

Tyendinaga, Mohawk
medicine wheel model of learning

CREATING A LEGACY:

The Start of a Learning Journey

STRATEGY OPTIONS

*To continue the discussion, understanding and learning of
how*

**ABORIGINAL PEOPLE'S
Vision, Beliefs and Life Experiences**

~ TOGETHER WITH ~

**THE SOUTHEASTERN ONTARIO DISTRICT
HEALTH COUNCIL'S
Vision, Beliefs and Community Capacity Building Experience**

Can...

*Influence the development of more interdependent, caring and
sustainable communities;
Enhance the health and well-being of all families and individuals; and
Assist in addressing the health and well-being issues that are
unproportionately high for Aboriginal people*

~ IN THE ~

**SOUTHEASTERN ONTARIO DISTRICT HEALTH COUNCIL
REGION**

October, 2001
Prepared by John Osborne
DRAFT

"The loss of traditional aboriginal economic and social structures is evident today by the predominance of hungry aboriginal children, by the youth without support or direction, the single mothers with no economic or social support, the fathers with no sense of responsibility or purpose and the aboriginal communities with no sense of hope.

This is the poverty of many urban aboriginal people. It is a poverty linked to centuries of colonization."

**Child Poverty: A Status Report on Aboriginal
Children & Their Families in Ontario
(Ontario Federation of
Native Friendship Centres, October 2000)**

"When we cry, we don't cry only for aboriginal children, we cry for all children!"

**Grandmother, Evelyn Dewache
Daughter of Grand Elder William Commanda
"Courage to Care" Conference
(Hall of Honour – Canadian Nurses Memorial, Ottawa
October 4, 2000)**

"A circle of all Nations, a Culture of Peace."

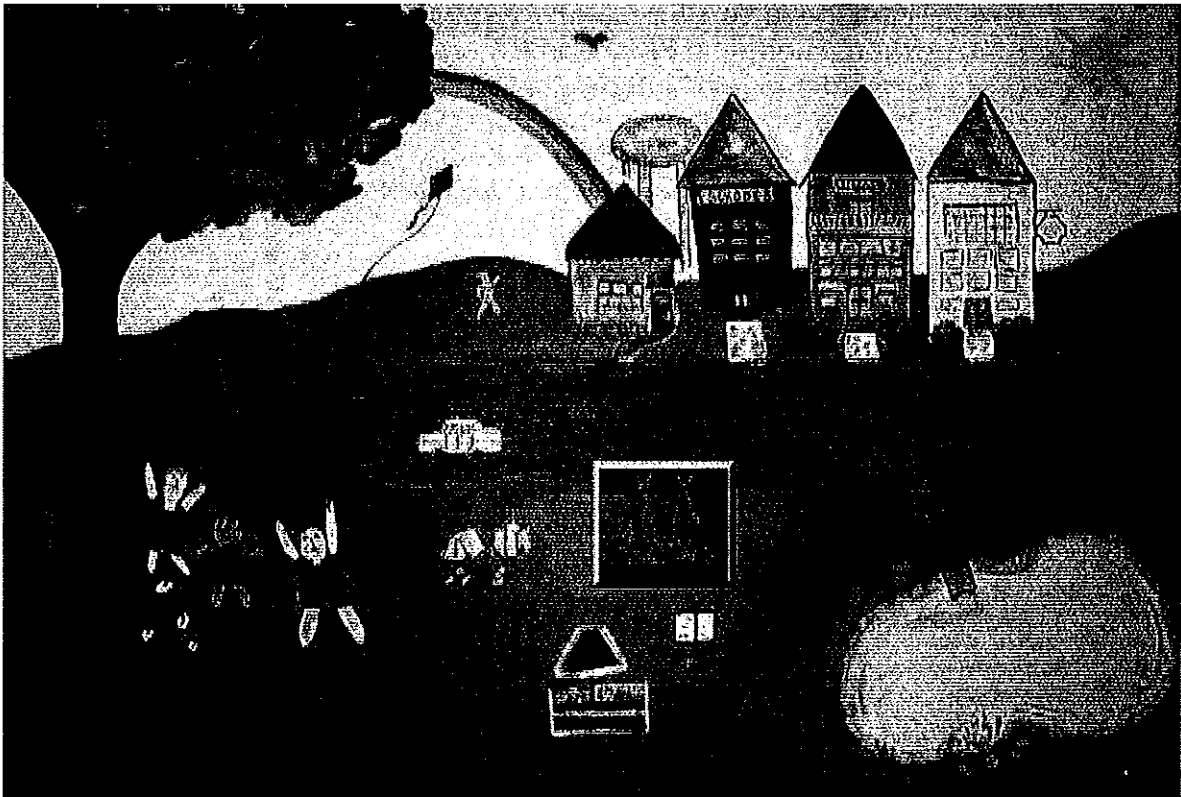
"We have to work together because we have to live together."

**Vision of Grandfather William Commanda
Chief and Elder, Algonquin Nation
"Courage to Care" Conference
(Hall of Honour – Canadian Nurses Memorial, Ottawa
October 4, 2000)**

PROLOGUE

The preceding statements that you have just read are reflective of the paradox that now exists in the Southeastern Ontario (SEO) region. Like all regions of Ontario and Canada, a high population of urban/rural aboriginal people are caught in a cycle of poverty (spiritual, financial, incarceration) and family/cultural destruction, while at the same time, believe and promote a 'higher level world vision'. This is a very critical time for the "coming together of the four colours of the world to create a 'Circle of all Nations – a World Culture of Peace". Also a belief that a global plan for "environmental healing" must start now if the planet is to be saved from eventual destruction.

The Southeastern Ontario District Health Council (SEO DHC) has a window of opportunity to work with the aboriginal people and their organizations in this region to address their immediate and critical needs, while at the same time, develop ways to include the aboriginal vision in a long-term sustainable community development strategy.



The picture above represents the SEO DHCs Vision of a Healthy Community. Please note the highlighted section of the picture, which indicates that aboriginal health & well-being is an important part of this Vision.

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INTRODUCTION

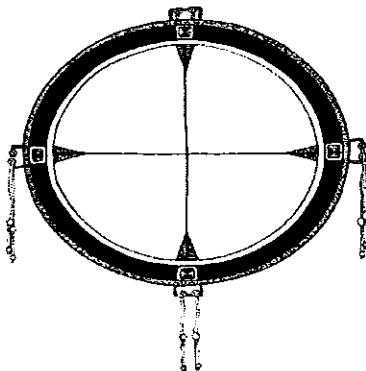
For the past few years, District Health Councils (DHCs) in Ontario have gone through an amalgamation process initiated by the Ministry of Health & Long-Term Care (MOH<C). For the Southeastern Ontario District Health Council (SEO DHC), this has not only meant an expansion of geographic area, but an increase in the numbers and diversity of the people to be included in their mandate and planning.

Independent of amalgamation, the SEO DHC has been involved in an internal process of establishing their own Vision and direction, based on the needs of the people, organizations and communities in their geographic area. This has resulted in the 'planned evolution' of their roles and mandate to a more 'holistic' approach and movement towards the total 'wellness/well-being' of people and communities. It has meant re-examining their roles and mandate to see if the SEO DHC should be included in the planning for/with people and communities who have traditionally been the responsibility of other jurisdictions (i.e., federal, provincial, municipal governments).

In their continuing efforts to pursue the above mentioned directions, Michael Park, Executive Director of the SEO DHC, approached John Osborne to discuss, develop and implement a process that would assist the DHC in learning more about the health and well-being of aboriginal people in SEO (area defined by the SEO DHC geographic mandate). This initiative would identify potential roles for the SEO DHC, and offer support to mobilizing an initiative that would involve and be lead by aboriginal people to address arising issues.

Bryan Bowers and Laurel Claus-Johnson, members of the SEO DHC, have acted as leads and advisors in this initial scan.

This scan is focused mainly on off-reserve aboriginal people and their organizations, as information pertaining to these people is relatively unknown at this time.



Medicine Wheel

The Medicine Wheel is an ancient symbol used by almost all Native people of North and South America. The basic concept may be expressed in many different ways, through different relationships expressed in sets of four (i.e., the four winds, the four grandfathers, the four cardinal directions).

Just like a mirror, the Medicine Wheel can be used to see things not normally visible (e/g behind us or around a corner), and can be used to help us understand things, such as ideas.

BACKGROUND: Leading up to this Initiative

In October of 2000, the Ontario Federation of Indian Friendship Centres released a study they had commissioned, entitled *Urban Aboriginal Child Poverty: A status report on aboriginal children and their families in Ontario*. This study highlighted the over-proportionately high rate of poverty among Ontario urban and rural aboriginal families and the negative effect these conditions were having on the children and the family unit as a whole.

The report also brought attention once again to the very high percentage of aboriginal children and adults with diabetes (over 80%), as well as hepatitis, HIV and AIDS. Substance abuse among adults and now children is at an all-time high, particularly off-reserve.

There are many incarcerated people concentrated in the Kingston area, due to the large number of penitentiaries in this region. Statistics show that an unproportionately high number of these people are aboriginal in descent. Just how many previously incarcerated men and/or their families are living in the community, in full or in part, is unknown.

As a result of the above, the SEO DHC recognizes the need to determine potential roles and responsibilities it may have in assisting aboriginal people and their communities, organizations and other governmental jurisdictions in the promotion of health and well-being of aboriginal people in this region.

At this time, the SEO DHC does not have an up to date database and/or strategy to acquire information on the health and well-being of aboriginal people in its geographic jurisdiction.

The purpose of this initiative is to:

- identify strategy options that would assist/support aboriginal leaders/elders, as well as involved community aboriginal organizations to organize a community initiative that would identify and address the issues of aboriginal health and well-being in SEO, on behalf of the SEO DHC; and to
- identify possible roles for the SEO DHC in supporting the above.

PROCESS:
Outline of the process used for this Initiative

Knowing the history of the First Nation's self-determination movement, and the Values and Beliefs of the SEO DHC (see SEO DHC Operating Plan), a community capacity building approach was utilized. This approach would be implemented in stages, with each stage recommending the approaches to be used in the next stage of involvement and/or completion of the process. The continuation of the process would depend on whether the SEO DHC found it within their mandate to be involved. This recommended approach would be more or less a "work/initiative in progress" with each stage being designed as the community need and/or situation directs it.

The overall objectives of the process are to:

- identify where aboriginal people (status and non-status) are living in the SEO DHCs jurisdiction;
- identify and meet with aboriginal and community leaders who are interested in addressing the health and well-being of aboriginal people;
- identify the present health and social/community service and support organizations that are involved in assisting aboriginal people;
- identify the culturally appropriate questions that need to be asked about the status of the aboriginal peoples' health and well-being, and the possible future roles of the SEO DHC and other organizations;
- identify the presenting issues that effect the health and well-being of aboriginal people in this area; and
- make interim recommendations on how to proceed, including the best ways to involve and support the aboriginal community.

The following process was initiated:

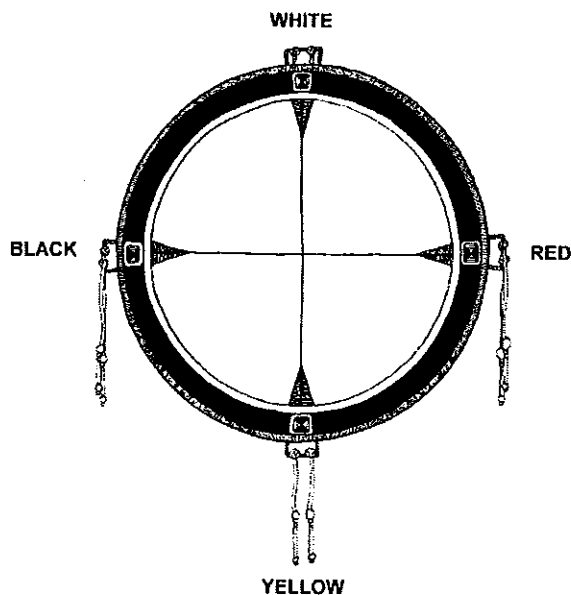
- identify and host meetings of key people (i.e., native leaders and elders, health care workers, agency representatives, government personnel) for the purpose of gathering information;
- identify where aboriginal people are located/living in SEO;
- research current relevant reports pertaining to this initiative and utilize them in the development of this strategy;
- do an initial/preliminary inquiry in order to identify the presenting issues affecting aboriginal people; and
- establish and recommend any possible future roles for the SEO DHC and other community organizations.

This report contains information and knowledge gathered to achieve the above. If the SEO DHC decided to proceed on in this initiative, the original proposal submitted outlined some suggested next steps.

The process used to gather the information contained in this document involved the use of an 'informant tree'; personal telephone calls, emails and interviews with key aboriginal stakeholders; hosting a joint meeting of aboriginal leaders and agency directors; as well as conducting follow up meetings with some of these key people.

This process also involved, at their request, assisting the Ontario Hospital Association in drafting an agenda for one of their provincial information workshops on the health and well-being of aboriginal people in Ontario. This process also involved attending (with Bryan Bowers) a national workshop on prior learning assessment that was held in Belleville and sponsored by the First Nations Technical Institute and the Canadian Prior Learning Assessment Association. Bryan and myself also attended the annual World Spiritual Gathering of Aboriginal Elders and Leaders in Maniwoki Quebec, hosted yearly by Grandfather William Commanda, Grand Chief of the Anishinobe.

This report was not intended to be a researched analysis, but an 'initial scan' of the landscape. The information contained in this report is not based on comprehensive research analysis, but on the information given to this consultant by the people interviewed. Observations, conclusions and positions are based on the comments and information given by those who were interviewed.



The Medicine Wheel

The Medicine Wheel teaches us that the four symbolic races (White, Red, Yellow and Black) are all part of the same human family.

All are brothers and sisters living on the same Mother Earth.

CURRENT SITUATION: PROFILE

When trying to identify where aboriginal people are living in the SEO DHC region, most of the general population, mainstream community health and social organizations believe that most aboriginal people live on or near the Tyendinaga Territory (reserve) at Shannonville.

It has been identified that a large majority of aboriginal people in this region, in fact, lives off this Tyendinaga First Nation Territory and are integrated throughout the urban and rural areas of this DHC region. In fact, even though there are relatively high numbers of aboriginal people in this region (accurate figures not available), they are somewhat invisible to the mainstream. The majority of people interviewed estimates that these people have over-proportionately high social and health needs. The following section outlines in more detail the presence of aboriginal people.

Funding of aboriginal health and social service programs has traditionally been a federal government responsibility but predominantly focussed toward aboriginal reserves. Over the past 10 years, there has been increased funding for off-reserve programs from both the federal and provincial governments . These are normally created in isolation and parallel to mainstream programs. These aboriginal specific programs have created an almost "parallel" community health and social service system in each community of the region, which has added over time to the invisibility factor.

From discussions with aboriginal program directors and leaders, when aboriginal people try to access mainstream programs, it is not uncommon for them to be referred back to aboriginal-specific programs, even though they have been turned away from those programs as a result of limited or cutbacks in funding and/or not meeting the specific criteria of the aboriginal program.

It is felt that many aboriginal people are now caught between these two parallel community health and social service programs, and are not able to access either. Their wait for specific services is even longer than mainstream society, as a result of the shuffle.

Also within this region there is a growing movement toward learning understanding and practicing aboriginal traditional spiritualism. Young people study the teachings of the elders and bring this spiritualism into their everyday lives (family, child rearing, environment, etc.).

THE ABORIGINAL COMMUNITY: AN OVERVIEW

From information obtained from interviews and discussions with aboriginal people in this region, the geographical presence of most aboriginal people can be identified within the following areas.

(1) Tyendinaga Territory – Mohawk First Nations

This Territory/Reserve is located along the northern shore of Lake Ontario, in the Deseronto/Shannonville area. It is a Treated Reserve, and most aboriginal people living on it are 'status' native people. Most funding for health and social service programs is a federal responsibility. A large proportion of aboriginal people in the SEO region live on or near this First Nations Territory. They have their own health and social welfare systems, and relate directly to federal and provincial levels of government. For this reason, this initiative did not include this Reserve.

The intent of this scan is focussed primarily on people living off-reserve in this region. If the SEO DHC decided to do a more comprehensive study, definite contact for possible involvement should be initiated with Tyendinaga First Nations. The approach should request if and how they would like to be involved, and the type of relationship and roles they see the two organizations establishing.

(2) Anishinobe Territory – Algonquin First Nations

The Anishinobe or Algonquin people are the other primary First Nations group of people in the SEO DHCs region. In the late 19th and early 20th centuries, when treaties were being negotiated and reserves allocated, the Anishinobe of this region chose not to participate. They never signed a treaty nor moved to a reserve (even though a 2000 acre land mass had been designated for this in this region, near Bob's Lake), and therefore are considered 'not-status' aboriginal people. The federal government does recognize the Anishinobe as an official First Nation and are presently negotiating a land claim agreement with them.

The Anishinobe live throughout all of Eastern Ontario, and are presently drafting and negotiating land claims agreements for the geographic area between Toronto, Sudbury, North Bay, Ottawa and into Quebec, down to and touching the designated Mohawk Territory, along Lake Ontario and the St. Lawrence River. The Anishinobe are the original aboriginal people living in the region, and were here prior to the arrival of the Europeans.

The Anishinobe are divided into nine regions in Eastern Ontario, with three of these regions overlapping with the SEO DHC regions. These are the Ardoch Algonquin region, the Sharbot Mishigama Algonquin region, and the Bancroft Baptiste Mishigama

region. Each Anishinobe region has its own Chief and Council governance bodies. There are approximately 4000 (unconfirmed) Algonquins living in the SEO region.

Bryan Bowers and this consultant met with the Chiefs of the Sharbot Mishigama and the Ardoch Algonquin (also Director of Queen's University Four Directions Aboriginal Student Centre). They were extremely helpful and encouraged by this initiative of the SEO DHC. They encourage future talks, and recommended a meeting of the three Chiefs (as identified above) of their regions to meet with representatives of the SEO DHC to discuss relationships, roles and potential joint collaboration.

(3) Greater Kingston Urban Area

Like most urban centres in Ontario, Kingston and area has not the presence of any one aboriginal nation, but a mix of aboriginal people integrated throughout this city and area (estimated to be between 2000 – 4000). There are many aboriginal-specific health and social service organizations, almost paralleling the mainstream systems in this area. In the absence of an aboriginal specific health and social service directory, identifying aboriginal specific programs meant contacting any one agency and requesting knowledge of other organizations and perhaps a contact person. Most agencies and contacts were very helpful to this end.

Some of the agencies identified are as follows:

Kagita Mikam

- Aboriginal Employment and Training, Kingston Office
- provides employment and training opportunities for aboriginal people (including Inuit) living in Eastern and Central Ontario (Oshawa, Pembroke to Quebec/Ontario border);
- Eastern Ontario regional office in Tyendinaga;
- offers aboriginal clients such services as training opportunities, wage subsidies, job creation partnerships, mobility, assistance;
- Kingston office serves approximately 100-150 clients per year; and
- Kingston offices participate in mainstream employment agency networking meetings each month.

Tipi Mosaic

- Aboriginal Non-Profit Housing in Kingston and immediate Area
- offers 'geared to income' permanent housing for status aboriginal people and their families;
- 20% of housing is for special needs aboriginal people;
- manages 17 houses with approximately 30 residents;
- serves mostly high need population of aboriginal people who live in poverty, unemployment and receive social assistance;
- some families (three) have incarcerated spouses; and
- major lack of affordable housing for aboriginal people has been identified in this area.

Migizi Wiigwaam

- presently offers services to offenders in the Kingston area;
- also offers spiritual and children's programs; and
- services delivered as need arises and funding becomes available.

Katarokwi Native Friendship Centre

- a meeting place for all;
- offers programs for all people, not just those of aboriginal descent;
- presently offers four programs, including: Aboriginal Healing and Wellness (prevention and intervention of family and individual crisis); Life Long Care Program; Pre and Post-Natal and Nutrition Program; and Aboriginal Healthy Babies Program;
- a member of Ontario Federation of Friendship Centres, also receives funds from other sources; and
- no core funding, no central administration.

Ontario Aboriginal HIV/AIDS Strategy

- runs out of Kingston Street Health Centre; and
- offers counseling and prevention strategies to aboriginal people in SEO (six counties).

Four Directions Aboriginal Student Centre (Queen's University)

- offers full range of student services to aboriginal students attending Queen's University; and
- Director has been elected (June, 2001) as Chief for Ardoch Anishinobe First Nations.

These are just a sampling of some of the agencies and programs available to aboriginal people in the Greater Kingston area.

As this scan is meant to only be an initial inquiry, and due to the lack of time and resources, this consultant was unable to explore the presence of aboriginal programs in the other urban centres of this DHC region.

Some of the programs that are located in Kingston are regional in nature, and do serve other urban/rural areas of the SEO DHC region. As in Kingston, one will also assume that there are aboriginal people and programs in the other urban centres of this region. This will need to be explored further.

First Nations Technical Institute – Tyendinaga Territory

The First Nations Technical Institute, a post-secondary learning and development centre, is located on the Tyendinaga Territory, but has academic/technical programs located throughout Ontario. It has been in existence for over 20 years. They have agreements with several Ontario Colleges and Universities including Humber, Canadore, St' Lawrence, Centennial, and Ryerson.

It offers academic and technical programs to aboriginal students at the college level (i.e., social service worker, pilot training qualification, media studies and computer technology). It also develops relationships and partnerships with different organizations across the province (such as health and social services, business and government) to address specific learning and capacity building needs.

The First Nations Technical Institute is specifically highlighted in this report as a potential future relationship and resource for the development of an aboriginal agenda for the SEODHC (see recommendations).

Kingston and Area Penitentiaries

Unique to the Kingston area is the presence of a large number of federal and provincially operated (for males) correctional facilities. These facilities incarcerate offenders from all across Ontario and Canada. Aboriginal people represent an abnormally high percentage of incarcerated males in these facilities (over 60% in Western Canadian correctional facilities and appropriately 8-10% in the Kingston Federal Penitentiaries).

As with the general long-term populations of these penitentiaries, loved ones and spouses have a tendency to move to the Kingston area to be near their fathers/husbands. Aboriginal inmates are participants in day and leave programs from the penitentiaries, as they try to re-integrate into society while living in Kingston.

It has been identified that aboriginal offenders have much difficulty surviving incarceration. Aboriginal-specific programs and spiritual opportunities have been created within the penitentiary systems toward the rehabilitation of the aboriginal person.

Correctional Services Canada has established an Aboriginal Liaison Worker Program (six workers) in Kingston. Its mandate is to assist incarcerated aboriginal men to adjust to penitentiary life and liaise with their family and community. This service is mostly correctional facility centered, and does not have the resources, in most cases, to connect with Kingston community programs, even though there is mutual need.

Upon meeting with the Director of the Aboriginal Liaison Worker Program, there was much interest shown in connecting with the SEO DHC, with the possibility of establishing future relationships, roles and partnerships. The possibility exists that the SEO DHC could assist them in accessing federal money to establish community-based capacity building (restorative) approaches (a new federal initiative, *Enhancing the Role of the Aboriginal Community in Federal Corrections*). The SEO DHC could act as a 'neutral vehicle' to engage the community (capacity building in bridging the gap between incarceration and productive community live, between federal resources and community action).

The Correctional Services of Canada Aboriginal Liaison Worker Program *has requested that a representative* for the SEO DHC attended a meeting of their coordinators in order to explain the DHC and to identify possible future roles and relationships.

Specialized Medical Services for Northern Cree People – Kingston General Hospital

Funded by Health & Welfare Canada and located/sponsored by the Kingston General Hospital is this native patient services program. This program assists Northern Ontario Cree people from the James Bay area to access and obtain specialized medical services from Kingston hospitals. Native patients are flown directly from Moosonee to Kingston (regular chartered medical flights, 1-2 times per week) to obtain specialized medical services that are not available in the north (i.e., cancer treatment, dermatology, renology, optometry). There are a number of aboriginal people who have had to be relocated permanently to Kingston, due to their need for intensive ongoing treatment (i.e., dialysis).

This service supports approximately 1500-1700 native Cree patients per year, along with approximately 500 escorts with housing, accessibility, advocacy and adjustment needs. They obtain and coordinate medical appointments and treatments to facilitate the shortest period of time away from home for these people.

The Cree people who come to Kingston usually have a difficult time, as they are not familiar with urban southern lifestyles, as well as local aboriginal customs, language and programs. They have difficulty understanding and fitting into either mainstream society and/or the local aboriginal society/culture.

Native Patient Services is only funded to assist people for up to three months of stay. For those who required longer periods of time in Kingston, there are no available support networks and they are put on low-priority lists for local aboriginal programs (i.e., housing). Also, because they are still northern aboriginal citizens, they do not qualify for social income support.

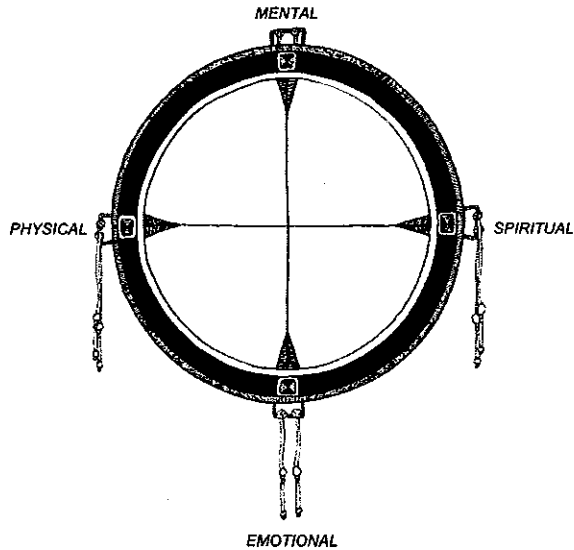
It has been identified that a potential role of the SEO DHC would be in facilitating connections of this program to other community and health services in the Kingston region in the absence of a central aboriginal program coordinating body. Also, the DHC would be able to assist in helping them access provincial resources (i.e., housing) for people who require extended service from the Kingston Medical Centres.

Metis Presence

Over the duration of this initiative, the Ontario Metis Nation was in the process of moving its office from Kingston to Ottawa. Due to this timing, this consultant could not arrange a meeting to obtain information on the presence of Metis people and organizations/programs in this region. I was referred to their head office in Ottawa. Due to the limitation of time, this was not possible.

It was learned that the Metis Nation does obtain funding from the Human Resources Development Corporation (HRDC) to sponsor a Metis-specific training program in this area.

If the SEO DHC pursues an aboriginal agenda, contact and follow-up with the Metis Nation is recommended.



The Medicine Wheel

The Medicine Wheel teaches us that we have four aspects to our nature: the physical, the mental, the emotional, and the spiritual.

Each aspect must be developed equally in a healthy, well-balanced individual through the development and use of volition (i.e. will).

ISSUES:
**Some Major Issues & Recurring Themes Affecting Aboriginal People
in This Region**

The following is a first-glance list, without priority, of some of the major issues and recurring themes that affect the health and well-being of aboriginal people in the SEO region, as they were brought to the attention of this consultant.

- There are a relatively large number and diversity of aboriginal people living in the urban and rural areas of the SEO DHC region who are unknown, unacknowledged and almost invisible to the mainstream society;
- poverty, and the effects of poverty on children (i.e., breakdown of the family unit - which is extremely important to aboriginal people and culture); physical, mental, psychological, sexual and substance abuse (addictions) are as high in this region as they are in other regions of Southern Ontario (as described in the *Ontario Federation of Indian Friendship Centres' Poverty Report - Appendix B*);
- many urban and rural First Nations political, social and health programs and organizations are relatively unknown and/or not acknowledged in this region by the mainstream service systems, and don't seem to be included regularly in regional planning bodies and initiatives;
- in urban areas particularly, there is almost a parallel aboriginal-specific social and community health service and program system. However, there does not seem to be any overall planning bodies/functions that tie them together – programs seem fragmented and depend on the personal relationships of managers and coordinators;
- high percentage of urban and rural aboriginal children in this region go without food, fathers, appropriate clothing and diapers on a regular basis as in the rest of Ontario, even though there are aboriginal-specific programs trying to address these problems (not enough resources and/or organizational capacity, which hinders the effectiveness of any unified effort. Friendship Centres were established to attempt to fill the void of family cohesiveness in urban communities, but for example, in Kingston they do not have enough resources and organizational capacity to do so;
- it is felt by some aboriginal service providers that a number of aboriginal people in the urban/rural area of this region are minimally served, as they are shuffled between the aboriginal-specific programs and the mainstream programs (if they don't qualify, i.e., non-status natives);

- there exists, to a certain degree, reluctance to get involved and/or suspicion of non-aboriginal organizations and motives by some aboriginal people, groups and organizations at this time. For example, the question “why does the SEO DHC want to do this now – why not in the past?” rose up in a number of situations;
- it has also been acknowledged by the majority of aboriginal health and social service program managers, Chiefs and Elders that they are not familiar with or have knowledge of the SEO DHC, the DHC structure and role in Ontario;
- this region has the presence of aboriginal leaders and elders, who in their limited capacity as individuals, try to advise their people and organizations. They have been able, through life and spiritual experience, to take a more worldly view of the plight of aboriginal people and that of all mainstream society;
- aboriginal leaders and elders in the region are a source of wisdom and leadership that, if supported, could benefit all of society in combating issues of racism, unhealthy lifestyles, environment, community and family relationships, etc;
- almost all interviews and comments from aboriginal people and organizations stated “no more studies or research – we have been studied to death – there is lots of data available, what we need is action and commitment”; and
- “listen to, rather than tell us what we need – we need to be provided the tools and resources to determine our own needs, rather than have others determine this for us”.

For the purposes of this report, these are a few of the issues that this consultant feels are relevant in the identification of possible roles and relationships the SEO DHC could have in the health and well-being of aboriginal people in this region. It is far from being extensive, and should not be seen as limited to these.

LEARNINGS: Learnings From This Process To Date

This consultant found this initiative, even though it seemed very straightforward, appeared to grow in size, direction, information and complexity as one got more and more involved with it and the people interviewed.

The question of whether or not the SEO DHC has a role became a catalyst to questions like:

- What is the DHC?
- What does a DHC do?
- Why have we not heard about it before? Where has it been? Why now?
- How can we learn more about the DHC?
- How can the SEO DHC help with the effects of child and family poverty?
- How can the aboriginal community assist the SEO DHC and mainstream communities?

This process becomes less of an inquiry process and more of a learning and understanding process about the people in this region, their organizations, their communities, their culture, their spirituality and their life experiences.

For example, during a discussion with one person about the poverty and broken spirit of the aboriginal people resulting from the long-term effect of attempted colonization and assimilation of aboriginal people – the comparison evolved to the present movement toward “globalism” and the long-term effect of it on *all* Canadian citizens. Could the present situation of the aboriginal people today in Canada be compared to the future of a country or region that has been effected by long-term globalization?

Questions of how can a DHC assist in combating the effects of poverty, family violence, unemployment, etc., arose. What resources can the DHC bring to the table? How can they assist (work with/support) aboriginal communities in addressing these issues without jeopardizing the self-determination of aboriginal people?

After attending a conference sponsored by the First Nations Technical Institute and the Canadian Prior Learning Assessment Association in Belleville, questions started to arise – not only how could mainstream society assist aboriginal people to combat the long-term effects of poverty and colonization, but also how can the experiences of the aboriginal people assist and support the healthy development of sustainable communities?

Aboriginal traditional spiritualism is based on a very close, integrated relationship with the environment – “Mother Earth”. This spiritual and physical relationship and knowledge of Mother Earth has the potential benefit of helping all society to understand the real, long-term effects of pollution and environmental destruction. Understanding

aboriginal knowledge of the environment and Mother Earth could assist in developing environmental policies and priorities. By including aboriginal thought, spiritualism and knowledge at a local/regional level, a very effective and protective environmental agenda could be established.

Resulting from attendance at a Spiritual Gathering (approximately 2000 people) of aboriginal elders (and also non-aboriginal people) in Madiwoki, Quebec (Canada's largest Reserve of Native people, Algonquin) the wisdom that emerged from the devastating experiences of aboriginal people from all over the world is that this new millenium must be the time to bring "all nations of the world together for peace, anti-racism, and the survival of the planet".

How can people who are so devastated by poverty and family erosion be so worldly in thought and action? How can these perspectives be brought into regional and local policy to enhance the lives of *all* people, *all* nations?

Another perspective on what can be learned from this type of inquiry is the knowledge that there are highly qualified aboriginal professionals working in this region and who are available and should be included in area/regional planning bodies. For example, aboriginal professionals at the University graduate and PHD levels, who are registered homeopathic specialists and who are also recognized "medicine people".

The Institute of Aboriginal People's Health, an arm of the Canadian Institute of Health Research (Appendix B), is a source of research and data. This is particularly important in this region, as the only agreed-upon position of all attending the Kingston meeting of aboriginal leaders (organized by this initiative) was the fact that they (aboriginals) had been "studied and researched to death", and do not need more. If more is needed, then it should be done by aboriginal research organizations and the information gathered be made available back to them.

As one can see, supporting and working with, listening to, understanding, reaching out to and addressing the issues of aboriginal people in today's communities (off-reserve) and finding ways to connect the wisdom and life experiences of aboriginal people to the mainstream community should be seen as a *learning journey*.

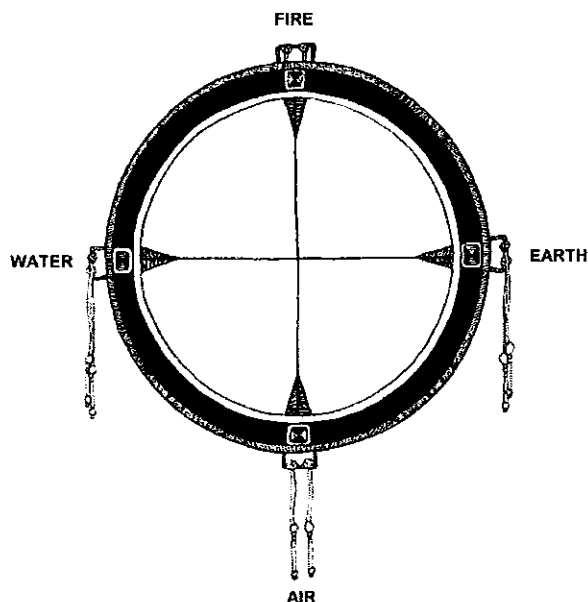
For the SEO DHC to start down this path would model and benefit all other regional and community policy bodies. It would also enhance the community capacity building and health planning roles of the SEO DHC.

For the SEO DHC to develop an aboriginal strategy which identifies ways and means to integrate the aboriginal agenda into the work of Council as well as other community health and well-being planning initiatives, would be a new direction in working towards the Council's Vision of creating a legacy of healthy communities.

APPLICATION OF LEARNINGS

The following are some ways in which the learnings noted in this report may be applied:

- Aboriginal people and their experiences have much to offer mainstream society in developing strong, caring, healthy, safe and sustainable communities and environments (ie. aboriginal justice/sentencing circles, important meaningful roles grandparents play in child rearing/family cohesiveness resulting in less need for long term care/retirement facilities, etc).
- Aboriginal people and organizations need assistance and support in addressing the devastating effects of poverty, family breakdown, unemployment, poor physical health, incarceration, etc., that is over-proportionately present in their communities.
- Once the will is established to do the above, developing roles and relationships with aboriginal communities need to be based on reaching out, listening, learning and asking "how should we go about doing this *together*". Soliciting direction and involvement of aboriginal leaders is essential. Time to build trust needs to be planned into any strategy
- Enhancing the capacity of aboriginal people and groups is a long-term legacy building direction, only effective when trust, confidence and inclusion is established over extended periods of time.



The Medicine Wheel

The Medicine Wheel teaches us that the four elements (Fire, Earth, Air, and Water) are all part of the physical world. All elements must be respected equally for their gift of life.

RECOMMENDATIONS

Recommendations of this report are as follows:

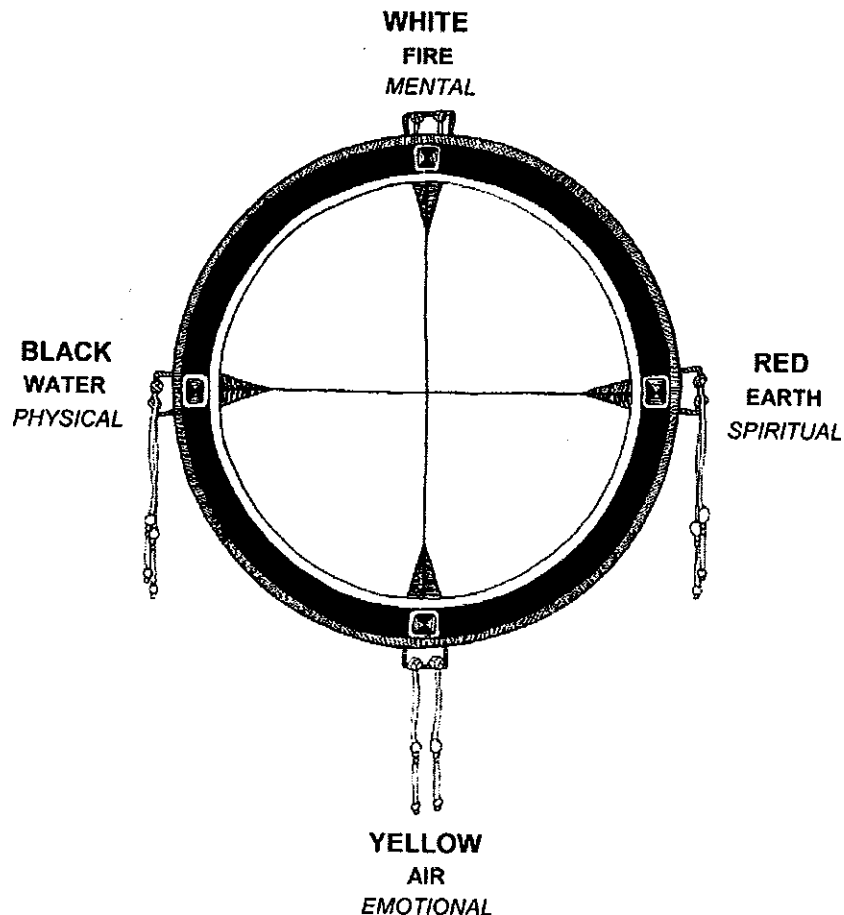
- this document be seen as a 'pre-implementation stage analysis';
- this pre-implementation stage analysis not stand alone, but in conjunction with the Ontario Federation of Friendship Centres' October 2000 report, entitled *Urban Aboriginal Child Poverty: A status report on aboriginal children and their families in Ontario*, and with specific recommendations from the Royal Commission Report on the Status of Aboriginal People in Canada (regarding community development and capacity building, which refer to families and children);
- the First Nations Technical Institute be approached to partner with the SEO DHC in developing a strategy to address the above;
- this strategy would include both an external and internal component for the SEO DHC:
 - the SEO DHC identify ways and means to coordinate an aboriginal agenda within all of its present strategic directions, particularly the Sustainable Communities and Children's Wellness initiatives;
 - the preparation of a strategy which has options (plans) to address issues and plans to develop community capacity both within the urban and rural communities (i.e., meet with the three Chiefs of the Anishinobe in this region, and meet with Correction Services Canada's aboriginal liaison program to assist in developing strategies to enhance the individual, family and community capacity of returning inmates; and
 - work with urban aboriginal programs to enhance and/or establish central points for information, referral, support and policy to address issues identified in poverty report, as well as gaps in service.
- the SEO DHC embrace the role of collaborator/facilitator/supporter of an aboriginal-driven planning process to:
 - improve the health and well-being of aboriginal people and families;
 - coordinate aboriginal health and well-being options (agenda) into mainstream community health planning initiatives; and to
 - identify and develop opportunities for the aboriginal community to be included in the mainstream community health and environment planning initiatives.
- The SEODHC establish a mechanism to start a process to address the above

SUMMARY

Through this preliminary inquiry process, it has been established that the SEO DHC has a role in facilitating/supporting aboriginal leaders and organizations in the development of an aboriginal health & well-being agenda in this region. There does not seem to be any other regional aboriginal or non-aboriginal planning body that addresses the overall needs *specific* to the health and well-being of aboriginal people.

This pre-implementation analysis is a "call" for the SEO DHC to engage in a *learning journey* toward the development of strategy options to network and develop partnerships with aboriginal communities for the betterment of all people and families in the SEO region.

The Medicine Wheel



APPENDIX "A"

**April 11, 2001 meeting agenda of aboriginal program managers
in the Kingston area, for the purpose of discussing potential roles and
relationships of the SEO DHC**

APPENDIX "B"

Poverty Report

APPENDIX "C"

Canadian Royal Commission on Aboriginal Peoples

APPENDIX "D"

**Institute of Aboriginal Health – Web Page
(Canadian Institute of Health Research Web Site)**