Etalew̓txʷ | ÁTOL,ÁUTW̱
Office of the Vice-President Indigenous

Indigenous Wellness Working Group (I-WEG): Milestone Interim Report

January 31, 2024

Submitted Ad Hoc Senate Committee Academic Planning

We acknowledge and respect the Lək̓ʷəŋən (Songhees and Esquimalt) Peoples on whose territory the university stands, and the Lək̓ʷəŋən and W̱SÁNEĆ Peoples whose historical relationships with the land continue to this day.

Michael Williams Building Room A220
PO Box 1700 STN CSC Victoria BC V8W 2Y2
T 250-472-5510 | F 250-721-8654
vpiadmin@uvic.ca

The Indigenous Wellness Engagement Group (I-WEG) is a subcommittee (Appendix A) of the Senate Committee on Academic Health Programming, an ad-hoc committee created to determine the structure of a new health-related faculty at UVic. This subcommittee was created to guide the Ad-Hoc Senate Committee on Academic Health Programming in enhancing the university's strengths and expertise in Indigenous health, knowledge, and wellness. Members of the subcommittee will co-design an engagement approach that ensures that the unique rights, interests, needs, knowledge, and perspectives of Indigenous Peoples are acknowledged, affirmed, and implemented into the structure of the new Faculty of Health in a manner that embraces and continuously promotes Indigenous ways of knowing and being, with good hearts and minds. The working group will provide direction, share innovative ideas, and develop recommendations for a distinctions-based approach to health education and training at UVic as a foundational lens for a new Faculty of Health. The subcommittee's efforts will align with the recently launched Xʷkʷənəŋ istəl | W̱C̸ENEṈISTEL | Helping to move each other forward, UVic's Indigenous Plan 2023, purposefully aligning with the UVic Strategic Plan 2023.

The working group consists of two co-chairs and 10 members who met five times from November 2023 to January 2024, as a subcommittee to the Ad-hoc Senate Committee which is developing a proposal to be approved by the University Senate and Board of Governors. I-WEG will work under the Etalew̓txʷ | ÁTOL ÁUTW̱ | Office of the Vice-President Indigenous, led by Dr. Robina Thomas. The initial meetings took the form of circles involving Indigenous community members, emphasizing our commitment to a respectful and ethical approach that prioritizes community voices. The foundation of the proposed Faculty of Health needs to be rooted in the endearing wisdom of First Nations, Inuit, and Métis Elders and Knowledge holders that prioritize the importance of a culturally safe and caring educational environment. We affirm the integration of these profound teachings into the curriculum, recognizing them as decolonized Indigenous sciences, which hold global significance. This is essential to enriching the academic landscape and fostering authentic Indigenous relationships within the new Faculty of Health. This open interim report is the first milestone in this process. It summarizes key points that emerged in the first five meetings of I-WEG and serves as a basis for further discussions and developments.

We acknowledge that shaping the mission and vision for the new Faculty of Health, along with considering interim or final recommendations put forth by this working group, will be a collegial endeavor involving local community leaders, faculty members, and students within the new Faculty of Health and multiple Indigenous stakeholders in the near future.

Moreover, we understand that confronting systemic racism and colonialism within the health and higher education sectors is a long-term journey that requires numerous challenging conversations and bold interventions within our academic community before enthusiasm and commitment fully take root. To foster this crucial institutional cultural transformation, our primary recommendation is to ensure the open and public accessibility of this interim report.

We request that this interim report be presented to the Senate as an integral component of the proposal for the new Faculty of Health. Additionally, it should be shared with the Indigenous communities who have contributed to this journey so far, as well as with those who will be involved in future stages. This step is crucial for maintaining continued engagement and open communication, fostering trust, and ensuring that the voices and insights of Indigenous communities continue to shape our path forward.

Michael Williams Building Room A220
PO Box 1700 STN CSC Victoria BC V8W 2Y2
T 250-472-5510| F 250-721-8654
vpiadmin@uvic.ca

Introduction

In recent years, public awareness of the deep-rooted history of colonialism and its enduring impact on Indigenous Peoples in Canada has grown, largely thanks to efforts like the Truth and Reconciliation Commission (TRC) (2015) and the National Inquiry into Missing and Murdered Indigenous Women and Girls 2SLGBTQQIA People (2019) and the In Plain Sight Report (2020). This heightened awareness has underscored the need for urgent, substantive, transformative change to move beyond addressing ongoing inequities and injustices faced by First Nations, Inuit, and Métis Peoples. Change that recognizes and respects Indigenous laws and jurisdictions in a manner that is appropriate for the specific context, recognizing and respecting the distinct and different rights, laws, legal systems, and systems of governance of each (British Columbia, 2023).

The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) has played a pivotal role in shaping the path toward reconciliation. UNDRIP recognizes Indigenous peoples' rights to their traditional medicines and health practices, as well as their equal right to the highest attainable standard of physical and mental health. Canadian governments, including British Columbia, have begun to apply UNDRIP as a framework for reconciliation.

In November 2019, BC passed the Declaration on the Rights of Indigenous Peoples Act (DRIPA), affirming the application of UNDRIP to provincial laws. This means that BC, including its public institutions, must consider Indigenous human rights when making decisions, especially in health care. DRIPA was followed by the federal United Nations Declaration on the Rights of Indigenous Peoples Act in 2021 and the BC DRIPA Action Plan in 2022 which outlines our shared responsibility and priorities.

Indigenous health past, present, and future

The injustice of structural and systemic racism continues to be the most serious issue faced by Indigenous Peoples receiving healthcare services and Indigenous healthcare providers working within health and educational institutions across Canada (Government of Canada, 2021). Systemic racism is supported, maintained, and authorized by establishments, and other deep-rooted organizations and behaviors. These concerns are not new and continue to exacerbate inequities and inequalities in healthcare service delivery and education.

In this context academic leaders need to understand the historical and ongoing health struggles and inequities faced by First Nations, Inuit, and Métis peoples in Canada, particularly in British Columbia, one must be willing to confront the profound impact of colonialism on Indigenous Peoples' health and wellness. This legacy has left deep and lasting imprints and affects the contemporary state of Indigenous health, as exemplified by historical records and the work of numerous scholars, who have rigorously documented the multifaceted abuses that Indigenous communities have endured and still endure today.

We started our process by listening to the concerns of community members around healthcare and education. These concerns reflected the literature that documents how policies of starvation, sterilization, segregation, and experimentation were employed as tools to advance colonialism in Canada, inflicting significant harm on Indigenous Peoples' lives and livelihoods. Their voices also echoed the findings of the "In Plain Sight" report, a comprehensive review of racism against

Michael Williams Building Room A220
PO Box 1700 STN CSC Victoria BC V8W 2Y2
T 250-472-5510| F 250-721-8654
vpiadmin@uvic.ca

Indigenous Peoples in British Columbia initiated in 2020, which lays the background context for understanding the aspirations and recommendations outlined in this interim report.

Histories: Education and policies of elimination

Indigenous societies had well-structured systems before European contact, but post-contact interactions led to increased tensions. The foundation of the Canadian state is marred by genocide against Indigenous Peoples. Despite the Royal Proclamation of 1763 recognizing Treaty Rights, control shifted to settlers, culminating in the 1876 Indian Act. These unleashed devastating policies aiming at Indigenous elimination, including compulsory residential school attendance, cultural bans, and the 'Sixties Scoop,' which constitute acts of genocide. Within education, residential schools inflicted severe psychological, physical, sexual, and intellectual violence on Indigenous children. They endured forced separation, cultural erasure, harsh discipline, and neglect, leaving deep scars. In addition, the impact on the parents and the grandparents and the aunts and uncles who were left behind the trauma, also affected them because the children that they loved and protected were no longer in the community and that is very trauma-infused throughout the generations. Indigenous health disparities are rooted in historical, present, and future factors like access to resources, cultural preservation, health behaviors, and broader political, economic, social, and historical contexts. Understanding this context is vital to grasp the enduring consequences of genocidal policies on Indigenous community health. We'll briefly explore how starvation, experimentation, sterilization, segregation, and intergenerational trauma have shaped their well-being.

1. Starvation:

Historical accounts and research, including James Daschuk's influential book "Clearing the Plains," reveal how Indigenous communities experienced not only new diseases but also calculated policy-driven starvation. The first phase of colonialism, occurring in the early 1700s, resulted in unprecedented mortality due to the introduction of new diseases. The second, more insidious phase unfolded in the nineteenth century, coinciding with the numbered treaties, the deliberate decimation of the bison herds, and intentional federal policies set to exacerbate famine, malnutrition, and starvation in Indigenous communities. This calculated approach to "clear the plains" for white settlement had devastating consequences, directly leading to deaths and indirectly contributing to high mortality rates from diseases such as tuberculosis.

2. Experimentation on Indigenous Peoples:

The term "experimentation" refers to firsthand accounts of Indigenous individuals subjected to federal and mainstream healthcare settings where crucial information about medical procedures, treatment duration, risks, and even fatalities was intentionally withheld from Indigenous patients and their families and communities. This practice is deeply intertwined with a troubling history of reckless and unethical research conducted without consent, as extensively detailed in Ian Mosby's article, "Administering Colonial Science." This unethical research carried out in coercive conditions and devoid of consultation or consent, was closely associated with government policies aimed at assimilation and integration, leading to immense suffering and the confinement of Indigenous

Michael Williams Building Room A220
PO Box 1700 STN CSC Victoria BC V8W 2Y2
T 250-472-5510| F 250-721-8654
vpiadmin@uvic.ca

populations, who were exploited to advance “scientific knowledge” and the careers of [settler/non-Indigenous] scientists and health practitioners. Medical, psychological, behavioral, anthropological, and educational experiments are part of the historical mistreatment that can never be forgotten.

3. Forced Sterilization:

One of the most egregious violations of Indigenous rights in Canada has been the forced sterilization of Indigenous women. Policies guided by eugenics, including the Sexual Sterilization Acts in Alberta (1928–1972) and British Columbia (1933–1973), have profoundly affected Indigenous women's reproductive healthcare. Recent research, such as Erin Clarke's 2021 paper, reveals that Indigenous women from Alberta, British Columbia, Ontario, Northwest Territories, and Saskatchewan reported being coerced into tubal ligation procedures by healthcare providers, with incidents as recent as 2018. These procedures, meeting the United Nations' definition of genocide and constituting torture under the Criminal Code of Canada, stand as a dark chapter in the history of Indigenous health. They not only violated the reproductive rights of Indigenous women but also inflicted lasting physical, emotional, and psychological harm on individuals and their communities.

4. Racial Segregation:

Recent scholarship has shed light on the pervasive racial segregation within institutions presented as "universal" or "equal." Laurie Meijer Drees, in her book "Healing Histories," illuminates Canada's national history of segregated health care, with a focus on Indian hospitals. These facilities became sites of segregation, isolation, and mistreatment of Indigenous people within the Indian Health Service (IHS) system. The racial isolation and segregation in health systems are rooted in the Canadian government's failure to acknowledge the rights of Indigenous people to health care in Canada. This long-standing policy excluded many Indigenous people from access to health care, cementing unequal and segregated health care in Canada.

5. Reduced funding for health care and other basic services for First Nations communities

Historically, the Indian Act placed federal responsibility for funding basic services, including healthcare, for “status Indians”. However, a persistent issue has been the stark funding gap between Indigenous and non-Indigenous communities, exacerbating healthcare disparities. Status Indians, particularly those on reserves, consistently receive lower funding for health and education, a result of systemic racism in government policies. This disparity has led to inadequate healthcare infrastructure, limited access to essential services, and worse health outcomes for Indigenous communities.

6. Historical and intergenerational trauma

Historical and intergenerational trauma, a concept critical to understanding the impact of colonization on Indigenous health, is often used in contemporary health research. It encompasses the legacy of colonization, which has resulted in issues such as drug use, sexual abuse, family breakdown, and mental health challenges among Indigenous populations. However, scholars like

Michael Williams Building Room A220
PO Box 1700 STN CSC Victoria BC V8W 2Y2
T 250-472-5510| F 250-721-8654
vpiadmin@uvic.ca

Dian Million (2014) and Krista Maxwell (2014) urge us to critically historicize and contextualize the concept of "trauma." While recognizing that the past affects Indigenous health today, they emphasize that historical trauma must be understood in a nuanced and multifaceted way. Oversimplified interpretations risk stigmatizing Indigenous communities as innately pathological and may not adequately address ongoing colonial structures and trauma.

Turning our attention to the present state of Indigenous health, it is vital to acknowledge how research and policies of starvation, experimentation, sterilization, segregation, and the lasting effects of historical and intergenerational trauma have profoundly shaped the well-being of Indigenous communities. These historical injustices have cast a long shadow, continuing to impact the health and wellness of Indigenous peoples today. Understanding this legacy is crucial as we delve into the current health challenges faced by Indigenous communities and the imperative for transformative change to address systemic injustices.

Present Day: Endemic Racism in an unwell health system

The *In Plain Sight* report is the outcome of a review of Indigenous experiences in the health system in BC that was released in 2020 by the BC Minister of Health. The independent review documented systemic Indigenous-specific racism within the provincial health care system. It included surveys conducted among more than 8,000 Indigenous individuals and BC health care professionals, the review of hundreds of submissions, numerous key informant interviews, and extensive qualitative and quantitative data analysis involving 185,000 Indigenous individuals. The review documented pervasive racism across regions and settings and the fact that current solutions have proven insufficient.

The following 11 findings summarized in the report underscore the severity of the issue:

1. Widespread Indigenous-specific stereotyping, racism, and discrimination exist in the BC health care system.
2. Racism limits access to medical treatment and negatively affects the health and wellness of Indigenous Peoples in BC.
3. Indigenous women and girls are disproportionately impacted by Indigenous-specific racism in the health care system.
4. Current public health emergencies magnify racism and vulnerabilities and disproportionately impact Indigenous Peoples.
5. Indigenous healthcare workers and students face racism and discrimination in their work and study environments.
6. Current education and training programs are inadequate to address Indigenous-specific racism in health care.
7. Complaints processes in the health care system do not work well for Indigenous Peoples.
8. Indigenous health practices and knowledge are not integrated into the healthcare system in a meaningful and consistent way.
9. There is insufficient hardwiring of Indigenous cultural safety throughout the BC health care system.

Michael Williams Building Room A220
PO Box 1700 STN CSC Victoria BC V8W 2Y2
T 250-472-5510| F 250-721-8654
vpiadmin@uvic.ca

10. Indigenous roles in health leadership and decision-making – both through Indigenous health governance structures and the health care system as a whole – need to be strengthened.
11. There is no accountability for eliminating all forms of Indigenous-specific racism in the BC health care system, including complaints, system-wide data, quality improvement and assurance, and monitoring of progress.

The twenty-four recommendations in the report provide a framework for addressing Indigenous-specific racism in the British Columbia (BC) healthcare system. Several recommendations hold significant implications for the creation of a new Faculty of Health at the University of Victoria, emphasizing the importance of Indigenous representation, cultural safety, and collaborative partnerships with Indigenous communities. Recommendations 8 and 19 emphasize the adoption of accreditation standards for Indigenous cultural safety and the establishment of a Center for Anti-Racism, Cultural Safety, and Trauma-Informed Standards, both of which align with the need for culturally responsive curriculum and faculty training in a new Faculty of Health.

The "In Plain Sight" report's recommendations are aligned with advancing UNDRIP and complying with DRIPA. These recommendations aim to ensure that Indigenous Peoples have access to culturally safe health services free of discrimination, reflective of their holistic Indigenous health perspectives, and supportive of Indigenous self-determination in health care.

Indigenous philosophies and practices of health

Additionally, Recommendation 23 of the "In Plain Sight" report underscores the importance of developing joint degree programs in medicine and nursing in partnership with Indigenous organizations and educational institutions, aligning to increase Indigenous enrollment and support Indigenous philosophies of health and well-being within health education. These recommendations collectively emphasize the necessity of cultural safety and collaboration with Indigenous communities, guiding the development of a culturally safe and inclusive Faculty of Health at the University of Victoria.

Indigenous philosophies and practices of health are extremely important in the context of creating a culturally safe, relevant, and inclusive Faculty of Health at the University of Victoria. Indigenous knowledge systems have deep-rooted traditions that offer unique perspectives on and practices of health and wellbeing. These philosophies emphasize holistic approaches to health, recognizing the interconnectedness of the physical, mental, emotional, and spiritual aspects of an individual's life. Moreover, these practices often prioritize community and collective well-being, emphasizing the importance of social connections, family, and cultural identity in creating and maintaining wellness.

Incorporating Indigenous philosophies and practices of health into the educational curriculum at the Faculty of Health is not only a matter of cultural sensitivity but also a recognition of the effectiveness and relevance of these practices. This approach not only ensures that Indigenous students feel valued and respected but also enriches the education of all students, fostering cultural safety and humility, empathy, and a more profound understanding of diverse healthcare needs. This holistic approach can actively support Indigenous enrollment, retention and graduation rates and cultivate a learning environment that respects and integrates invaluable Indigenous perspectives. It will not only benefit Indigenous students but also contribute to a more comprehensive and

culturally competent healthcare workforce that can better serve the needs of all BC residents. In recognizing the significance of Indigenous health knowledge, it becomes evident that "if you do well by Indigenous peoples, you do well by everyone else." (Thomas, R. 2023).

Implementing these recommendations and advancing reconciliation requires a collaborative effort. While the responsibility for addressing racism in the health care system lies with non-Indigenous individuals, communities, organizations, and governments, Indigenous Peoples who experience this issue must play a central role in developing solutions. Their experiences and knowledge must lead and guide this work, highlighting successful efforts to confront racism. A collective effort is needed to address the root causes of the problem and establish a just, equitable, and inclusive future.

Racism is not limited to the health sector; it is a broader societal problem rooted in the enduring legacy of colonialism. Confronting this legacy and advancing reconciliation demands substantial, transformative change. We all have a role to play in this process by listening to Indigenous voices, learning about our shared colonial history, and actively opposing racism in all its forms. Indigenous Knowledge Keepers provide valuable guidance on the importance of shifting systems while acknowledging the truth and lessons of conflict and maltreatment. They emphasize the need to eliminate racism, discrimination, and disparities in health services as essential steps toward reconciliation.

Bold Aspirations: 50% Indigenous representation by 2050

In our journey towards establishing a Faculty of Health that not only leads in innovation but also reconciliation, it's crucial to acknowledge the deep-seated historical injustices that have led to the persistent underrepresentation and marginalization of Indigenous Peoples in higher education and health sectors. These aren't merely echoes of a distant past but are ongoing realities shaping health disparities and access to health and health education. Our commitment to reconciliation and reparations cannot be just symbolic; it's necessary to invest boldly in aspirations for inclusive excellence and decolonization.

The vision of the Indigenous Wellness Working Group is to elevate the Faculty of Health to become a national beacon of inclusivity and excellence in Canada. To align with Indigenous communities' needs for Indigenous representation in all health and science-related fields, we ask the university community to embrace a bold aspiration: achieving 50% Indigenous representation among students, faculty members, and staff by 2050. While reaching this goal may be extremely challenging, envisioning a university with such representation, and taking gradual steps towards it, will foster the vital conversations, community engagements and consultations, and hiring and curricular decisions needed for meaningful decolonization, even if the aspiration is not fully realized.

When confronted with this aspiration, some might point to the current Indigenous demographic in Vancouver Island and British Columbia, which stands at 10%, and question the proportionality of this ideal. However, this viewpoint, while appearing to be grounded in notions of fairness, fails to recognize the deeper, more complex layers of historical and systemic inequities and who holds the burden of health. The present 10% Indigenous demographic is not a figure that has emerged in isolation but is a direct consequence of prolonged colonial policies and systemic barriers that have profoundly marginalized Indigenous communities for the past 200 years. Our aspiration of achieving 50% Indigenous representation by 2050 is a deliberate and necessary step towards

Michael Williams Building Room A220
PO Box 1700 STN CSC Victoria BC V8W 2Y2
T 250-472-5510| F 250-721-8654
vpiadmin@uvic.ca

rectifying these historical injustices: it is a proactive investment in the growth, prosperity, and futurity of Indigenous Nations, whose demographics are among the fastest-growing in BC. With this bold vision, the new Faculty of Health can transform its space into a leading Indigenous health and education center of excellence.

This is about recalibrating the scales that have been unjustly imbalanced for too long and fostering a health education ecosystem that truly mirrors the diversity and needs of our society. By actively fostering a significant Indigenous presence in health education and practice, we are not just addressing past injustices; we are laying the foundation for a future where Indigenous communities can thrive.

This bold aspiration can support a generation of culturally adept Indigenous and non-Indigenous health practitioners who are not only equipped to serve Indigenous communities but also enhance the overall quality of healthcare across all demographics. We envision a scenario where the Indigenous urban population, as well as the non-Indigenous population, benefit from healthcare that is not only proficient but also infused with the sensitivity, compassion, and rich empirical knowledge and cultural wisdom inherent in Indigenous health practices.

This initiative is rooted in the belief that by preparing professionals to support the health and well-being of Indigenous communities—through redressing past injustices and current vulnerabilities and incorporating the profound insights of Indigenous knowledge systems—we invariably enhance the quality of healthcare for everyone in society. Our aim is for the Faculty of Health to lead by example, demonstrating how a deep commitment to cultural acumen and understanding can elevate healthcare education and practice for all communities.

Here's how this aspiration benefits everyone:

- **Enriched Learning Through Diverse Perspectives:** A significant Indigenous presence brings invaluable insights, blending biomedical approaches with an understanding of social and cultural determinants of health and Indigenous health wisdom.
- **Targeted Health Outcomes:** Indigenous health professionals are often uniquely positioned to deliver effective care in Indigenous communities, directly contributing to improved health outcomes.
- **Cultural Safety and Humility for All:** This environment fosters cultural safety and humility across the board, a vital skill in community-focused healthcare.
- **Leading the Way in Indigenous Health Education**: Such an initiative positions our university as a leading institution in Indigenous health, attracting talent and setting new standards.
- **Stronger Community Engagement:** This approach paves the way for meaningful partnerships with Indigenous communities, fostering respect and effectiveness in healthcare practices and research.
- **Expanded Funding Pool:** Many Indigenous Nations possess the resources to partner and invest in initiatives that align with their health-related goals. By demonstrating our commitment to these goals and proving ourselves as reliable and respectful partners, we can tap into a broader funding pool. This not only supports our faculty's initiatives but

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T 250-472-5510| F 250-721-8654
vpiadmin@uvic.ca

also fosters a collaborative environment where resources are pooled for mutual benefit, leading to sustained growth and development.

- **Societal Impact**: By aligning with broader societal goals of equity and justice, we contribute to a healthier, more inclusive society.

This aspiration extends far beyond the betterment of Indigenous communities alone; it encompasses the enhancement of the entire healthcare system, embracing a genuinely inclusive and holistic approach to health and well-being that benefits all. Together, we can turn this aspiration into a tangible reality, drawing upon invaluable lessons from other contexts where Indigenous-led healthcare has thrived, including notable examples like Aotearoa/New Zealand. In doing so, we can set a national benchmark for the future, complementing UVic's already distinguished leadership in Indigenous Law and Indigenous Language Revitalization.

Summary of Recommendations to Date

We recommend the prioritization of the following key areas in the Faculty of Health programming:

1. **Addressing the Legacies of Colonialism:** Confront the historical impact of colonialism within institutions, acknowledge its influence on perceptions and practice of health and wellness, and rectify the invisibilities of Indigenous worldviews. Remove barriers to Indigenous faculty, students, and community involvement.

2. **Supporting Peoples and Places:** Transformation happens when people and places find their way back together and we must care for each person like family to ensure places of belonging are sustained and nurtured.

3. **Community-Centered Wellness:** Engage with Indigenous communities to understand their wellness needs and aspirations. Encourage communities to take the lead in designing programs that align with their desires and priorities. Make local communities integral to the advisory process.

4. **Distinctions-based approach:** To effectively implement a distinction-based approach to health education, we propose the following key principles and actions:

    - *Localization*: Customize educational programs to reflect the distinct cultures, languages, and traditions of Indigenous Peoples in the specific regions served, including the Lək̓ʷəŋən (Songhees and Esquimalt) and W̱SÁNEĆ (Tsartlip, Paquachin, Tseycum, Tsawout) Sci'anew and T'Sou-ke communities.

    - *Place, Connection, and Culture*: Integrate place-based learning, emphasizing the significance of the local territories and their cultural contexts. Foster a deep sense of connection to the land and its role in Indigenous wellness.

Michael Williams Building Room A220
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T 250-472-5510| F 250-721-8654
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- *Reclamation of Rights to Education*: Prioritize Indigenous resurgence and self-determination in education. Empower Indigenous communities to define and control their educational priorities, curricula, and delivery methods.

- *Inclusivity - Leave No One Behind*: Ensure inclusivity as a core principle. Tailor educational programs to meet the diverse needs and backgrounds of Indigenous learners, with a focus on accessibility and equity.

- *Authentic Engagement*: Engage authentically with Indigenous communities, respecting their knowledge and worldviews. Involve local Elders, knowledge keepers, and community leaders in curriculum development and decision-making.

- *Balanced Representation*: Maintain a balanced representation from local communities, respecting the diversity of Indigenous Peoples and ensuring their voices are heard. Consider the inclusion of Inuit and Métis populations living outside their territories and communities.

- *Responsibility to Uphold UNDRIP and DRIPA*: Commit to upholding the principles of the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) and the Declaration on the Rights of Indigenous Peoples Act (DRIPA) in all aspects of health education.

- *Reciprocity and Benefits:* Prioritize reciprocity in educational partnerships. Ensure that local First Nations and communities benefit from all initiatives, contributing to their social and economic well-being.

- *Accountability Protocol and Witnessing* ("Eyes On"): Establish clear accountability protocols to monitor progress and outcomes. Encourage transparency and continuous improvement, with a focus on "eyes on" accountability.

- *Support for Indigenous Housing*: Collaborate with institutions such as the First Peoples House, to provide critical support and resources for Indigenous learners and promote a culturally safe and inclusive learning environment.

5. **Recruitment and Retention:** Make substantial investments in attracting and retaining Indigenous students and faculty. Establish initiatives like youth camps to empower and inspire Indigenous youth to pursue higher education and careers in health. Focus on eliminating prerequisite barriers, addressing financial constraints, and simplifying completion requirements. Recognize the importance of maintaining family and community ties, allowing students to pursue education without leaving their communities.
6. **Micro-Credentialing and Early Education Engagement:** Create opportunities for micro-credentialing and block and stackable education to establish clear pathways and

Michael Williams Building Room A220
PO Box 1700 STN CSC Victoria BC V8W 2Y2
T 250-472-5510 | F 250-721-8654
vpiadmin@uvic.ca

pipelines from Indigenous communities to higher education. Address cost concerns and explore options for paid practicums within community settings.

7. **Early Education Engagement:** Collaborate with early-education programs and K-12 to instill a sense of aspiration for professional careers in Indigenous youth from an early age, building a strong foundation for their educational journey. Begin nurturing educational aspirations as early as grades 2 or 3 in school programs to ensure students remain connected to their communities. Engage with Indigenous leadership within school districts to enhance the retention of Indigenous children in the school system.

Conclusion: Paving the Pathway to a Distinction-Based Approach for First Nations, Métis, and Inuit (FNMI) Wellness Education and Training

The I-WEG is involved in a transformative journey to advance First Nations, Inuit, and Métis wellness and education within the new Faculty of Health. We aim to create the conditions for an educational and training environment that not only recognizes but actively incorporates Indigenous Peoples' knowledge and well-being. This report marks our first step towards this essential goal, driven by a need for a distinction-based approach to Indigenous wellness that responds, expands, and accelerates the critical analyses and recommendations provided.

We acknowledge the profound challenges we face. The legacy of colonialism has left deep scars, resulting in severe health disparities and pervasive systemic racism within the educational and healthcare system. The "In Plain Sight" report underscored the urgent need for transformative change. However, we are acutely aware that the path to reconciliation and healing is an ongoing one, demanding collective commitment and a dedication to distinctive approaches.

Our bold aspiration to achieve 50% Indigenous representation among students, faculty members, and staff within the Faculty of Health by 2050 is based on the principle that FNMI Peoples hold the heaviest burden of educational and health disparities. Although the path forward may present challenges, reaching for these new heights is an essential stride toward a future that wholeheartedly embraces Indigenous knowledge and distinctiveness in the realm of healthcare.

This aspiration enriches the Faculty of Health by incorporating FNMI worldviews, aimed at improved health and educational outcomes for all, nurturing cultural safety and humility, assuming a leadership role in Indigenous health education, fostering genuine community engagement, broadening funding possibilities, and making a meaningful contribution to a more inclusive society.

In our next phase of consultations with Indigenous Peoples, we must consider:

- How do we support a Peoples first approach rooted in cultural safety and humility?
- How can we elevate Indigenous voices and distinct perspectives to shape the mission and vision of the Faculty of Health?

Michael Williams Building Room A220
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- How can we establish parallel pathways for Indigenous health and education services that are Indigenous-led, designed by and for Indigenous communities?
- What concrete actions and strategies can effectively eliminate systemic racism within the health and higher education sectors?
- How can our commitment to Indigenous representation translate into tangible, equitable opportunities for Indigenous students and professionals in the health field?
- What steps can be taken to ensure that health education is community-driven and culturally responsive, aligning with a distinction-based approach?
- How can Indigenous philosophies and practices of Indigenous health education be seamlessly integrated into the curriculum, benefiting all students and fostering an inclusive and holistic approach to healthcare?

Let's pursue a path that centers on the need for a distinction-based approach to Indigenous wellness. Together, we can forge a future where health and wellness are not just inclusive but also deeply attuned to the distinctive needs, knowledge, and aspirations of Indigenous Peoples. As we continue this work, let us take to heart the wisdom of one of the Elders in our working group, who reminds us to "redirect our focus towards community wellness" because "our kids are coming."

Michael Williams Building Room A220
PO Box 1700 STN CSC Victoria BC V8W 2Y2
T 250-472-5510| F 250-721-8654
vpiadmin@uvic.ca

Appendices

Appendix A

Committee Members

- Lisa Bourque Bearskin – Co-Chair, Associate Professor, Nursing and Canadian Institute of Indigenous Health Research (CIHR), Indigenous Health Nursing Research Chair
- Lalita Kines – Co-Chair, Indigenous Strategic Priorities and Community Engagement, Etalew̓txʷ | ÁTOL ÁUTW | Office of the Vice-President Indigenous
- Elder Doreen Peters, Retired Community Health Representative, Cowichan Tribes.
- Elder Barb Hulme, Retired Nurse, Métis UVic Elder-in-Residence, University of Victoria.
- Elder Lorna Williams, Professor Emeritus, Indigenous Education, Curriculum and Instruction, University of Victoria.
- Margret Charlie, Director of Culture, Protocol and Community Relations, Etalew̓txʷ | ÁTOL ÁUTW | Office of the Vice-President Indigenous
- Kecia Larkin, Community Member at Large, Victoria BC.
- Kyla Elliott, 3rd year undergraduate Nursing Student, University of Victoria,
- Tracy Underwood, Indigenous Graduate Student, University of Victoria
- Amanda LaVallee, Assistant Professor, School of Social Work, University of Victoria
- Emily Haigh, Associate Professor, Department of Psychology, Chief Mungo Martin Research Chair in Indigenous Mental Health
- Gina Starblanket, Associate Professor, Graduate Advisor, Indigenous Governance
- Heather Hastings, Executive Director of Cultural Safety and Transformation Indigenous Health, Provincial Health Services Authority
- Justin Brooks, Director of Indigenous Initiatives, Human and Social Development

Michael Williams Building Room A220
PO Box 1700 STN CSC Victoria BC V8W 2Y2
T 250-472-5510 | F 250-721-8654
vpiadmin@uvic.ca

- Renee Monchalin, Assistant Professor, Public Health ad Social Policy, University of Victoria
- Vanessa Andreotti, Dean of Faculty of Education University of Victoria
- Tania Dick, BC Health Ministry, Director, Cultural Safety & Humility and Clinical Practice
- Brennan MacDonald, Vice President, Regional Operations, Vancouver Island Regional First Nation Health Authority (FNHA). Alternate, Celeta Cook, FNHA
- Robina Thomas, Ex Officio Member VPI, Etalew̓txʷ | ÁTOL ÁUTW | Office of the Vice-President Indigenous

Michael Williams Building Room A220
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Appendix B

References

Clarke, E. (2021). Indigenous women and the risk of reproductive healthcare: Forced sterilization, genocide, and contemporary population control. *Journal of Human Rights and Social Work*, *6*, 144-147. https://link.springer.com/article/10.1007/s41134-020-00139-9

Government of British Columbia (2019). Declaration on the rights of Indigenous peoples act. https://www.leg.bc.ca/parliamentary-business/legislation-debates-proceedings/41st-parliament/4th-session/bills/third-reading/gov41-3

Government of British Columbia (2020). In plain sight: Addressing Indigenous-specific racism and discrimination in B.C. health care. https://engage.gov.bc.ca/app/uploads/sites/613/2020/11/In-Plain-Sight-Full-Report.pdf

Government of Canada (2021). Co-developing distinctions-based Indigenous health legislation. https://www.sac-isc.gc.ca/eng/1611843547229/1611844047055

Government of British Columbia (2023). Distinction-Based Primer. https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/indigenous-people/aboriginal-peoples-documents/distinctions_based_approach_primer.pdf

Maxwell, K. (2014). Historicizing historical trauma theory: Troubling the trans-generational transmission paradigm. *Transcultural Psychiatry*, *51*(3), 407-435. https://journals.sagepub.com/doi/pdf/10.1177/1363461514531317

Million, D. (2014). There is a river in me: Theory from life. *Theorizing native studies*, 31-42.

Mosby, I. (2013). Administering colonial science: Nutrition research and human biomedical experimentation in Aboriginal communities and residential schools, 1942–1952. Histoire sociale/Social history, 46(1), 145-172. https://muse.jhu.edu/pub/50/article/512043/pdf

Michael Williams Building Room A220
PO Box 1700 STN CSC Victoria BC V8W 2Y2
T 250-472-5510 | F 250-721-8654
vpiadmin@uvic.ca

National Inquiry into Missing and Murdered Indigenous Women and Girls. (2019). *Reclaiming power and place. The final report of the national inquiry into missing and murdered indigenous women and girls.* The National Inquiry. https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Final_Report_Vol_1a-1.pdf

Truth and Reconciliation Commission of Canada. (2015). Truth and Reconciliation Commission of Canada: Calls to Action. Winnipeg, Saskatchewan, Canada: Truth and Reconciliation Commission of Canada. http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf

United Nations (2008). United Nations Declaration on the Rights of Indigenous Peoples. https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf

Wolford, A. (2015). *The benevolence of experiments. Indigenous boarding schools, genocide and redress in Canada and the United States*. Canada Manitoba Press.

Michael Williams Building Room A220
PO Box 1700 STN CSC Victoria BC V8W 2Y2
T 250-472-5510 | F 250-721-8654
vpiadmin@uvic.ca