TRUTH AND RECONCILIATION
COMMISSION ACTION PLANNING
WORKSHOP SUMMARY REPORT
TRC Action Planning Workshop Summary Report

This workshop was held at the Thunderbird House on September 22, 2015.

Margaret Lavallee, the elder-in-residence for the Centre for Aboriginal Health Education opened the afternoon with a prayer. She shared some of her story of her own experience of being a child who was sent to residential school and the abuse that she suffered. This was a powerful way to start the workshop as with her gentle teaching she reminded participants of how connected we are to the Residential School Policy and experience and our need to take action for Reconciliation.

Following a presentation given by Dr. Anderson DeCoteau on the Truth and Reconciliation Committee which is attached as Appendix A, the following theme areas for Working Groups were proposed:

- Closing the Gaps in Admissions
- Traditional Healing
- Retention and Student Supports
- Creating Safe Learning Environments and Professionalism
- Education Across the Spectrum.

Participants were given an opportunity to suggest additional theme areas, but these five were remained for further discussion with no new themes added at this time. Participants then moved to the table where the theme area they were most drawn to was discussed. Each group was asked to consider the following questions:

1. What actions are a priority to include for a work plan over the next 1-3 years and for longer term?
2. How can this work be done in ways that respect Indigenous self-determination and leadership as the TRC calls us to do?
3. What are the specific targets/ goals? How would you know if your work was making progress? What are the measures (quantitative or qualitative)?
4. In addition to internal Faculty of Health Sciences work, are there relevant issues for advocacy?

They discussed these topics for about 50 minutes and then reported using the following guidance:

1. What were the top 3 discussion points?
2. Who will the Working Group co-leads be?
3. What is your critical next step?

It was reinforced several times that the goal of this workshop was to start the conversation and action planning workshop, with a view to completing a Reconciliation Action Plan to submit to the Faculty of Health Sciences Dean in December 2015. The following is a summary of each group's presentation.
Closing the Gap in Admissions

**Key Discussion Points:**

1. The chronic underfunding of First Nations education is a key barrier to closing the gap in admissions and we should be advocating for equitable funding.
2. Our current approaches to building an applicant pool are not reaching some Indigenous populations (e.g. First Nations people living in Northern communities, Inuit people).
3. We need to reflect on what we do and have done, learn from others and build a comprehensive pipeline.

**Working Group Co-Leads:** Marcia Anderson DeCoteau and Amanda Woods

**Critical Next Step:** Set up a follow-up meeting and split interested members into 2 working groups: one on pipelines and one on admissions policies and processes.

Education Across the Spectrum

**Key Discussion Points:**

1. A shared core curriculum in Indigenous health across the Colleges is needed with input from the Indigenous communities our Faculty serves.
2. We need to build capacity across the faculty.
3. A focus on pre-licensure education is favored initially with a long term goal of addressing the needs of all practicing clinicians.

**Working Group Co-Leads:** Joanna Lynch and Leanne Leclair

**Critical Next Step:** Gather existing environmental scan and liaise with existing advisory committees within Faculty.

Student Support, Retention, and Mentorship

**Key Discussion Points:**

1. Need to know more about what students need to be successful.
2. Need a sense of family in the Faculty and to be more responsive to family roles and commitments.
3. Need baseline information and better recording so we can measure effectiveness.

**Working Group Co-Leads:** Kimberly Hart and Amanda Penzick

**Critical Next Step:** Set a follow-up meeting.
Traditional Healing

Key Discussion Points:

1. Access and use of Traditional Healing is an inherent right since time immemorial.
2. There needs to be staff and faculty development in addition to incorporation in curriculum which is mandatory learning for students, and may include lecture series and annual gatherings.
3. There is not enough science in spirituality, and not enough spirituality in science.

Working Group Co-Leads: Tim Walker and Melanie Mackinnon

Critical Next Step: Meet every 3 weeks for the next 2-3 months to complete Action Plan; gain better understanding of what other Indigenous communities internationally and academies are doing.

Safe Learning Environments and Professionalism

Key Discussion Points:

1. There needs to be support for faculty, learners and other teachers to intervene when an environment is unsafe.
2. There has to be accountability for creating and maintaining a safe learning environment.
3. There needs to be structural support for real change.

Working Group Co-Leads: Ian Whetter and Joe Kaufert

Critical Next Step: Inform the content of a policy needed to address racism.

TRC Action Planning Next Steps

The following is a list of the email addresses for the Working Group Co-Leads. We continue to welcome the contribution of interested faculty members, staff, or learners. Please directly contact the Co-Leads of the Working Group you are interested in to find out how you can be involved in developing the Faculty of Health Science's response to the Truth and Reconciliation Commission Calls to Action.

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<thead>
<tr>
<th>Working Group</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Closing the Gap in Admissions</td>
<td><a href="mailto:Amanda.Woods@umanitoba.ca">Amanda.Woods@umanitoba.ca</a></td>
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TRC Action Planning Workshop

September 22, 2015
Marcia Anderson DeCoteau
Section of First Nations, Métis and Inuit Health
Objectives

• Provide information and initial thoughts on potential FHS Action Plan
• Discuss theme area most drawn to, contribute ideas, commit to ongoing action
• Ultimate goal: December 2015 present to FHS Deans a Reconciliation Action Plan
Truth and Reconciliation Commission

- Created as a component of the Indian Residential Schools Settlement Agreement
  - 14 schools in MB including 1 in Wpg
- Mandate
  - Identify sources and create as complete an historical record as possible
  - Witness, support, promote and facilitate truth and reconciliation events
  - Acknowledge residential school experiences, impacts and consequences
TRC Reports

- Executive Summary
- Principles
- Survivors Speak
- Calls to Action

Principles

- The United Nations Declaration on the Rights of Indigenous Peoples is the framework for reconciliation
  - The right to be self-determining
  - The right to determine and develop priorities and strategies for exercising their right to development, specifically includes health programmes
  - The right to traditional medicines and health practices AND access to all health services
  - Equal right to the enjoyment of the highest attainable standard of physical and mental health
Principles

- First Nations, Inuit and Métis peoples have Treaty, constitutional and human rights
- Reconciliation is a process of healing of relationships that requires public truth sharing
- Reconciliation requires constructive action on addressing the ongoing legacies of colonialism
Principles

- Reconciliation must create a more equitable and inclusive society by closing the gaps in social, health and economic outcomes
- All Canadians, as Treaty peoples, share responsibility
- The perspectives and understandings of Aboriginal Elders and Traditional Knowledge Keepers are vital
Principles

• Supporting cultural revitalization and integrating Indigenous knowledge systems, oral histories, protocols, and connections to the land are essential

• Requires political will, joint leadership, trust-building, accountability, transparency and a substantial investment of resources

• Sustained public education and dialogue including contemporary contributions of Aboriginal Peoples to Canadian society
Calls to Action

18. We call upon the federal, provincial, territorial and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties.

- Consider our own discourses in how we present Indigenous health or discuss Indigenous students
- Understand how the same policies that negatively impact health create unequal opportunity for Indigenous students in meeting eligibility criteria to apply to health professional schools
- Re-examine eligibility requirements, admissions processes, and support for First Nations, Métis and Inuit students to address disadvantage
Calls to Action

19. We call upon the federal government, in consultation with Aboriginal peoples, to establish measurable goals to identify and close the gaps in health outcomes between Aboriginal and non-Aboriginal communities, and to publish annual progress reports and assess long-term trends. Such efforts would focus on indicators such as infant mortality and the availability of appropriate health services.

- Consider gaps in admission rates and in student experiences, safe learning environments as outcomes FHS could commit to
- Report on FHS progress in closing the gaps and in providing necessary services
- Consider expertise among academic community in contributing to broader health reports described
20. In order to address the jurisdictional disputes concerning Aboriginal people who do not reside on reserves, we call upon the federal government to recognize, respect, and address the distinct health needs of the Metis, Inuit, and off-reserve Aboriginal peoples.

- Consider research and advocacy
- Ensure that programs and services, Elders, teachings are responsive to the diversity within First Nations, Métis and Inuit peoples/students
Calls to Action

• 21. We call upon the federal government to provide sustainable funding for existing and new Aboriginal healing centres to address the physical, mental, emotional and spiritual harms caused by residential schools, and to ensure that the funding of healing centres in Nunavut and the Northwest Territories is a priority.

• 22. We call upon those who can effect change within the Canadian health care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.
Calls to Action

• Traditional Healing
  • Development and expansion of Traditional Medicine Garden as a learning and healing space
  • Indoor space for Traditional Healing Clinic in upcoming inter-professional clinic and inclusion of traditional healers as full members of the inter-professional team
  • Teach students and providers how to respectfully work with healers or people using traditional healing methods
  • Develop primary care models that include traditional healing in respectful and responsive ways
  • Expand WRHA Traditional healing clinic to meet needs of Indigenous students, staff, Faculty, and their families
Calls to Action

23. We call upon all levels of government:

i. Increase the number of Aboriginal professionals working in the health care field.

ii. Ensure the retention of Aboriginal health care providers in Aboriginal communities.

iii. Provide cultural competency training for all health care professionals.

- Establish specific targets and timelines for the admission and graduation of Indigenous health professionals in all of the Colleges
- Assess, develop and resource pipeline activities to achieve success
- Require anti-racism/ cultural safety training for all health care professionals that have contact with learners
- Develop safe and effective remediation processes for classroom and clinical teachers who are involved in racist or culturally unsafe experiences for learners or patients
24. We call upon medical and nursing schools in Canada to require all students to take a course dealing with Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, and Indigenous teachings and practices. This will require skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism.

- Undergraduate course in Indigenous studies as a requirement for eligibility to apply for admission
- Consider core objectives for all learners in FHS that reflect this Call to Action
- Support for teachers as they experience backlash from learners and sometimes colleagues
- Meaningful formative and summative evaluations
- Advocacy to licensing and accrediting bodies to ensure this Call to Action is reflected in standards
Proposed Key Theme Areas

1. Closing the gaps in Admissions
   • Pipelines, policies, processes
2. Traditional healing
3. Student support, mentorship, and retention
4. Safe learning environments and professionalism
5. Education
   • Undergraduate (students within the colleges), postgraduate, Faculty Development and CPD
   • Conference
Questions to Consider

- What actions are a priority to include for a work plan over the next 1-3 years and for longer term?
- How can this work be done in ways that respect Indigenous self-determination and leadership as the TRC calls us to do?
- What are the specific targets/ goals? How would you know if your work was making progress? What are the measures (quantitative or qualitative)?
- In addition to internal Faculty of Health Sciences work, are there relevant issues for advocacy?
Be prepared to report back:

- 3 top points from your discussion
- Who the working group leads will be
- Critical next step the group will be taking
Reminders

- We will have some type of strategy to invite others who couldn’t participate today to get involved
- You can attach a budget to your proposed action plans (no promises but we’ll try to advocate for resources)