōkūle'a as tragedy, which was what the non-Hawaiians had expected. The native people were broken and deeply saddened. They needed new leadership with more courage, and with understanding of how important it was to envision where you had to get to, and to figure out how to prepare to do it.

The next day, Mr. Thompson's father pulled the voyaging leadership together and told them if they were going to go to

Tahiti they needed to know the power of vision and what success looked like. They needed to know what the steps in the journey would be, and whom they served because the voyage was not about them.

> *His father said that the leadership group was broken and that the things that divided them needed to be put aside. They needed to agree on core values and hold onto them in order to hold together.*

His father said that the leadership group was broken and that the things that divided them needed to be put aside. They needed to agree on core values and hold onto them in order to hold together. He told the leadership that the only way they could be successful was to bring the community behind them, to go to the community and articulate their vision and values, and if it made sense, the community would be with them. He told them not to define the community by the things that would separate them, like race, geography, but by those that wanted to learn, work hard, support and share. Mr. Thompson's father said that the voyage was not something to be taken, but something to be earned, and to not talk about a departure date, but to talk about what it took to earn the voyage. He asked for a list of what they needed to do and learn before they left and told them that 95% of the accomplishment would be in the preparation and training.

Mr. Thompson's father told the crew that the voyage was not for the crew, but was for the children and the future generations. That sense of purpose was unifying for the crew. They left the room ready to go and work to train and prepare for the voyage. Mr. Thompson was sent to go find Mau to be the leader – so he did. He sat on a white sand beach and told Mau that the crew and the children of Hawaii needed him.

Mau took the crew by the hand through a window of time to a place that only he could find – to the only ways, the deep sea. The crew trained 3,000 miles of sailing over the next 2.5 years, and learned that what happened on the canoe was not that you became a good crew, but a good family, and that the canoe was a school.

Mr. Thompson discussed one of Mau's teachings. In the beginning of the journey, when there was no accountability, everything was easy because the learning was free and people did not have to worry about taking the journey. The crew trained and trained to leave and it was in November 1979 when the captain said the crew and canoe was ready. The day that they set the date was the day that Mr. Thompson fell apart with fear. There was power in the vision, but a fear of failure, made him fall apart. Mr. Thompson spoke of the importance of keeping the vision in your mind, which was the difference between success and failure, and talked of making sure that the purpose was so great that no matter what, it needed to get done.

He thanked the participants for their time, and wished them well in their deliberations on this historic decision for the children not yet born. With permission, he would share the story of BC First Nations' unity, strength, and courage, which having seen it, made him more courageous. It was a story his people needed to hear.

"This forum, more importantly Nai'noa, helped me understand the in-depth leadership roles which include navigation, decisions and risk. Despite the fear of failure. I could relate this canoe trip to Tahiti, with our risk assessment and decision to make change for our people."

– Gathering Wisdom IV attendee

PANEL: ALASKA NATIVE HEALTH BOARD

Lanie Fox, *President/CEO Alaska Native Health Board and* ***Andrew Jimmie,*** *Vice-Chair, Alaska Native Health Board*

Ms. Fox indicated her great honour to be present to hear the stories at the Forum, and to share lessons learned and provide advice. Ms. Fox acknowledged that BC First Nations were on the cusp of being able to take over their health, and shared that anything worth fighting for was hard work. When First Nations were able to provide their own health care, in a culturally appropriate way, it would provide a strong sense of pride. Ms. Fox worked hard every day to ensure that Native Alaskans continued to have control over their health care services, for her children, and for their children and their children, as part of the journey for future generations.

Ms. Fox discussed the establishment of the ANHB in 1968 to assist the Indian Health Service in communicating with Tribes on the decision, development and implementation of health care practices in Alaska. She discussed the ANHB governance structure, with tribal leaders representing 229 federally recognized Tribes of Alaska. The governing body was to ensure that when statewide decisions were made, it was with the full authority of the regional health organizations.

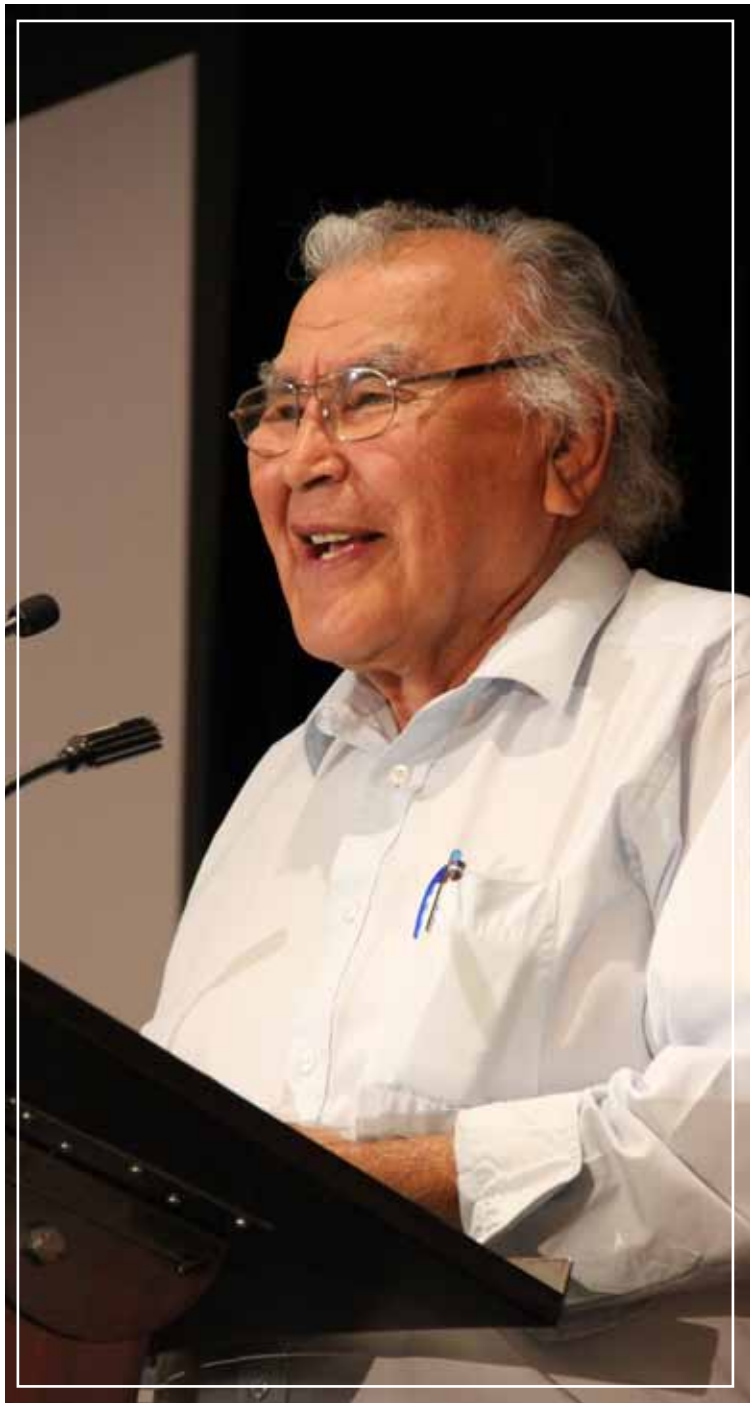
Ms. Fox relayed that the ANHB was created for the purpose of promoting the spiritual, physical, mental, social and cultural well-being and pride of Alaska Native people. The ANHB provides advice to and consults with Alaska Native people on problems and issues for the Indian Health Service/ Alaska Area Native Health Service to take action on. Through its established network, the ANHB prepares analytical reports on policy, proposed or existing program activities, and/or the impact of proposed legislation. It hosts statewide forums for networking amongst leadership and management, maintains a centralized repository of information regarding current developments and events relevant to Alaska Native health issues, issues weekly activity reports on health matters, and

coordinates Alaska tribal participation in statewide or national meetings of significance.

The ANHB also hosts quarterly meetings for its membership, the first day of which is set aside for the Association of Tribal Health Directors (ATHD) to discuss health related proposals, ideas to address organizational structure or health disparity, and reports and updates. The second day is generally a joint meeting of the ANHB and ATHD to consider membership reports, and for the ATHD report to the Board of Directors with a summary of recommendations for action. On the third day, the Board/Chairs of the organizations come together for a business meeting to discuss and decide on all action items. In addition to the quarterly meetings, the ANHB provides bi-annual meetings, which include participants from the Federal Government, the State Department of Health and Social Services, the ANHB Board and the ATHD.

Ms. Fox noted that it has been a huge success for Alaska Native people to be able to negotiate directly with government on the services provided to their Tribes. The ANHB hosts bi-annual negotiations. Pre-negotiations are held to discuss issues that needed to be addressed at final negotiations in May with the IHS. The Tribal Leaders meet privately in a Tribal Caucus forum to discuss strategy on common language and funding agreement language negotiations. During final negotiations, common language issues are negotiated first with the IHS. Upon conclusion of the common language negotiations, individual funding agreement negotiations begin. Each item is negotiated to conclusion.

To develop consensus, the ANHB identifies common issues, presents the issue, and facilitates discussions to establish recommendations. It has adopted the consensus minus one rule – if the majority supports the recommendation but one does not, they consider consensus to have been established. If there is more than one in opposition, the opposing entities are asked to present a proposal that will work for them, following which the parties work through the process until consensus is reached.



In the past meetings were typically held from 8 a.m. to 6 a.m. the following day. Over time the Tribes had become better friends and had learned to trust, share and understand one another. In the last year, a proposition was tabled to conclude meetings by 6 p.m.

Mr. Jimmie acknowledged earlier comments on the need for vision, which was how the Alaska Native people had taken over all of their health programs. When he first started on the ANHB, there was talk of creating another organization to run the water and sewer services, and it took a long time for the parties involved to become united because everyone was used to doing their own thing in their own region and wanted to be the boss.

He encouraged that, to have a really good program, it would be better for BC First Nations to run their health programs. This was what had been done in Alaska, and it was working very well. There was need for regions to be on the same page and for decisions to be made by all, because if one refused to work with the rest it would bind up the whole program. Alaska Native people were now very happy that they had chosen to run their own programs and to be united.

Mr. Jimmie referred to comments by a prior speaker who had shared that he was not strong enough to do it alone for his people. He encouraged that anything ever done with everyone on the same page always worked. It was important to do a lot of planning, recognizing that it took a lot of work. Many times he had asked himself what he was doing but he realized now that the end result was for his children, his grandchildren and his great grandchildren. If people continued to work in the interests of the future generations, they would get it done.

A question and answer session followed, including the following key points:

- One of the first challenges that the ANHB had to face was educating people in the communities about health and the legislation.
- A key challenge now is in mentoring – a key recommendation for BC First Nations is to bring in youth and mentorship from the beginning.
- Only 40% of ANHB's primary funding is from IHS, and it meets 40% of the need – the ANHB raises the other 60%.
- Part of the education to communities was to get them to understand that health care services are not free. We educate people on the importance of enrolling through their employer or their own insurance.
- There is a high turnover rate in terms of health professionals – the average length of employment is two years, although in a regional corporation for a physician it can run from seven years to a lifetime. A loan repayment program exists to help physicians who are graduating to repay loans for an exchange of "x" amount of services in each community.
- There have been great successes in health promotion and disease prevention, including a traditional nutritional program.

"This has been an exciting and uplifting experience. The challenges ahead are daunting, however with the experience and commitment in this room, on this day, we will meet, address and eliminate these challenges."

– Gathering Wisdom IV attendee

NON-INSURED HEALTH BENEFITS: THE BIGSTONE EXPERIENCE

***Barry Phillips**, CEO, Bigstone Health Commission and* ***Lyle McLeod,** Lyle McLeod Consulting Group*

Mr. Phillips introduced himself as having been contracted three times as the Chief Executive Officer of the Bigstone Health Commission, which was reflective of the first issue encountered by Bigstone: finding someone that could operate a complex health system consisting of public, not for profit, for profit and charitable organizations.

Bigstone Cree Nation consists of 7,200 people amongst seven communities. Bigstone pursued a Non-Insured Health Benefits (NIHB) Pilot Project in order to increase its resources to improve the quality of health for its community members. Motivation for change came with a Treaty 8 meeting many years prior, at which it had been announced that the Bigstone Cree Nation had some of the worst health outcomes in the province.

Mr. McLeod discussed Bigstone's recognition of two streams of opportunities for NIHB: delivery of the program for the payment of goods and services, and the actual delivery of services and the profit being made. He discussed the organizational structure of the Bigstone Health Corporate Entities (BHCE), which included both not for profit and for profit agencies.

Mr. McLeod shared that Bigstone's opportunity came in 1996 when it was chosen to participate in the NIHB Pilot Project Phase I. Bigstone was allowed to pick and choose the benefits they wished to try to administer, and chose transportation to address issues of access.

In the second phase of the project, the requirement was for the First Nation to deliver all programs under NIHB, which allowed for expansion of services to focus on the determinants of health. Only one community became operational after being approved to proceed to Phase 2 – Bigstone, which developed its own electronic Adjudication system for Pharmacy instead of using an external provider; trained its own staff; and used the Alberta regional transportation program.

Mr. McLeod advised that there had been several key success factors important to Bigstone:

- Communication to providers to ensure that there was no interruption of service;
- Cooperation with Health Canada which assisted Bigstone by training staff through job shadowing at regional offices; and Health Canada's provision of necessary data to populate Bigstone systems.
- The completion of two independent evaluations, which gave confidence to both government and Bigstone members that the systems had improved.

Mr. McLeod discussed the importance of identifying early opportunities. At Bigstone, medical transportation was targeted given that it represented a huge cost and the fact that "no one gets well from transportation." Bigstone recognized efficiencies to bring more medical service into the community and take direct control of ambulance services in the area. Mr. McLeod offered that the opportunity to administer the NIHB differently than Health Canada had been important, including the ability to collect and maintain raw individual data that could be used for integrated health planning specific to needs. For example, Bigstone mined the Pharmacy data to identify diabetic patients who were then flagged to indicate that they were eligible to receive eye examinations annually rather than bi-annually. This sped up the approval process significantly for exams.

Regarding the Pharmacy program, it was noted that government was insured so that it could not be faulted. As such, there was approval required by a doctor, transportation and meals allowed for, payment to the Pharmacy for administering – all of which resulted in making Aspirin cost $50+/bottle. Bigstone Pharmacy was able to improve access and costs of goods and services, and to enhance health programs on reserve. Being a good corporate citizen was important to the image and pride of being a good provider of service. As such, Bigstone employed dentists, trained its members to be registered assistants, and provided a higher quality of service to all members of the community to ensure a proper dental treatment program.

Bigstone's size limited what could be achieved. A transfer of NIHB on a scale being discussed at this Forum would open many doors for BC First Nations. Mr. Phillips discussed the example of reduced costs for a dental crown that was seven times stronger and cost $40 rather than $400 to make. While someone was making a lot of profit on dental work, it was not First Nations. The machine that produced the $40 crowns cost an initial investment of $100,000. It took Bigstone several years to see the benefit, but for BC First Nations it would immediately reduce costs and make a profit as well.

Mr. Phillips noted that in many ways, earned income directly affected determinants of good health. When the plan was first put forth to Bigstone there were 14 employees, and now there are 140 employees and $600,000 million in capital assets. Because of the growth in its business units, Bigstone had been able to anchor a shopping centre, owned by Bigstone, which will open in September 2011. Because of the transfer of NIHB, the health department had become a provider rather than purchaser of services, and intended to expand to other non-Health Canada related services, i.e. industrial medical services for the oil and gas industry, and building of an Elders Lodge on reserve.

Mr. McLeod commented that a challenge was to find balance between members' needs, government program guidelines, and fiscal responsibility. Bigstone was required to guarantee a minimum of the NIHB guidelines to all Bigstone members across Canada. Initially Bigstone had plans to develop electronic integration of systems in order to find efficiencies in running systems, but this had not yet been fully achieved.

Mr. McLeod shared lessons learned by Bigstone, including that First Nation organizations are capable of delivering NIHB programs independent of government. They must first learn to deliver the program, and recognize where government limitations and barriers can be removed. The First Nations must be ready and willing to manage the program different than government.

Mr. McLeod expressed appreciation for having been invited to present at the Forum, sharing that he saw opportunity for synergies moving forward. In order to achieve the opportunities available, Mr. McLeod advised that it was important to develop plans to mitigate risks. He concluded by stating that he believed

that there was greater opportunity than risk In taking on the NIHB program.

A question and answer session followed, including the following highlights:

- It is important to pursue other sources of funding – like from Human Resources Development Canada or Aboriginal Business Canada – to address capacity and business development in tandem with health matters.

- It is also important to be a competitive employer, and provide good employee packages, benefits, and pension.

- At first, you need to keep the program as it is for seamless transition, but the business side of it will evolve and you can build on opportunities for change over time. At this point, Bigstone is paying its own companies for services, and there are profits that are invested back into the community.

- There are opportunities for immediate savings – government is bound by a lot of legislation that First Nations are not bound to.

- There were lots of people within and outside the community that felt we were not going to be able to do this and there are just some people that you will not convince.

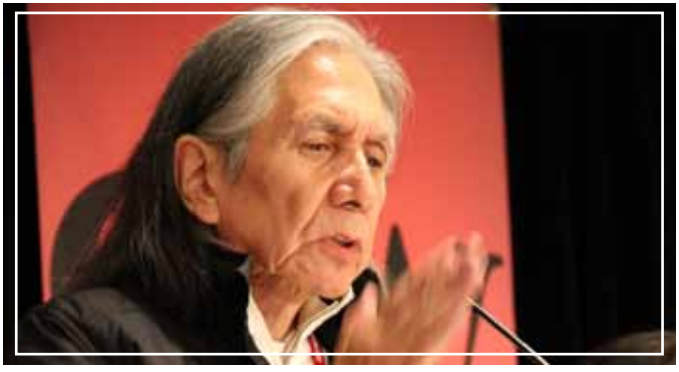
- The plan changed a lot. There are a lot of unexpected issues. You have to have something you call a vision. You have to know where you want to go and then have to have the people in place that will help you get there.

- Recommend learning as much as you can from the Health Canada people who have operated this program for a long time. Then sit down and decide what you want to do differently. If you really want to achieve these outcomes how will you do if you do not take transfer? That is the big question.

- Bigstone's system approves what is needed – not what is allowable under the program.

- In some cases, we ask people to use generic drugs because the highest prescribed drug in Alberta is Tylenol 3. When we started providing a generic equivalent we found the prescriptions for Tylenol 3 dropped substantially from being the number one to number three drug prescribed in Bigstone. The reason is that the generic brand is not worth as much on the street. You may want to institute a program where you delist and replace a drug with a generic.

- 20 years ago the Regional Director stood in front of the Chiefs at Treaty 8 and they said that Bigstone was the sickest region in Alberta; last month, the 2010 Determinants of Health book came out in Alberta and it shows the two healthiest communities in Alberta – one of these is Bigstone.



CLOSING PRAYER

Elder Leonard George, Tsleil-Waututh First Nation, commented on the importance of the decision to be made at the Forum, adding that sometimes the answer was not the one you wanted, but was the best one. He offered a thank you song as Closing Prayer, and day two of the Forum concluded at 4:49 p.m.

OPENING PRAYER

Elder Leonard George, Tsleil-Waututh First Nation, welcomed participants to the Forum at with an Opening Prayer and Song.

PANEL: U.S. SELF-GOVERNANCE EXPERIENCE

***Jim Roberts**, Northwest Portland Area Indian Health Board*

Mr. Roberts shared that while it seemed daunting at times, his experience and observation was that when Indian people took over management of their services what they ended up with was a much better system. Mr. Roberts encouraged participants to stay committed, on task and together, recognizing that there would be a lot of processes and institutions that would try to throw obstacles and barriers in their way.

Mr. Roberts discussed the Indian Health System (IHS) first established in 1955, which currently provides health care for 565 federally recognized Tribes. It includes 1,139 health care facilities in 35 different states, divided into 12 administrative units called Area Offices that oversee the health services for Tribes in those regions.

Reference was made to the Indian Self-Determination Education Assistance Act (ISDEAA), passed in 1975. It was considered to be the most significant contemporary Indian policy legislation, and allowed Tribes to enter into contracts to carry out federal programs for their own people. The Indian Health Care Improvement Act (IHCIA) was passed in 1976 based on findings that the health status of Indians ranked far below that of the general population. It set forth a national policy to elevate the health status of the Indian population to a level at parity with the general U.S. population.

Mr. Roberts discussed the structure of the IHS, which included:

- direct services – programs operated by the federal government (IHS);
- contracts – programs operated by Tribes under the ISDEAA; and
- compacts – programs operated by Tribes under the Self-Governance process.

While source funding was initially provided by the federal government (50-60% of that from Congress appropriations), the Tribes had been able to leverage and maximize resources. However, the system was still severely underfinanced as funds became deflated in the face of population growth and inflation. As such, Mr. Roberts emphasized the importance of ensuring that costs were covered, and to consider use of advocacy organizations.

Mr. Roberts shared that the Northwest Portland Area Indian Health Board (NPAIHB) had been established in 1972 and represented 43 federally recognized Tribes in Idaho, Oregon, and Washington states. The NPAIHB is a Tribal Organization with legal authority to represent the position of the Northwest Portland Tribe. The role of the Area Health Board is to:

- conduct policy budget and legislative analysis;
- carry out HP/DP programs;
- undertake data surveillance and research;
- offer training and technical assistance to Tribes; and
- operate a Tribal Epidemiology Centre.

In addition, the Area Health Board has a representative on the National Indian Health Board, which is important to ensure connectivity to the National Indian Health picture.

A second presentation was projected titled "National Indian Health Board Study: Tribal Perspectives on Indian Self-Determination and Self-Governance in Health Care Management". The Study looked at various levels of self-determination in health care delivery as it relates to health outcomes. The study affirmed a positive correlation between health outcomes and increased authority.

Mr. Roberts discussed a slide illustrating net gains in programs by type of service showing that community-based Tribally-operated programs, clinical services, auxiliary services and prevention services had grown significantly more than those that had remained under IHS delivery over the five year term of the Study. Compacting eliminated 15% of programs, while IHS reduced 30%+ of programs over the same timeline. Net gains in facilities by type of Tribe were discussed, noting that only 5% of those that remained under IHS direct service had added new facilities, although tribally operated systems added 44%. In terms of quality of care and waiting times, the improvement in tribally operated programs was significantly higher than IHS direct services.

Mr. Roberts concluded with note that Self-Determination and Self-Governance had resulted in a marked improvement for the delivery of health care services for Indian people in the U.S.

Geoffrey Strommer, *Hobbs Strauss & Co.*

Mr. Strommer indicated that the ISDEAA was an extraordinary success in Indian policy in the U.S, and that was important to understand that it was a very new policy in the history of government-tribal relations in the U.S. As recently as the 1950's, the allotment termination policy was in place, intended to terminate the unique federal-tribal relationship. During that time, close to 100 Tribes had been terminated through legislation and had their lands distributed out and their relationship with government end. In the 1960's, the U.S. went through a political evolution, tribal leadership became much more political, and things began to change. Former U.S. President Nixon was the standard bearer for Self-Determination and officially ended the termination era in the 1970's when he advocated to Congress to consider Self-Determination legislation. This led to Congress enacting the ISDEAA in 1975.

The ISDEAA had five titles allowing Tribes to step into the shoes of federal agencies, to assume the funds and responsibility those agencies used, and to provide services directly. Initially there had been capacity problems and so a lot of focus in the first 10-15 years was on building capacity. In the early days of implementation, federal officials responsible for implementing programs were reluctant partners at best, and were suspicious of Tribes taking over program responsibilities and funds. However, over a period of years, and with a lot of push-pull political and legal activities, the legislation had been amended several times to change the leverage and power shift in the relationship. As a result, Tribes had more power to force the agencies to implement the ISDEAA in the way that Congress had envisioned.

By the 1980's many Tribes had begun exercising their rights under the ISDEAA and had entered into contracts

to take over some or all programs. However, problems with implementation persisted throughout the 1980's. A group of tribal leaders decided there was a need to change the paradigm in order to stop the ongoing fight for implementation. They approached Congress with the concept of Self-Governance so that Tribes could access all the money that federal agencies received and could take over all the responsibility, without changing Tribal sovereignty. Congress agreed and enacted Title III of the ISDEAA – a Demonstration Project with the Department of Indian Affairs. In the early 1990's the Project was expanded to the IHS where it was also successful. In 1994, the success of the Project was so clear that Congress had made the program permanent. By 2000, the record of success in health had convinced Congress to enact Title V.

Mr. Strommer discussed key principles in the Self-Governance programs that had resulted in their success, including:

- legislation did not change the fundamental trust responsibility between the U.S. and Tribes under treaties and other obligations;
- it did not affect a Tribe's sovereign immunity; and
- participation by Tribes was purely voluntary.

The fundamental approach that succeeded in changing the dynamic was that the statute provided Tribes with legal tools to force agencies to enter into agreements. Tribes were able to find out what programs an agency provided, and how much they spent to do so. The Tribe could then decide which programs to take over, and which to leave status quo. That framework had changed the balance of power.

Mr. Strommer noted that Tribes had the ability once they took over a program, to redesign programs locally, based on local needs. The authority to redesign a program and move funds between programs was a cornerstone of the flexibility, and provided opportunity to coordinate with other Tribes. For example, in Alaska, there was one agreement under which 220 Tribes took over the entire health delivery system. An Anchorage IHS skeleton crew, which remained in place, could sign and monitor some aspects of the agreement.

Mr. Strommer discussed a Harvard Study, which conclusively demonstrated that the ISDEAA had been successful in helping Tribes to build capacity, and which tied successful economic development activity directly to the implementation that happened as a result of the ISDEAA. The most successful Tribes today were those that had utilized the ISDEAA provisions to gain ability to operate basic functions, and then had used that as a platform for ongoing growth.

***Ron Allen**, Jamestown S'Klallam Tribe; Chairman of the National Advisory Committee of Self Governance Tribes*

Mr. Allen stated that Tribal leaders constantly have to ask themselves what is the most important thing in their communities. This is difficult to answer because it could be stewardship over lands; economic development; education for the children so that they grow to become more knowledgeable as they assume responsibilities for the communities; protection of culture, traditional practices, religions, and languages; public safety and law enforcement; and/or taking care of Elders who were so culturally important to the communities. Health is also a priority. When Mr. Allen was asked to identify the top three issues for his community he considered all those areas. He recognized the need for leadership to do what had to be done to address issues on many fronts in order to advance the interests of the communities to the best of their ability and with the resources at hand.

As the participants at the Forum were considering what to do about health care in BC, Mr. Allen's message was simple: unity is power, and if BC First Nations were not unified there was no need for an enemy because they could look across the table at one another.

Mr. Allen spoke of his experiences across Indian Country on various issues, and acknowledged that similar to BC First Nations, Tribes were complex in the U.S. with different approaches, cultural/moral/legal arguments, etc. However, he emphasized the need to start somewhere and to build a foundation. What should have been done is water under the bridge – there is an opportunity now for BC First Nations to put together an initiative to benefit their communities and to raise the capacity and quality of healthcare for their people. Goals can only be accomplished in working together with sensitivity to all needs whether urban, rural, northern, etc. As well, there is need for resources, recognizing that the amount of money from the federal government will never be enough. As such, BC First Nations have to do something about that, and take control of their destiny as sovereign people.

Mr. Allen spoke of his mentor who told him that if his Tribe was sovereign and a government, it needed to act like it. The non-government sector might not want to recognize it, but he encouraged BC First Nations to stand firm and work together to carry a lot of power and be paid attention to. This is a world in which Natives are involved in a non-Native political system, and there is need to deal with that together. He encouraged participants to recognize that the perfect system did not exist, and that this was the beginning of a process that would be dynamic and would continue to grow, change and be refined to serve the communities and their unique needs. Mr. Allen added that the system would continue to become stronger and to work better, and that it would work because BC First Nations could do a better job than any other non-Indian service providers. He encouraged trusting leadership while requiring them to report back.

Mr. Allen shared that in the 1980's there were 10 Tribes seeking Self-Governance, and there were now more than half of the 500+ Tribes in the U.S. involved. He reiterated the need to trust the leadership and to move forward together, vetting issues, but

finding common ground, and encouraged participants to guard against thinking that their way was the only way.

Mr. Allen indicated that BC First Nations' brothers and sisters in the south who saw no border were sharing their experiences, were in control of their destiny, and were exercising their sovereignty and taking over the health system – and it was working. Indian people were growing in numbers and the Indian youth needed to be taken care of, in order to leave a good foundation for the future children. Mr. Allen offered that unity and trust and leadership were the ways to initiate and move forward, and he encouraged participants to fight for their rights and their community needs.

A question and answer session followed, in which the presenters made the following additional points:

- Once Tribes assume responsibility for programs, they have been able to maximize resources and are able to get more out of the resources than their federal partners. Once the Tribes took over they were able to provide more services, and to bill and leverage resources to secure other federal opportunities and bring more funding into their systems.
- Our system has become very complicated in terms of the level of analysis we are able to do in carrying out the health programs. The system has become quite technical, complicated, and sophisticated and it took time to get there.
- Once you obtain control over the resources available then you have to ask, "What other options do we have?" One Tribe for example decided to expand its clinic and turn it into a business that accepted non-Native patients. Because 90% plus of the patients are non-Native and that generated money, it elevated the quality of service.
- A key issue right now is due to recent catastrophes, including tornadoes in the Great Plains, that have devastated some Indian communities. We are putting pressure on the Federal Emergency Management Agency seeking for Tribes to have the authority to declare an emergency in order to access resources for immediate and urgent needs including healthcare and housing.

ACTIVE SPIRIT ACTIVE HISTORY VIDEO CONTEST

Building on the success and momentum of the Active Spirit, Active History book which profiled BC First Nations stories of inspiration and determination, the Active Spirit Active History Video contest was launched in January of 2011. The purpose of the contest was to encourage the development of First Nations specific health and wellness messaging around physical activity. Through this contest, First Nations were asked to develop a video on the theme, "what would you say to First Nations people to encourage them to be more active and honour our active spirit?" The contest closed on May 5th, 2011 and the finalists were screened at Gathering Wisdom.

Chief Willie Charlie, FNHC member from the Fraser Region, introduced the Active Spirit Active History contest. He commented that sports helped him to find balance in life, and gave him tools for becoming a leader. Many leaders spoke of the importance of organized sport to keep children on track and away from things such as drugs and alcohol that could take them away from their culture and families.

Chief Charlie introduced the panel of guest judges responsible for judging the video submissions:

- **Dr. Evan Adams**, Aboriginal Physician Advisor, Office of the Provincial Health Officer
- **Dr. Rosalin Miles**, Executive Director, Aboriginal Sports Circle
- **Matt Pasco**, Board member, First Nations Health Society.

Following introduction of the judging panel the following Contest submissions were displayed, critiqued and awarded as follows:

- 1st Place - $5,000: **Trevor Mack** for "Get Up, Move Up"
- 2nd Place - $2,500: **Buck Nelson** for "Snowboarding with Pala Kovacs (PSA) 2011"
- 3rd Place - $1,000: **Layla Rorick** for "Active Spirit Active History"
- Honourable Mention - $500: **Melody Charlie** for "Evan Touchie Legacy".

First place winner Trevor Mack shared that in his submission he had wanted to create a video that was modern and youthful. He recognized that many youth spent their time inside playing video games, and he had wanted to show youth that nature would interact with them if they would go outside. The first step was getting out and once that happened, everything would fall into place.

INTRODUCTION OF FIRST NATIONS HEALTH COUNCIL

Gwen Phillips, FNHC member from the Interior Region, stated that the purpose of Gathering Wisdom IV was ensuring that every community in the province had a vote, and could be a part of creating the vision, taking brave steps to move forward, and going back to reclaim nationhood.

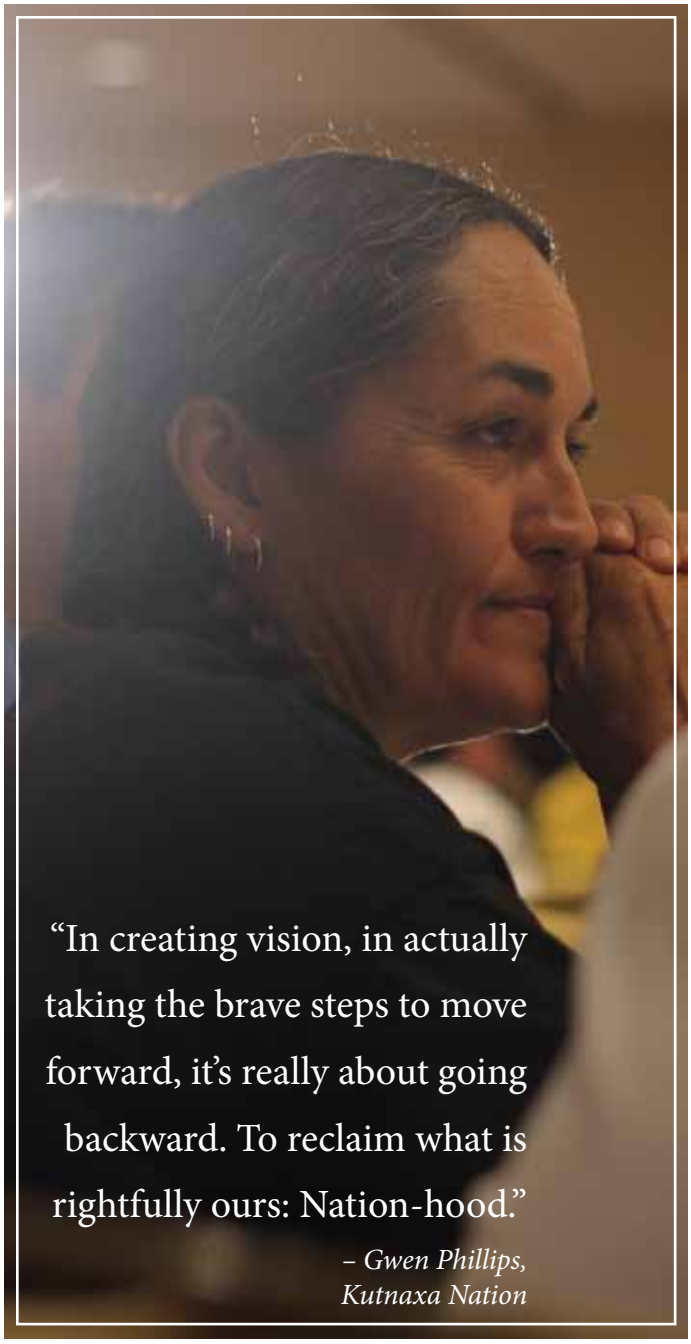
Ms. Phillips spoke of having worked with several small communities that were struggling with recognition, and about the tension in the people. When their history was shared, the people had acknowledged that there was a bigger entity that had impacted them and that the fingers should be pointed at that entity, not at each other. There was a vision for strong healthy communities working together as self-sufficient and self-governing nations and the picture was getting clearer every day. Ms. Phillips spoke of coming up with visions for BC First Nations, working from the strength of their roots, to ensure that the children and grandchildren benefited from the strength of those roots.

Ms. Philips shared that she had braided her hair on this day. While one individual hair was easy to break, she could be held up by the strength of the braid. This was encouragement for BC First Nations to not to stand alone, but to stand together as nations again, and as strong people in order to save the children.

Ms. Phillips expressed her pride at being a part of the FNHC, with members having had the opportunity to learn from one another, about who they were as human beings. She encouraged participants to stand together as united braves in this nation rebuilding effort.

Ms. Phillips introduced the FNHC members:

- **North:** Warner Adam, Chief Marjorie McRae, Laura Webb
- **Interior:** Chief Bernie Elkins, Gwen Phillips, Chief Ko'waintco Michel
- **Fraser**: Grand Chief Doug Kelly, Chief Willie Charlie, Chief Maureen Chapman
- **Vancouver Coastal:** Charles Nelson, Ernest Armann
- **Vancouver Island:** Clifford Atleo Sr., Shana Manson, James Wilson.



PRESENTATION AND DISCUSSION OF CONSENSUS PAPER AND RESOLUTION

Grand Chief Doug Kelly, Chair of the FNHC, restated the goal of the Forum to ensure that participants were able to make an informed decision about moving forward in health governance. When participants considered saying yes, the FNHC wanted them to know what it meant to say yes. If they were saying no, the FNHC wanted them to know what that meant as well.

Appreciation was expressed to the FNHC Chief Executive Officer Joe Gallagher who had provided the leadership that resulted in all of the presenters at the Gathering Wisdom Forum. Every one of the presenters had shared their experiences on a journey to healthier communities and self-determination and creating a better place for their children, grandchildren and future generations. Every one of the presenters understood the fear, the excitement and the opportunity that existed in embracing change and making things happen. The presenters had shared their wisdom and learning to give the participants at this Forum hope and strength to allow them to recognize the power that came in unity of heart, mind, and spirit. He encouraged participants to think about those lessons of the ancestors in moving forward carefully to consider the decision before the Forum. As words could heal or hurt, he encouraged participants to be mindful to air out any issues or concerns in a good way to reach a meeting of the minds in order to create one heart, one mind and one spirit.

RESOLUTION

Resolution – Moved and Seconded

Facilitator Harold Tarbell read the Resolution – Gathering Wisdom for a Shared Journey IV – First Nations Health Council Chiefs in Assembly – subject: "Approvals for New First Nations Health Governance Arrangement" into the record, noting the revisions made to the Resolution as a result of the work of the Resolution Committee struck on May 24, and called for a mover and seconder:

- MOVED by Chief Bill Cramner, 'Namgis First Nation, and
- SECONDED by Chief Wayne Christian, Splatsin.

Resolution – Plenary Discussion

A discussion and debate on the Resolution took place amongst the Chiefs and Proxies in attendance. Key themes of this debate included:

- Let us take up this responsibility for ourselves – as First Nations people, as parents, as grandparents – for the benefit of our children and grandchildren
- We cannot do this as individual Nations – we must come together in unity and strength while still respecting each other's Nationhood
- We need more detailed information on specifics such as business plans, flowcharts, human resources and the structures
- We must overcome our fear of change
- Only we can make this happen for ourselves – we should stop complaining about the health system and do the work ourselves to fix these issues
- It is up to us as First Nations to implement the community-driven, Nation-based principle and hold the groups accountable for progress
- We need to get away from the red tape that government puts us under
- History is about making a commitment, and having the strength and courage to make change
- We cannot get into the details of this work until we make the decision here today to create this opportunity for our people – it is our ancestors' strength and courage and voice we are taking care of here today; if we fail our ancestors, we fail our children and their children to come
- We must focus on the partnership with the provincial government – this is the larger component of this work
- We must continue to support community engagement hubs, and address current pressing issues such as core funding for First Nations health organizations
- This opportunity will allow First Nations to be on a level playing field with federal and provincial governments
- Leadership and health technicians need to work together to make this a success
- If we say "no" here today, we have to go home and tell our community members the same thing – that there will be no policy change, no change in programs
- The level of consultation and engagement, and work and effort by all BC First Nations to get us to this point is astonishing
- We must give as strong a mandate as possible to the leaders we have asked to work on our behalf on this important issue so that they can breathe life into this Framework Agreement
- Our rights as Indigenous peoples get implemented here in this room – we are the ones that give life and meaning to documents such as the United Nations Declaration on the Rights of Indigenous Peoples
- The work of the community engagement hubs is an early demonstration of what we can do we look at the needs of our community, at the shared values that we have and we stand together
- This is our opportunity as leadership, as people on the ground in the communities to give direction, expect accountability and be reported to

Participation of federal and provincial partners at the Gathering Wisdom for a Shared Journey IV Forum was acknowledged.

As a result of the discussion, a number of amendments were proposed to the Resolution and agreed-to by the mover and seconder:

- Include reference to the date upon which the Government of Canada endorsed the United Nations Declaration on the Rights of Indigenous Peoples
- Include a requirement for a process to develop key health indicators and benchmarks which would be used to measure progress
- Include a requirement to bring further items back for decision in one year, to Gathering Wisdom for a Shared Journey V

Recognizing that many leaders needed to get home to their communities, Question was called at 2:00 pm and 166 out of 178 Chiefs/proxies who attended Gathering Wisdom voted on the resolution. The resolution was passed and the results were as follows:

- Votes in Favour: 146
- Votes Against: 12
- Abstentions: 8

Many communities who abstained from voting on the resolution expressed that they needed more time to gain community support and would follow up with support letters or BCR's in the coming months.

Following the vote and a short health break, the remainder of the speakers were given the opportunity to address the plenary session.

FINAL COMMENTS ON THE NEW FIRST NATIONS GOVERNANCE ARRANGEMENT

Following the vote on the Resolution, delegates carried forward with their discussion on the new First Nations health governance arrangement. Key themes of discussion included:

- Appreciation for the middle ground that we always try to reach when we are working with one another. There are folks pressing for a decision to be made so they could participate in the vote as they had to travel home, even though there was a longer speakers' list. We need to improve the process in the future to accommodate opportunities for everyone to speak.
- The Auditor General released an exit report calling upon Government to focus on the huge disparity in outcomes between First Nations and other Canadians – this work is a step in the right direction.
- This is an opportunity to look at different options for programs such as medical transportation, to better meet the needs of rural and remote communities.
- Even though the vote has occurred, we need to go back to those communities who are either not here, who have abstained, or voted no, and work with them to ensure that they have all the information and that all their questions are answered. We need to find out if they are willing to make a public declaration of their decision to ensure their voice is counted.
- We need to continue to improve our systems, processes and guidelines (including for conflict of interest).
- For all our ancestors before our time, it must have been a big shock to be put on reserves. They had no say whatsoever. Now we have the say today about our health.. If we do not take this step, we will stay in the same old system we are in.
- A vote of 87.5% in favour is a big message to the provincial and federal governments that we are going to put the care back into the First Nations health system.

CLOSING REMARKS AND PRAYER

Elder Leonard George, Tsleil-Waututh First Nation, thanked those participants still remaining for their attendance, noting his belief that when First Nations people come together there was nothing that they cannot overcome. He did not want those that did not support or who abstained from voting on the Resolution to feel bad or left out, because they were not left behind, and there was still an opportunity to buy in. The process at the Forum had been simple; it was one decision – whether to move forward together – yes or no. Today, BC First Nations had decided to do it together. That was all it was, nothing more.

Elder George continued that BC First Nations had agreed to a vehicle, a canoe, and could now talk about when to put it in the water, where to row, what supplies were needed, etc. For those that did not need a canoe, they now had a horse, and there was need to decide if it would be a packhorse, a racing horse, etc. He reiterated that this was a vehicle for moving forward and that there was still much time to make decisions.

First Nations had lived with oppression for 150 years but still had their traditions, language and Indian names, and were standing tall today. The sky was the limit and he suggested that was the message to take back to the people. Elder George indicated that he would walk from the Forum a humble and proud man, feeling blessed and honoured that he was born an Indian.

Elder George closed the Forum with the offer of a Drum Song.

ACRONYM LIST

The following acronyms were used throughout these proceedings:

AFN	Assembly of First Nations
ANHB	Alaska Native Health Board
ANHC	Alaska Native Health Consortium
ATHC	Alaska Tribal Health Compact
ATHD	Association of Tribal Health Directors
BHCE	Bigstone Health Corporate Entities
CWIS	Community Workload Information System
FEHP	Federal Employees Health Plan
FHA	Fraser Health Authority
FNHC	First Nations Health Council
FNHDA	First Nations Health Directors Association
FNHA	First Nations Health Authority
FNHS	First Nations Health Society
FNIHGC	First Nations Interim Health Governance Committee
FNIHB	First Nations Inuit Health Branch
FNLC	First Nations Leadership Council
FNS	First Nations Summit
FNSI	First Nations Statistical Institute
GSWJ	Gathering Wisdom for a Shared Journey
HD	Health Director
IHA	Interior Health Authority
IHCIA	Indian Health Care Improvement Act
IHS/AANHS	Indian Health Service/Alaska Area Native Health Service
INAC	Indian and Northern Affairs Canada
ISDEAA	Indian Self-Determination and Education Assistance Act
MOU	Memorandum of Understanding
MSP	Medical Services Plan
NHA	Northern Health Authority
NIHB	Non-Insured Health Benefits
NPAIHB	Northwest Portland Area Indian Health Board
PHSA	Provincial Health Services Authority
TCA	Transformative Change Accord
TCFNH	Tripartite Committee on First Nations Health
TFNHP	Tripartite First Nations Health Plan
THA	Tribal Health Advocacy
UBCIC	Union of BC Indian Chiefs

Appendix A

PARTICIPANT EVALUATION AND FEEDBACK SNAPSHOT
for Gathering Wisdom for a Shared Journey IV Forum May 24-26, 2011

Please note: This appendix is only a snapshot of the full-length participant evaluation and feedback. Please visit www.fnhc.ca to view the full report.

The First Nations Health Council (FNHC) and staff of the First Nations Health Society (FNHS) are mandated by BC First Nations to function at a high operational standard (Consensus Paper Directive #7), and thus it is important that future Gathering Wisdom Forums continue to improve. To achieve this, an evaluation form was provided to the delegates of Gathering Wisdom IV and was designed to evaluate four forum components:

1. Forum expectations
2. Presentation quality and experience
3. Decision-making process
4. Overall forum experience

On the third day of the forum, evaluation and feedback forms were distributed and collected back from the survey participants. Of the 498 registered delegates, 264 submitted evaluation forms (53%). This report summarizes the results.

To present the overall "scale" ratings given by the survey participants (e.g. "I loved it" "I liked it" etc.), the forum components for each question were ranked in descending order of satisfaction with a particular experience. This approach will allow future planning committees to see what components of this forum scored top marks, and what areas could be improved. The evaluation form also provided an opportunity for survey participants to give additional open-ended comments and feedback about the forum overall (qualitative; non-numerical). These comments were sorted into themes and are presented in Appendix B in full. Selected comments are also provided throughout the report.

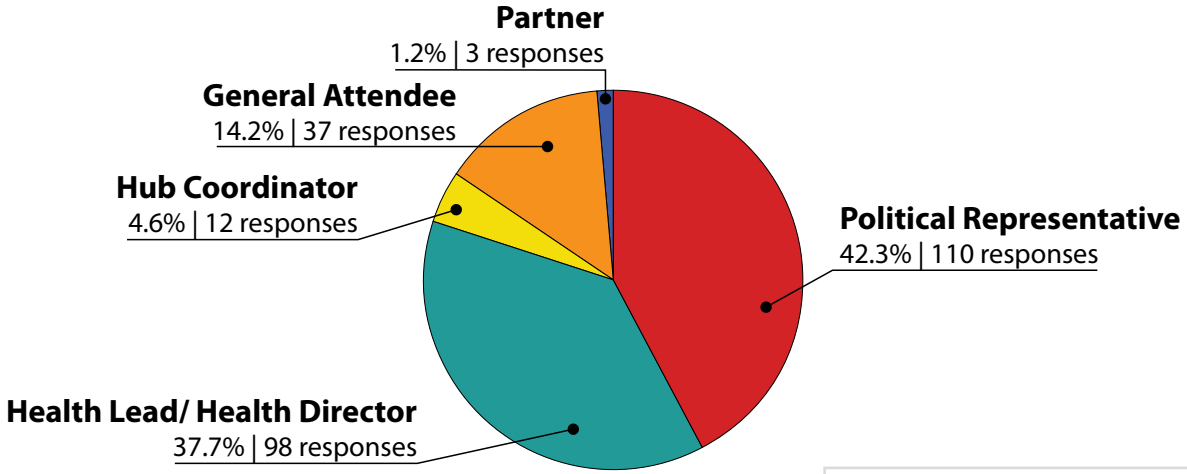
Above: Wordle based on survey participant suggestions for improvement to the decision-making process.

Section 1: About the Gathering Wisdom IV Survey Participants

Of the 264 delegates that submitted evaluation forms, Political Representatives (n=110; 42%) and Health Leads / Health Directors (n=98; 37%) made up the majority of total survey respondents. Table 1 identifies the primary roles.

Figure 1. Primary roles identified by survey participants.

In your workplace, what is your primary role?

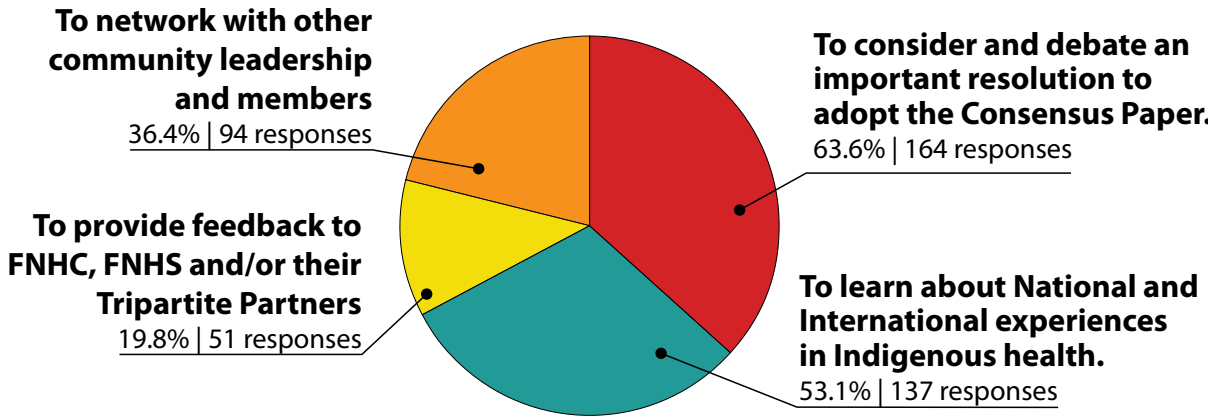


Answered question: 260 | Skipped question: 4

Section 2: Forum Expectations

Figure 2. Hopes and expectations expressed by the survey participants.

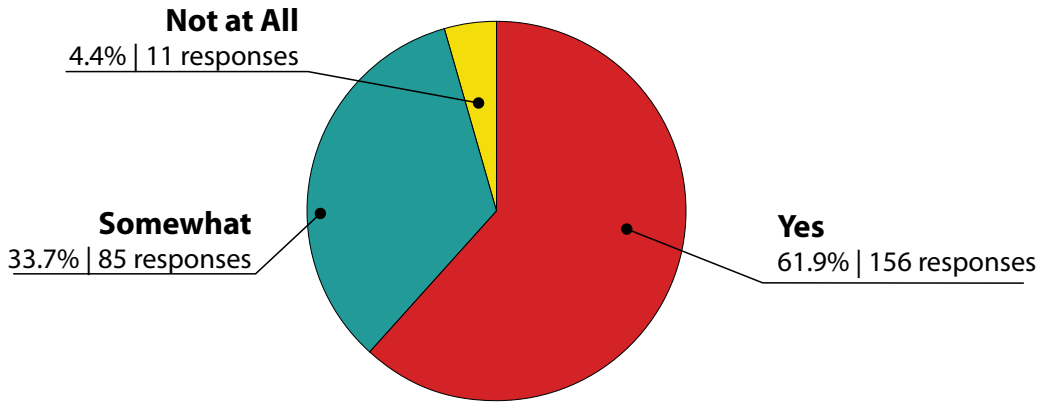
What were two key hopes or expectations for attending this Gathering Wisdom Forum?



Answered question: 258 | Skipped question: 6

Figure 3. Where the key hopes and expectations ,et?

Were these key hopes and expectations met?



Answered question: 252 | Skipped question: 12

For those participants whose expectations were reportedly "somewhat met," their additional open-ended responses related mostly to the decision-making process (Response Count =28) and the overall forum experience, specifically to increase audience participation (RC =20). However, future gatherings of this nature are welcomed on an annual basis (94%; RC = 242).The survey participants offered some of the following comments:

"What a memorable event, so many chiefs in one room. This proves the importance of our people's health and wellness of BC First Nations."

"Chiefs and Proxies attended the conference to make a big decision that was needed. I found validation on Tuesday and motivation Wednesday to continue with my work in the health field."

"Very strong document but disappointed there wasn't enough debate time prior to the vote. (The forum) Should have scheduled 2 days to discuss the structure & process so that Chiefs would have more knowledge and confidence prior to the vote."

"It exceeded my expectations I met many new people and learned a lot about the possibilities that will come with a yes vote."

"I witnessed lack of knowledge and understanding of Chiefs and Council at onset of Conference. Then seen the questions come out to help clarify what response they will make at the time of voting. Presenters helped quantify some areas of concern."

Section 3: Presentation Quality

As shown in Table 4 (Appendix A), the survey participants were very pleased with the quality of the presentations and provided very positive comments and feedback. When combining the two responses "I liked it" and "I loved it," the following rank was observed (in decreasing order, and based on only those who reported attending the presentation or event):

1. Keynote Speaker Nai'noa Thompson & Active Spirit, Active History & Banquet and Ceremony (each with 90%)
2. Opening Remarks (82%)
3. The Bigstone Experience (80%)
4. Alaska Native Health Board (79%)
5. US Self Governance & Information Trade Fair (each with 77%)
6. Time Capsule (56%)

Celebrating leadership, culture and healthy active communities were the overall favorite topics at the forum. Keynote Speakers such as Nai'noa Thompson provided inspiration and increased understanding about national and international experiences.

Section 4: Decision-Making Process

Delegates were asked to rank the decision-making process using the following statements:
"Agree Fully" > "Sort of Agree" > "Neither agree nor disagree"> "Sort of Disagree" .> "Totally Disagree."
For the political representatives that answered "Agree Fully" (See also Table 6, Appendix A), the following rank was observed:

1. I liked receiving the draft resolution and consensus paper well in advance of the forum. (75%)
2. I found it useful to have regional caucus meetings the day before the full forum. (67%)
3. The presentation of the consensus paper was easily understandable. (50%)
4. I felt prepared to consider the resolution. (47%)
5. I liked using the AFN process to amend, consider and vote on the resolution. (43%)

A majority of the political survey participants reported that they either "sort of agreed" or "fully agreed" with the overall decision-making process. When combining these two responses, the following rank was observed:

1. I liked receiving the draft resolution and consensus paper well in advance of the forum. (89%; RC=90)
2. I found it useful to have regional caucus meetings the day before the full forum. (85%; RC=87)
3. The presentation of the consensus paper was easily understandable. (85%; RC=84)
4. I felt prepared to consider the resolution. (80%; RC = 76)
5. I liked using the AFN process to amend, consider and vote on the resolution. (69%; RC=63)

A few survey participants offered some very positive feedback about the decision-making process:

"The conference was informative & well organized. I know that there are concerns but if we wait for the "perfect" resolution, "perfect" time, "perfect" everything, we will never get there. One step forward is what it will take to get us closer to where we want to be. There will be problems/challenges/mistakes, that is guaranteed, but we will grow from them. Loved hearing from others who have and are facing challenges. My vote is "Yes" "Yes" "Yes"

"Yes, I believe I was given adequate information to be confident in my decision-making regarding the path we are on. Will have a heartfelt, spirit-driven endeavor."