

In the Spirit of HEALING & WELLNESS

Volume 5, Number 2 10TH ANNIVERSARY SPECIAL EDITION



THIS IS A NEWSLETTER OF THE ABORIGINAL HEALING AND WELLNESS STRATEGY



At the AHWS renewal announcement. Seated: Leona Nahwegahbow (UOI) and Lillian McGregor (AHWS Elder). Standing from left to right: Alvin Fiddler (NAN), Michael McGuire (OMAA), Sylvia Maracle (OFIFC), Honourable Michael Bryant (Attorney General), Rick Lobzun (OFIFC), Honourable Sandra Pupatello (MCCS), Gary Lapinski (MNO), Patricia Baxter (AHWS Co-Chair).

AHWS Celebrates Ten Years of Healing and Wellness

Ten years after its inception, the Aboriginal Healing and Wellness Strategy is nationally recognized for innovative programs and a wholistic approach to fostering healthy communities. The Strategy currently distributes over forty million dollars, supporting Aboriginal health access centres, healing lodges, shelters, hostels, crisis teams, urban, First Nation and rural community workers, an information clearinghouse and scores of other initiatives, including an Aboriginal Healthy Babies Healthy Children program. How did this all come about?

Key players in the development of the Strategy talk about the unique set of circumstances that fell in place in the early 1990s, allowing it to emerge. One major catalyst was the Ontario Native Women's Association (ONWA) 1989 Report, *Breaking Free: A Proposal for Change to Aboriginal Family Violence*. This document reported that 80% of Aboriginal women had personally experienced family violence. Jane Allen, a former policy coordinator with the Ontario Native Affairs Secretariat and a long

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Celebrating Ten Spirited Years The year 2004 marks the tenth anniversary of the Aboriginal Healing and Wellness Strategy. This issue of *In the Spirit of Healing and Wellness* is devoted to celebrating its many accomplishments. It includes memories from some of the key players along the way and profiles the history and diversity of the programs.

What's in a Logo?



The AHWS logo was developed in 1996, when the Joint Management Committee set up a contest and sent out a call for submissions to Aboriginal schoolchildren across the province. All submissions were posted on a wall during a two day Joint Management Committee Meeting. The JMC members voted on the turtle logo, which was created by Liz Hill, a thirteen-year old student at the I.L. Thomas School, Six Nations of the Grand River. The JMC liked the accompanying text that Hill sent in with her submission:

The turtle represents Turtle Island because Turtle Island is Mother Earth. The people are holding hands because it means they will help each other with their problems. They are standing in a circle because it represents the circle of life. They could be our friends, families and strangers that either need help or they are helping.

Hill won \$120.00 for the logo, along with the satisfaction that the logo would become a symbol for the work of the Strategy. The AHWS newsletter contacted Hill, in 2002 to see how her vision of healing and wellness had evolved. We asked “What does healing and wellness mean to you now?” to which Hill replied, “It’s about a lot of things, but mostly, it is still about helping each other out.”

[CONT'D FROM PAGE 1]

servicing member of the Joint Management Committee remembers being in the board room of Ian Scott (former Attorney General, Minister Responsible for Native Affairs and Minister Responsible for Women’s Issues) when the *Breaking Free* report was delivered. She remembers the passion of the ONWA members who presented the report. Scott understood their message and was moved to action.

At the same time, the province had created a statement of political relationship that spoke to their intent to work in partnership with First Nations communities. They had established an Aboriginal Health Office, which was staffed by Carrie Hayward. OFIFC Executive Director Sylvia Maracle credits Hayward for recognizing the need for a policy framework to deal with the many issues related to health and family violence.

In the summer of 1992, First Nations and Aboriginal political territorial organizations across the province conducted extensive consultations with their populations about family violence and health. The information from these consultations provided community based direction on how to address the health and healing needs of the Aboriginal population in Ontario.

The Strategy was formed with the coming together of seven Aboriginal provincial territorial organizations (the Association of Iroquois and Allied Indians, Grand Council Treaty #3, Nishnawbe Aski Nation, the Union of Ontario Indians, the Ontario Federation of Indian Friendship Centres, the Ontario Métis Aboriginal Association, and the Ontario Native Women’s Association); independent First Nations coordinated through the Chiefs of Ontario, and eleven provincial ministries, including the ministries of the Attorney General, Citizenship, Community and Social Services, Education, Northern Development and Mines, Housing, Health, Solicitor General/Corrections and the Ontario Women’s Directorate and Ontario Native Affairs Secretariat.

The intent in bringing so many ministries into the Strategy was to create a wholistic approach to addressing the health and healing needs of the Aboriginal population. “The idea was to do something comprehensive,” says Sylvia Maracle, pointing out that family violence is a complex issue that involves many dimensions. “We got education involved, because it is

important to get the children young. If you don’t have housing, then there is nowhere for people to go or to deal with matrimonial property loss. If you don’t have justice, then the men just get jailed and the victimization goes further. You also need to recognize the protocol and response of the police...” Maracle adds that it was important to involve the range of ministries because “ministries respond when they have resources tied up in a process.”

The Strategy evolved over many sessions and meetings, but what stands out as a memory for many is the historic retreat where all the government and Aboriginal players came together at Rice Lake. Jane Allen points out that “it was a different kind of process for a lot of government people – a more collegial process.”

Elder Edna Manitowabi was at the Rice Lake meeting, and, like Elders Ernie Benedict and Kathleen Green, was involved in the early visioning of the Strategy. She remembers the collaboration and commitment of all parties. “It was special because the [government] was listening,” she says, “and that is so rare.” The Elders encouraged a positive reframing of the issues, from family violence, to family healing, and from health to wellness. Thus, the “Aboriginal Healing and Wellness Strategy” was born.

Phase I of the Aboriginal Healing and Wellness Strategy came into effect on April 1, 1994, with a partnership comprised of the Association of Iroquois and Allied Indians, Grand Council Treaty #3, Nishnawbe Aski Nation, the Union of Ontario Indians, the Ontario Federation of Indian Friendship Centres, the Ontario Native Women’s Association; seven independent First Nations, and the ministries of Community & Social Services, Health and Long-Term Care, Ontario Native Affairs Secretariat and the Ontario Women’s Directorate. Phase II, which came into effect on April 1, 1999, was expanded to include the Ontario Métis Aboriginal Association and the Métis Nation of Ontario.

The Strategy represented a unique partnership between the Aboriginal community and government, not only because it was jointly managed by Aboriginal and government partners, but also because it is wholistic and inclusive in approach (taking into account spiritual, physical, mental and emotional needs of individuals, families and communities. It is inclusive of all Aboriginal people regardless of status); seeks to address life cycle

issues along a continuum of care; and programs and services are designed, delivered and managed by Aboriginal organizations and communities.

There was plenty of hard work to get the Strategy up and running. The parties had to collectively develop the background and recommendations for a cabinet submission, and then the ministries had to get cabinet approval for the AHWS, which was granted in 1994. The founders asked that it be managed through a secretariat, with a manager reporting to an Assistant Deputy Minister. Carrie Hayward was hired as the first AHWS manager in April of 1995. She remembers “After approval, the first thing to do was get the community grants process started. The first call was in the fall of 1994 before the Secretariat was established, and the money went out the door in February 1995. The allocations for community workers followed, after which JMC members had to set up processes for special projects to apply for funding.”

Hayward remembers the diligence of the Aboriginal community in getting all of the processes in place and the

funding out to the communities. “We worked like crazy!” she says. “Some of the development proposals were two inches thick. We would read them and then come together to approve them. It was heavy slogging.”

Hayward now works in the non-profit sector, and outside of the Aboriginal community, but is proud of the work that has been achieved through the Strategy. She reflects on the development of the Strategy over time:

“We went from working collaboratively, to having a Strategy, to now having a well-established program that treats thousands of people all over Ontario. It is phenomenal, given where we were in 1991! Often people do consultation and nothing gets done. This has changed peoples’ lives.”

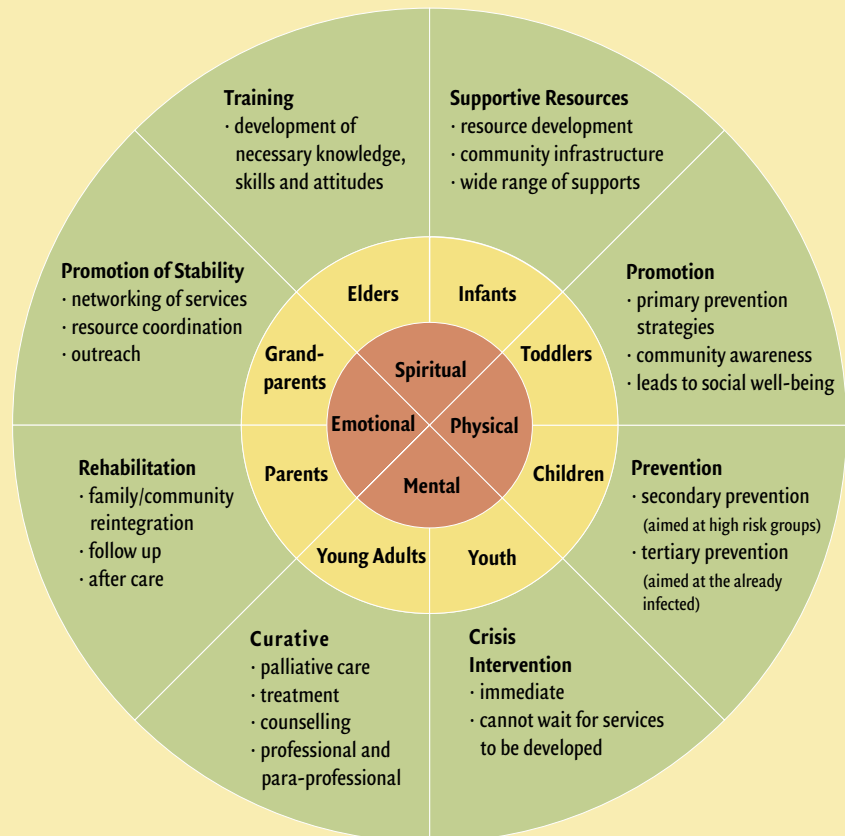
Hayward credits the success to the Aboriginal partners’ sense of ownership and accountability to their people. She also remarks on the significant contribution of the AHWS Elder, Lillian McGregor. “Lillian understood the issues. She has lived both on and off reserve, and she is

not afraid of conflict. She has worked hard to build bridges.” says Hayward, concluding, “A lot of the success of the Strategy has to do with Lillian and the wisdom she brings to the process.”

A tenth anniversary is time to reflect on the past and consider direction for the future. Lillian McGregor looks forward to a time when the Strategy will no longer be needed, a time of universal health and wellness for Aboriginal people. Until such time arrives, it may be useful to come full circle. Sylvia Maracle points out that of the eleven ministries, only four are still involved. She sees this as providing a “more family focussed social and health services initiative.” Maracle would like to see the Strategy move forward with the wholistic vision of its origins. “We had expected the Strategy to be a catalyst to start something.” she says. “It could be connected to addictions and mental health, after school programming, teen parenting...” She pauses. “Hopefully we will see that in the future. And we believe it will happen.”

Healing Continuum Framework

The Healing Continuum Wheel was developed by the visionaries who created the Aboriginal Healing and Wellness Strategy. It demonstrates the wholistic nature of healing (addressing physical, mental, emotional and spiritual needs), the need to include all ages and stages of development, and the full realm of programming that is necessary. It offers a comprehensive guideline to programming and services based on the needs and priorities identified in the community consultations that preceded the Strategy.



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Ten Years of Good Memories and Crucial Work

It took many hands to build the Aboriginal Healing and Wellness Strategy. Some friends of the AHWS celebrate the Strategy's tenth anniversary by sharing their favourite memories in their own words

Patricia Baxter



Patricia Baxter

Patricia Baxter is Anishnawbe and a member of the Sheguiandah First Nation. As a self-employed consultant she specializes in areas of human resource development, program management and training/facilitation. Her clients range from Aboriginal groups to government. Currently, Patricia is on the Board for the Aboriginal Human Resources Development Council of Canada. She was acknowledged in 1998 through the establishment of a bursary at Trent University—The Patricia Baxter Anishnawbe-kwe Award.

The Aboriginal Healing and Wellness Strategy is testament that when Aboriginal people work together, the results can benefit all grassroots

people in their health, their healing and wellness.

The Aboriginal Healing and Wellness Strategy has, in the last ten years, established a standard not only for Ontario, but nationally and internationally: how to build true “Aboriginal policy” from the values and principles that come from Aboriginal culture and traditions. It has successfully blended contemporary western and aboriginal approaches that have proven successful for our people in their healing journey. In so doing, it has in the last ten years established a bench-mark in the healing continuum for Aboriginal people that all Ontario can be proud to support.

Lorraine Gisborn

Lorraine became a member of the AHWS working group in 1992, and has been on the Joint Steering Committee (now known as the Joint Management Committee) since that time. Lorraine is the 2nd Vice President of the Ontario Métis Aboriginal Association. She is the Health Policy Analyst and holds the Health portfolio for the Association, which includes health, welfare, child development and education.

In my years at the Strategy, I have made a lot of friends. I've found that all the groups, be it on reserve or off reserve, Status, Métis or Non Status can work together for a common cause: that being the health and welfare of our people, building healthier communities and reducing family violence.



Lorraine Gisborn

We have a good working relationship with the government representatives and I believe they have come to realize what an excellent program they are a part of. Our Grandmother, Lillian McGregor has always guided us in the right direction with her wisdom and understanding. We have to remember who we are trying to help: the babies, and children, the moms and dads, our Elders, and the communities we live in.

Michele Harding

Michele Harding took over management of the AHWS secretariat from Carrie Hayward in May 1999 and was the permanent manager until December 2001, when she took a job as the Manager for policy and stakeholder relations with the Ontario Women's Directorate, one of the AHWS government partners. In November 2003, Michele was asked to return to the AHWS secretariat on a secondment

to support and facilitate the renewal of the Strategy for a third five-year term.

I remember the discussions leading up to the Strategy's first implementation agreement from the perspective of a community-based advocate working on poverty and health issues. I was impressed with both the Aboriginal and government participants who recognized windows of opportunity for change and who worked together to ensure that the foundations for that change were put in place. They were visionaries; they did their homework, worked hard and strategically, and used all available opportunities. They were persistent and were successful.



Michèle Harding

What is wonderful is that their vision is being implemented. Although not everything has been achieved as yet, much has been accomplished and it makes a tremendous difference in the lives of Aboriginal people. It has also taught government many valuable things about partnership with communities and respect for community wisdom.

Today, I still marvel at the vision and the commitment of the partners. What is also amazing is that the Strategy's Joint Management Committee, which employs

an Aboriginal culture-based management model to make consensus decisions and get things done. This is no mean feat; they must still struggle with fundamental issues, different perspectives and priorities, and limited resources to build consensus and keep moving ahead. Participating in JMC processes takes stamina, negotiation and patience, and a commitment to doing the best possible for the community as a whole. It is a delight to work with such colleagues.

The joint management model and the commitment of the participants under the gentle guidance of Elder Lillian McGregor have formed very strong foundations on which to continue building.

Carrie Hayward

Carrie worked from 1991–1995 as the Aboriginal Health Coordinator and was involved in the development of the Aboriginal Health Policy component, the Family Healing component and securing government approval for the Strategy. Carrie was hired as the first AHWS Manager in 1995, a position she held until 1999. She is now the Vice President, Programs of SMARTRISK, a national organization devoted to injury prevention.



Carrie Hayward

I have many moments of pride related to the AHWS, but one of my fondest was

holding a “health fair” at Queen’s Park to raise awareness of the Strategy. Many of the specialized programs came and set up booths to profile their achievements. The Six Nations Maternal and Child Centre even brought the first baby delivered by a traditional midwife! As I looked around, it really hit me for the first time, what all of the Aboriginal community efforts and provincial funding were accomplishing and the emerging impact of AHWS.

Ruby Jacobs



Ruby Jacobs

Ruby has worked with the Strategy since 1996 as the Joint Management Committee Member for the Independent First Nations. She is also the Specialized Projects Committee Representative for the Independent First Nations. Ruby is the Director of Health Services for Six Nations of the Grand River, overseeing eighteen different programs.

The Strategy has shown vision in a number of areas: It has worked on increasing health and decreasing family violence. It has created a unique partnership between Aboriginal communities and the four provincial ministries. The Strategy also encourages culturally specific components of service. The co-chairs provide leadership for the group through the Joint Management Committee, which allows for

Aboriginal input. Through the Strategy, we have broken down many barriers between Aboriginal groups.

Mae Katt

Mae was the Health Director of the Nishnawbe-Aski Nation from 1990–1996. During the early years of the Strategy, she served with Helen Cromarty as a NAN representative to the AHWS Joint Steering Committee. Mae is currently working as a nurse practitioner at the Anishnawbe Mushkiki Aboriginal Community Health Centre in Thunder Bay.

I have one AHWS memory of going to Niagara-on-the-Lake for a meeting, and there was a press conference with the then Minister of Health, Ruth Grier. We were advocating for young people in NAN communities, working with media about the suicides. I addressed the Minister, and she had me come up and sit with her. The next day, we were closing and the Elder who was doing the closing was holding a white feather that came from the women in Alkali Lake. He had to give it away, and was talking about the need for advocacy for people who are vulnerable. I had my eyes closed, but could feel him coming over. Everyone was crying and he stopped in front of me. It was pretty special. It is a big responsibility to carry a feather to always remember the young people. That feather still has a place in my tool bag.

Sylvia Maracle

Sylvia is the Executive Director of the Ontario Federation of Indian Friendship Centres. One of the leaders in the development of the Family Healing Strategy and the Aboriginal Health Policy, which are the foundations of AHWS, she has sat on the AHWS Joint Management Committee since the beginning.

Sylvia served as the chair of the Strategy from 1992 until it was formally announced in 1994.

The idea of the Strategy was to do something comprehensive, because family violence and health are complex issues that involve many dimensions. We got education involved, because it is important to get the children young. If you don’t have housing, then there is nowhere for people to go or to deal with matrimonial property loss. If you don’t have justice, then the men just get jailed and the victimization goes further. You also need to recognize the protocol and response of the police, and so on.



Sylvia Maracle

We believed the Strategy was going to be phased to include this wholistic range of issues. We wanted the Strategy to be a catalyst to start something. It could be connected to addictions and mental health, after school programming, teen parenting. Hopefully we will see that in the future – and we believe it will happen.

Ann Masson

Ann was the Government Co-Chair of the Strategy from mid 1999 to fall 2001. She is now on secondment as the Director, International Programs, with the Institute of Public Administration of Canada.

[ANN MASSON CONT'D]
Our first decade provides a good opportunity to reflect and salute. And there is indeed much to celebrate.

First, I would like to salute the team that drafted and negotiated the initial agreement. The policies and management processes that were developed a decade ago continue to provide a model for inter-governmental cooperation. The insight and leadership of these individuals, many of whom continue to play a key role, set a standard that is still an outstanding model of learning and partnership.

Second, I salute the governance model that we learned from our Aboriginal partners. The spirituality, dignity and mutual respect that governed our work together ensured that every participant played a key and meaningful role in the decision making process.

And finally, I salute our "grandmother," Dr. Lillian McGregor, whose dignity, experience, integrity and sense of humour ensured the discipline and creativity required to make a difference in the lives of the Aboriginal men, women and children living in remote communities and cities across Ontario.

Each of us who has had the opportunity to play a role in the development, management and implementation of the Aboriginal Healing and Wellness Strategy has benefited greatly from the experience. It has been a decade of trial and error learning. It has been a decade of sharing, innovation and reform. AHWS continues to be a model of partnership and achievement.

Without a doubt there's a bright future. But there is no room for complacency. The partners must ensure an ongoing focus on maintaining and improving service delivery. It is an opportunity to reassess our strengths and

weaknesses, become aware of new opportunities, and realize our shared future.

As the second decade dawns, let's cement the achievements made and focus on the challenges that still lie ahead.

Andrea Maurice



Andrea Maurice

Andrea is the Assistant Deputy Minister, Community and Developmental Services, Ministry of Community and Social Services, and the Government Co-Chair of the Joint Management Committee. Andrea became the Government Co-Chair in fall, 2001.

I am pleased to be a part of the Aboriginal Healing and Wellness Strategy, which is a unique partnership between the government and Aboriginal communities. I congratulate my Joint Management Committee colleagues on their tremendous efforts over the last 10 years to build programs and services that make a difference in the health and healing experienced by Aboriginal Ontarians. The government's decision to renew the Strategy for a third five-year term is testimony to the results which the Strategy has achieved for Aboriginal people. I look forward to continuing our shared journey to further strengthen and evolve programs and services, and to continue to make a difference in Aboriginal communities.

Lucille Roch

Lucille was the first Government Co-Chair from February 1995 to May 1999 in her capacity as Assistant Deputy Minister of Children, Family and Community Services. She has just recently been appointed Assistant Deputy Minister, Strategic Policy and Planning in the newly created Ministry of Children and Youth Services.

It was a very exciting time to be involved with AHWS – programs had to be defined, approval and review processes agreed to, and new ways of working together needed to be explored. Trust and a better understanding of each other's realities evolved over time and there were many meetings early on when I am sure we all wondered whether this new approach of funding and managing programs would work. But we succeeded because everyone involved was committed to making AHWS work and committed to making a difference in the lives of many families and their children. Ten years later, I am very proud to have been associated with the Strategy.

Kathy Wakeford



Kathy Wakeford

Kathy was originally seconded for six months to the Ontario Native Affairs Secretariat in 1993 to work on the pre-implementation phase of the Strategy. She came back in

January 1995 to open the first AHWS office on McCaul St, and worked until January 1997 as program and financial support. Kathy moved to Texas but later returned to Toronto and to the Strategy to work as a Policy Analyst from July 2001 to November 2001, and as Interim Manager from November 2001 to November 2003. Kathy now lives in Vancouver, and is working as a project consultant with The Interim Authority, an initiative that will be responsible for the delivery of all services to individuals and children with disabilities in the province of BC.

I have many memories of the Strategy. What strikes me as a constant is the longstanding passion, support and participation of the Joint Management Committee Members. In the early days, I worked with Lillian McGregor, Lorraine Gisborn, Helen Cromarty, Sylvia Maracle and Ruby Jacobs to name just a few. And, when I left, I was working with these same people. They don't appear to age!

The other thing that comes to my mind are memories of the programs in the field. I have always been interested and most excited about seeing projects and services in communities. I was fortunate to be able to see the conceptual program designs, capital drawings and attend the openings of some of the Strategy's programs over the years. Personally, it was very important for me to be able to return to some of the programs years later to see how things were going. I was always welcomed, fed and energized by the enthusiasm of the staff at the projects.

The Strategy does important work and as the tenth anniversary is celebrated, I extend best wishes and continued success for the future.

NAN CRISIS INTERVENTION TEAMS:

Ten Years of Service



NAN Crisis Team training in March 2004.

The crisis intervention teams of the Nishnawbe Aski Nation were one of the first initiatives to be established out of the Aboriginal Healing and Wellness Strategy. The teams now respond to issues such as accidents, death, and natural disasters, but were initially created as a way of responding to suicide.

The Strategy came at a time when the Nishnawbe Aski Nation was dealing with an emergent suicide crisis. Prior to the 1980s, suicide was relatively rare in NAN communities. But when trapping communities began to make the changeover to quasi-town living in the 1980s, suicides began to happen on a monthly basis. For the first time, females, younger people, and people with children were committing suicide. Most of these suicides were happening in the isolated communities, and contagion was a great concern.

At this time, group of elders in Muskrat Dam had started a group called “Helping Hands”, building on an age old custom of families from one community traveling for days to support another community in crisis. This model quickly spread, and when the Strategy released money for Phase 1 in 1994, the NAN Chiefs were unanimous in stating that their share be directed to building and improving community based crisis teams. Depending on the size of the community, the funds were used to buy equipment or to hire a coordinator to work with the local team.

Ten years later, there is still a need to work with suicide, but the forty crisis intervention teams across NAN have refined their abilities so they can deal with much more. John Paul Nakochee, the team coordinator at Ft. Albany First Nation talks about how his team is ready for anything and everything: “Right now, the First Nation has a community emergency plan to deal with floods, snowstorms, forest fires...” he pauses, “...lava,” he adds, with a chuckle.

At Fort Albany, natural disasters are infrequent, but death is unfortunately more prevalent. “So far [this year] we have had five deaths in the community, which is an enormous amount for a small community,” explains Nakochee. “When there is a death in the community, we help out by preparing meals for the family, dropping in with the family, or phoning them to see how things are. We also help out in setting up the

community hall for the reception after the funeral and cleaning up afterwards.” When deaths are due to suicide, the team is able to debrief the situation in individual or group settings.

Nakochee has recently been collaborating with the James Bay Mental Health Program to promote information about gambling addiction. Although gambling may not seem to be a likely problem at Fort Albany, Nakochee points out “It doesn’t have to be Casino Rama. There’s Bingo, and people can play poker in a house.”

Marcia Brown has been coordinating the Crisis Intervention Team at Beaverhouse First Nation since July of 2000. Beaverhouse is unique because it is a non-recognized Native settlement. Housing is not adequate for year-round living, so most members live in Kirkland Lake, 30 kilometres away. But because members spend time seasonally in the territory, the Beaverhouse Crisis Intervention Team must be able to work with both remote and urban crisis needs.

“We’ve assisted with search and rescue – have dealt with fires and people falling out of boats or getting lost,” says Brown from her office in Kirkland Lake. She is just as familiar with urban problems such as homelessness – which is exacerbated by the fact that Kirkland Lake does not have a shelter. Brown works regularly with service agencies like the Salvation Army and the food bank as part of her mandate to handle crisis among the Beaverhouse population.

Ten years later, there is still
a need to work with suicide,
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deal with much more.

Peter Jacob has been the Crisis Intervention Team Coordinator for the Webequie First Nation since the program began. Of all the Crisis Intervention Team accomplishments over the years, Jacob is most impressed with the team building. This takes place among the smaller core group, but also with all the various groups that Jacob must coordinate in a crisis situation. He points out that there can be up to one hundred volunteers, depending on the situation. Team building happens with the greater community as well, and across age groups and sectors. “At the beginning [the team] was mainly working with people in the area of mental health,” says Jacobs. He notes that they are now able to call on groups as young and diverse as the junior rangers. “All these people are utilized to assist in any crisis. We try to involve anybody.”

► To contact the Nishnawbe-Aski Nation Crisis Team Coordinator, telephone: (807) 623-8228.

The Three Fires Ezhignowenmindwaa Women's Shelter

The findings of a survey conducted amongst community caregivers at Walpole Island First Nation in 1991 gave rise to the Three Fires Ezhignowenmindwaa Women's Shelter. The study revealed that an extremely high percentage of women in the community had been personally affected by family violence. The caregivers said domestic violence was common in the community.

The Shelter Task Force, the group that carried out the study, took the findings as their mandate to develop services to meet the needs of women and children in violent relationships. In 1997, construction began and the Shelter opened in November 1999. They serve women from Walpole Island as well as neighbouring First Nations and off-reserve communities. This includes Aamjiwnaang, Caldwell, Delaware-Moravian of the Thames, and Kettle and Stony Point First Nations, and the towns of Chatham, Sarnia and Wallaceburg.

We're hoping that by reaching these kids, we've planted a seed. If they run into problems with dating relationships, for example, they know they can contact us.

Debra S. Isaac, the Coordinator, began working with the Shelter while it was still in the developmental stages. A member of Walpole, she was born and raised in Boston. A few years after graduating from Dartmouth College, New Hampshire with a B.A. in Psychology and Native Studies, she found her calling. She worked in a battered women's shelter, an area of work that came naturally to her. When she was growing up, her parents provided a safe refuge for abused women. "I believe everyone deserves a place of safety," she says, "a place they can call home where they're not going to be abused."

The mandate of the Shelter, she says, is "to prevent family violence through community education, counseling, advocacy and shelter while assisting

clients to develop options for a violence-free life." Emergency shelter is provided for women and children fleeing from abusive homes. They can accommodate up to sixteen people, "usually for a six-week stay," says Debra, "although there is a possibility of a short extension. We don't put anyone out on the street."

The staff work with the women to help them restore wholistic health and well-being, to find their strengths and become empowered. This is done through a mix of individual and group counseling. Group sessions focus on parenting, addictions, anger management, healthy relationships and traditional teachings. Elders and Healers are available regularly for ceremonies. Advocacy and referral services help residents secure subsidized housing and social assistance. A Child Advocate works with the children, providing a play group, a child witness to violence group, counseling and home schooling if necessary.

The Child Advocate plays an important role in the Shelter's education and prevention strategy. Last year, she did eighty classroom presentations on topics such as sexual harassment, anger management, conflict resolution and sexual assault. "We're hoping that by reaching these kids, we've planted a seed," says Debra. "If they run into problems with dating relationships, for example, they know they can contact us."

The Shelter has a staff of fifteen. They're carefully chosen, says Debra, and they must have experience in family violence counseling combined with formal education. The minimum requirement is a college diploma in Social Services and staff must make ongoing self-care and training a priority. "This is difficult work," says Debra, "it's crisis-oriented, and you have to be able to think on your feet. You have to have good empathy skills, and you have to take care of yourself. Part of taking care of yourself is having your therapeutic resources in place. Every one of us has suffered trauma of some sort. As caregivers, if we have not worked through our own issues, we're not able to assist our clients to work through theirs."

Through a program called Noojmowin-Waawyegamig: Healing the Family Circle, the Shelter employs both a male and a female counselor to provide outreach services to community members. The male counselor runs Men's Talking Circles,

Anger Management groups and arranges for traditional ceremonies such as Sweat Lodge upon request.

The minimum requirement is a college diploma in Social Services and staff must make ongoing self-care and training a priority.

"In our vision statement," says Debra, "we state that we accept and support the women without judgment. We follow that by respecting the choices the residents make. If the family stays together, we always talk to the woman about getting services for her partner and we refer them to our men's program. We're not here to break up families; we're here to help. And I think we're having a good impact."

In addition to capital and core funding from the Aboriginal Healing and Wellness Strategy, the Three Fires Women's Shelter gets funding from the Ministry of Community and Social Services and Indian and Northern Affairs Canada.

► To contact the Shelter, telephone: (519) 627-3635.



George Smitherman, Minister of Health and Long-Term Care, announces the renewal of the Aboriginal Healing and Wellness Strategy.

Kii-kee-wan-nii-kaan Southwest Regional Healing Lodge

“We provide a place for Native families to start their healing journey,” says Bob Antone, Executive Director of Kii-kee-wan-nii-kaan Healing Lodge. The Lodge is located on the Munsee-Delaware First Nation and opened six years ago.

It’s a partnership program with three First Nations and two friendship centres. Aamjiwnaag, Munsee-Delaware and Oneida Nation of the Thames First Nations sit on the Governance Committee with the Can-Am and N’Amerind Friendship Centres. The John Howard Society is also a member.

Kiki serves a catchment area that includes 40,000 Aboriginal people on and off-reserve. Annually, they work with eight hundred to one thousand people. Individuals, families and service providers participate in residential, day and evening programs. Up to twenty-four people can be housed for residential programming.

Programs for families help participants, “reclaim their right to be free from violence,” says Bob, “and we help them look at the issues that have impacted their family of origin and how those things have caused violence in their family.”

The Lodge’s programs are culturally-based, incorporating traditional Aboriginal values, practices and customs.

The residential component starts with the teaching of the Creation Story. Bob explains: “This affirms the individual’s place and purpose in the world as Anishnaabe. It’s cultural grounding and they learn why clans and Native names are important in our lives.”

The history lesson continues with teachings on colonization, oppression and internalized oppression. “This helps to explain our history and the problems of alcoholism, violence and abuse,” explains Bob. “Once people start to understand it, they usually begin to work on themselves and they can unravel themselves from that history.” Participants then work on their own family history, tracking events. This is when they begin to see the patterns in their family, reasons for behaviour. In the third and final week, they chart their own lifelines, identifying and sorting out what’s happened to them personally and making a plan for change.

People who come into the Lodge’s programs (called shareholders, not clients) are expected to be committed to their healing. At the outset, they identify their healing issues and help develop their plan of care. They’re full partners in the process. Bob says, “We have a whole set of obligations for them, but foremost, we expect them to be honest about themselves and be willing to share their life and their struggles.”

Bob knows they are making an impact in the reduction of violence in Aboriginal communities. “The feedback we’ve gotten shows we’ve made a difference in people’s lives in terms of making choices and seeing more opportunity. The way I describe it is that we

provide a way for people to release their potential.”

While some people may return to the Lodge two or three times, Bob doesn’t see this as a sign of regression. For him, it means that the person has realized they need more help to move ahead, and that the Lodge has become an active part of their lives. “We’ve tried to establish the Lodge as a family gathering place, a place where people can come and feel safe about talking about their feelings,” he says. For many, it’s become an extended family and they come back to participate in ceremonies and workshops. It’s a place where they can talk about successes, not just setbacks.

There’s one program offered only for men of which Bob is particularly proud. “According to the statistics a few years

ago,” he says, “eighty-eight per cent of the family violence in our communities is committed by men. We had been averaging about thirty to forty per cent male participation in our programs so we knew we had to do something.” The men’s program, offered in conjunction with the First Nations Technical Institute, is a combination of training and personal healing. The men learn about men and their purpose, Creation and original kindness, non-violence, Aboriginal identity, the meaning of community, power and control, life stages,



Ki-kee-wan-nii-kaan has established the Lodge as a family gathering place where people can feel safe talking about their feelings.

cycles of healing, hunting traditions, leadership, sexuality, traditional resource management, helping others to heal and other teachings – all from a cultural perspective. They also participate in cleansing and unburdening ceremonies. One week of training is offered every two months over a two-year period. Fifteen men graduated in the first year.

Traditional healers are key members of Kiki’s team. They provide ceremonies, counseling and teachings for participants and staff, and work with the Lodge’s cook to develop juice fasts and nutritious detoxifying meals. In the last year, they’ve also been working with staff to design a Sweat Lodge for the physically challenged, a structure that will be wheelchair-accessible. The Sweat Lodge will be ready in the new year.

There’s no doubt in Bob’s mind that the establishment of Aboriginal healing lodges in recent years has facilitated community healing. “People have come to realize that they don’t have to go through recovery on their own,” he says. “There are services that can help them. Our Lodge is one of the places that can do that.”

► **To contact the Kii-kee-wan-nii-kaan Southwest Regional Healing Lodge, telephone: (519) 289-0148.**

GIZHEWAADIZIWIN:

To Love and Care for One Another



Gizhewaadiziwin Health Access Centre in Fort Frances has been serving the surrounding Native communities in northwest Ontario for just under ten years, providing culturally-appropriate, community-based high quality health care for individuals and families. Gizhewaadiziwin comes from the Ojibway word meaning “to love and care for one another.” Gizhewaadiziwin Health Access Centre staff and programs include physicians, nurse-practitioners, dieticians, health and outreach programs. This includes a Diabetes Education Program, Women’s Wellness Clinic, parenting programs, youth programs, HIV/AIDS education, Language Translation Program, Aboriginal FAS/FAE & Child Nutrition Program, a Resource Library and a Traditional Healing Coordinator. The Centre provides integrated care to populations with access barriers including poverty, mental illness, addictions issues and discrimination. Gizhewaadiziwin Health Access Centre is unique and vital because the programs and services are Aboriginal designed, delivered and managed, and focus on health promotion, advocacy, Aboriginal health planning and education, and traditional health remedies and healing methods.

When the Aboriginal Healing and Wellness Strategy began ten years ago, Marlis Bruyere was doing receiving and assessment for the development of the Gizhewaadiziwin Health Access Centre. She has been working as Executive Director of the Gizhewaadiziwin Health Access Centre for the past four years. In

the short time that the Gizhewaadiziwin Health Access Centre has been open, the Centre has made a really positive impact on Native communities in northwest Ontario. Marlis Bruyere says, “We serve a population of 2,500 people locally, including people from ten First Nations communities, off-reserve Native peoples, and Métis people. We are the primary health care facility in this area. Other health care facilities are often over 300 km away. They don’t offer the education component we do, which is an important part of our health services. People coming to the access centre are able to spend quality time with a medical practitioner, and visits are usually half an hour.” Providing accessible, comprehensive wholistic treatment for people means that the “symptoms of the illness are treated, and also that people are provided with the educational components to help deal with their particular health issues and make the best choices for themselves.”

Gizhewaadiziwin Health Access Centre tries to provide equitable access to contemporary treatment strategies, as well as culturally appropriate services for the communities who use the centre. This includes a traditional healer coordinator, who is there for people who want to access traditional healing, and translators to provide interpretive services for clients and medical service providers. The Translator program has made a noticeable impact on the Centre’s services. “Translators help

translate the Medical Practitioner’s English to Ojibway for our clients, especially older people, who often don’t understand but won’t let a doctor know this,” says Bruyere. Maintaining non-interference while also empowering people to make positive health choices is an integral part of Gizhewaadiziwin Health Access Centre goals and practice. “We provide what clients want, whether it is traditional healing, modern medicine, or a combination of both. We don’t impose our values.”

When asked about the possible direction of Gizhewaadiziwin Health Access Centre, Bruyere says, “The potential population for the Centre is 8,000 to 10,000 people. In the past five years, we have quadrupled our clients. In five more years, that population will quadruple. We want to be able to grow according to the needs of the communities we serve, and offer the services that our communities ask for.” Marlis Bruyere is committed to maintaining Gizhewaadiziwin Health Access Centre services for the community. “I like working for my people and seeing the positive impact the Centre has on people’s lives. Now, people are using the Centre not just for emergencies, but also wanting to look after themselves and all aspects of their health.”

► **To contact the Gizhewaadiziwin Health Access Centre, telephone: (807) 274-3131.**



Gizhewaadiziwin Health Access Centre in Fort Frances.

ONWA: Wellness and Justice



Youth in custody enjoy learning Native culture.

Does wellness result from justice or does justice result from wellness? The Learning Lodge, a component of the Restorative Justice Program of the Ontario Native Women's Association (ONWA) seems to have an answer to this question.

The ONWA

Learning Lodge has been successful at transforming the lives of young Native people in the Thunder Bay area. ONWA Executive Director Josephine Mandamin says that it is "steering young people away from incarceration and trouble with the law" through providing an "understanding of the traditional aspects of life; the values and principles of Aboriginal people."

As described by the AHWS website, "The Learning Lodges provide cultural awareness, education, prevention and intervention through counseling and referral to community services through a combination of Ojibway and Oji-Cree teachings to the participants. This equips them with the necessary tools to lead healthy, contributing lives without further involvement in the legal system."

While the program is open to all young people, ONWA also works with adolescents in corrections. Corrections staff have commented on how effective the programming is.

The Learning Lodge incorporates many elements that are considered essential to the process of healing Aboriginal communities. Through Elders, the Learning Lodge provides "seasonal teachings." Mandamin explains that the young people learn about medicines in the summer. There is also a hands-on component, such as tanning hides. "The Elders will talk to them about the traditions and the values. They explain that if you follow the ways you don't have time to get in trouble with the law."

Native youth at risk are already alienated from their communities and culture. Critics of the mainstream approach to justice and corrections note that the system tends to further isolate young people from potential networks of support. It is punitive rather than healing; it blames rather than encourages responsibility. Many observers have noted that law enforcement and justice institutions of the dominant society actually make the social problems worse.

The Aboriginal approach to justice integrates healing and wellness. It contrasts with the mainstream approach in that it connects people not only to their communities and support networks, but also to their ancestors, their culture and their spirituality. Through programs, Elders facilitate the learning of

language, history and culture. Young people participate in activities that connect them to their past, to their relations and to their communities. "Justice" is thus served as individuals are able to acknowledge and come to terms with

the history, family and personal experiences that form the backdrop to choices that put them in conflict with the law. An emphasis on traditional concepts of relationships and roles encourages participants to take responsibility for their behaviors, learn and grow from mistakes and make better decisions for themselves and loved ones.



Drumming is part of the learning lodges.

The Elders will talk to them
about the traditions and the values.
They explain that if you follow
the ways you don't have time to get
in trouble with the law.

This wholistic approach has done more than mainstream institutions to break the cycles of violence that plague our communities. By focusing on youth, the Learning Lodge can play a significant role in shaping a healthier and more just future for the generations to come.

Mandamin says that the program has been especially useful to young women and mothers. "Youth are less likely to get into trouble again," she says.

In fact, even non-Native youth have benefited from the program and participate in the Learning Lodge gaining knowledge of Aboriginal culture, history and values. "It's not our way to exclude anyone," says Mandamin, who recognizes the ability of traditional values to change lives.

Authorities and funding agencies recognize the same potential. ONWA has just been contracted to bring the Learning Lodge to other parts of Ontario. Mandamin welcomes this and would like to see learning lodges established across the province. "It's very low cost," she explains, "with a high benefit." The traveling Learning Lodge rents local spaces and makes use of local Elders. However, this is more than a cost efficient strategy. As Mandamin notes, it makes more sense for young people to hear from the Elders in their own communities so that the teachings are relevant and are useful to them.

The program is in great demand with a waiting list. As Mandamin notes, one of the trends she has observed over the last ten years is that "more people are seeing the need to find healing within their own communities." "We see new people all the time." Mandamin says "and we can't leave them behind."

It is clear that the Learning Lodge has much to teach not only young people, but the entire justice system.

► To contact the Ontario Native Women's Association, telephone: 1-800-667-0816.

Community Health Outreach Worker

“I’m a firm believer in partnering,” says Noella Kwisses. She’s one of six Community Health Outreach Workers employed by the Ontario Métis Aboriginal Association and funded by the Aboriginal Healing and Wellness Strategy “to promote the health and well-being of OMAA’s membership.” Based in Thunder Bay, Noella explains her mandate is to serve all people of Aboriginal descent – Métis, First Nations and Inuit. She describes her job as community developer, health promoter and resource person.

Noella depends on partnerships not just to stretch resources, but to broaden her impact in the community by reaching a wider population. Partnerships lead to innovative, creative solutions to community needs, she says, and they can also help bridge gaps. Closing the gaps between Aboriginal people and the mainstream, and between Aboriginal agencies leads to better services.

A partnership of which she’s particularly proud involves a mix of Aboriginal and mainstream agencies. Their goal is to develop a coordinated programming approach for three subsidized housing projects that have primarily Aboriginal populations. Partners include the City of Thunder Bay Recreation Department, the Friendship Centre, March of Dimes, Ontario Native Women’s Association, Ontario Works, Thunder Bay Housing, Thunder Bay Police and Youth Employment Services.

“Our dream is to have programming in these three sites seven days a week, ten hours a day,” says Noella. “It would include everything to meet the needs of those communities – everything from counseling, self-esteem building, recreation for

youth, health programs.” The residents face barriers accessing services in the city, for example, transportation and child care. “We’ll take the programming to where they are and there are other agencies who are thinking of coming on board for this reason.” Everyone contributes skills and resources and, “the success of this project depends on the efforts of a lot of people,” she says. Thunder Bay Housing has contributed one of the housing units to be used as a resource centre. The representative from the March of Dimes, skilled at grant submissions, wrote a proposal to secure a full-time coordinator. Right now, they’re looking for funding to continue a successful hot lunch program at one of the housing projects that serves anywhere from twenty-five to thirty-five children on any given day.

Noella explains that Thunder Bay is a designated participant in the federal government’s Urban Aboriginal Strategy. As an AHWS funded worker, Noella is able to make linkages through this Strategy; to build bridges and maximize the use of limited resources. The community agencies she works with have decided to address child poverty as their priority. In Noella’s mind, there’s no doubt that the needs of children and youth are urgent.

“We’re looking at Fetal Alcohol Syndrome in children,” she says, “and there’s the youth who need guidance and support.” She wants to start a program that breaks down barriers and builds links between youth and elders. The teaching role of grandparents was valued in traditional Aboriginal societies, she says, and, “I see that going by the wayside.” It can be a winning situation for both groups. Many of the youth don’t have grandparents and many elders are isolated with no family. She’s held one gathering so far to bring the two groups together. It featured a bingo for the elders, along with Métis teachings and a Pow Wow. Noella is optimistic about the eventual success. “My goal is to have the youth adopt an elder,” she says, “but it’s going to take time to build the relationships.”

Helping people choose healthier lifestyles is an important aspect of Noella’s work. This is done through workshops, information sessions and participation at community events. Workshops have been held on gambling, diabetes, smoking, HIV/AIDS, and the effects of alcohol. She’s adept at utilizing community resources and opportunities to get her message across. The Multicultural Youth Centre is a place where a lot of Aboriginal youth congregate. She held a session there on gambling that attracted twenty youth. It was an eye-opener for the youth, she says, many of whom didn’t realize that bingo could become a gambling addiction.

In between hosting workshops and forging partnerships, Noella makes home visits. The people she visits, many of them elders, have health concerns or questions about resources. They’re isolated and she works to integrate them back into the community. Her role is strictly one of providing information, referrals and doing advocacy, she explains.

“There’s so much need in the city,” says Noella. She recognizes that community development requires intensive, ongoing effort, but she’s enthusiastic about the possibilities and will continue to build on the successes thus far. “The successes,” she says, “those are the rewards of this job and that’s what keeps me going.”



OMAA’s Healthy Initiatives Staff

Back Row: Shelley McKenzie, CHOW, Red Lake; Jennifer Macintyre, Community Development Support; Linda Aelick, CHOW, Iron Bridge; Mary Drake, Responsible Gambling Outreach; Kelly Geddes, CHOW, Cochrane; Noella Kwisses, CHOW, Thunder Bay.

Middle Row: Virginia Forsythe, HIV/AIDS Outreach; Cheryl-Anne St. Denis, CHOW, Chapleau; Aileen Malcolm, Diabetes Prevention.

Front Row: Eunice McMahon, Elder; Judy Chapman-Price, Supervisor; Liz Jones, Elder.

Missing: Holly Maggrah-Polkinghorne, CHOW, Wabigoon; Susan Cole & Amy Cole, Diabetes Prevention.

► To contact the OMAA program in Thunder Bay, telephone: (807) 623-1930.

Catching It All at OFIFC

Aboriginal people have “unresolved grief,” AHWS Program Manager at the Ontario Federation of Friendship Centres Susan Barberstock says. “They’re grieving for their culture, their traditions and self esteem. Many don’t talk, don’t trust and don’t feel. Many don’t cope well when out in society.” That’s where AHWS programming comes in.

The wholistic approach that Aboriginal people bring to healing and wellness – the attention to mind, body, emotion and spirit on the medicine wheel paradigm – results in programming that is diverse and comprehensive. “We become a catch all,” notes Barberstock. Because in the Aboriginal worldview healing and wellness is connected to so many other aspects of community development, the AHWS worker’s job must relate to many issues. Increasing homelessness, poverty and restorative justice are examples of issues that fall into the laps of healing and wellness coordinators, Barberstock explains. This is despite the fact that such matters don’t necessarily fit the mainstream understanding of what is a health-related concern.

Over the past ten years some unique approaches to healing and wellness have become part of OFIFC’s work. For example, a lack of culturally appropriate foster homes for Native children in care is one of the issues that has been picked up by the Indian Friendship Centre of Sault Ste. Marie. AHWS Coordinator Laura Vogl explains that “CAS [Children’s Aid Society] had a hard time recruiting foster families for Native children.” Vogl and her colleagues at the Friendship Centre got involved because they recognized that Native children in the system need to remain connected to their culture, history and community. “If they have to be in care, keep them connected to their culture,” Vogl says.

Many Native people are on guard when it comes to dealing with the CAS. Vogl reports that families are “way more comfortable and willing to speak with someone of Aboriginal descent not directly connected to CAS.” Knowing this, the Friendship Centre staff began to raise awareness about the need for foster homes, providing information to interested families and visiting potential foster homes to provide information and support.

The Native foster home recruitment program that evolved does more than



A treasure hunt at the Discovery Camp run by the Indian Friendship Centre of Sault Ste. Marie. Children were to find and describe some gifts of Mother Earth.

recruit foster families. It also plays a role in promoting family wellness through other activities. For example a Native parenting program serves the larger community as well as foster families.

In addition, program staff act as advocates for families that become involved with CAS. “Sometimes CAS will even call us in when they have a Native client,” Vogl explains. This minimizes the risk of cultural misinterpretations that have historically fueled bad relations between the CAS and Aboriginal communities. The program also holds cultural sensitivity workshops for CAS workers so they can be made more aware of the social, economic and historical issues affecting Aboriginal families.

The program has been so successful that it has become a model for two local bands that are setting up similar programs. By combining awareness-raising, support and prevention, the Native Foster Home Recruitment Program at the Indian Friendship Centre of Sault Ste. Marie is addressing issues related to the past, present and future of their community.

Another example of how AHWS programming is covering service gaps is through is at the United Native Friendship Centre in Fort Frances. AHWS Coordinator Amanda Perrault runs a program for the underserved group of six 12-year-olds. In this program, the children receive cultural and spiritual teachings from Elders. Perrault points out that it is difficult to find program

funding to serve children in this age range, despite their vulnerability. Her program explores topics on self-esteem, peer pressure and sexuality in an effort to enable young people in a context that is culturally appropriate. There is a physical component in the gym nights as well as nutritional teachings. The program is successful enough to be currently serving 38 children with a growing waiting list.

Most recently the child and youth programming at the United Native Friendship Centre in Fort Frances has motivated a successful fundraising campaign to construct a building where programming can be permanently located and expanded. This demonstrates the local community’s resolve to enable their children today as well as future generations.

These two programs serve as examples of what Barberstock describes as “getting around silos and providing coordinated and integrated services.” She notes that budget cuts to many community sectors have added to the challenges of AHWS coordinators, whose work is integrated with that of many other services. However, it certainly shows the commitment of community workers who acknowledge, respect and promote a medicine wheel approach to healing and wellness.

► **To contact the AHWS Program Coordinator at the OFIFC office, telephone: (416) 956-7575.**

BIRTH OF A DREAM:

Tsi Non:we Ionnakeratstha Ona:grahsta'

As an affirmation of life and renewal, birth has traditionally been honoured by various Native societies, each in their own way. Over the last ten years, the people of Six Nations have successfully renewed their own practices around birth through the establishment of the AHWS-funded Tsi Non:we Ionnakeratstha (the place they will be born) Ona:grahsta' (a birthing place) Maternal and Child Centre.

The idea to establish a midwifery practice and birthing Centre at Six Nations began to take root in the early 1990s. A health commission had identified community support for a birthing centre through surveys and consultations. People in the community had also begun to discuss the value of having Six Nations children born in the territory once again.

One of the people involved in writing a proposal to AHWS for the Centre was Dawn Martin. Dawn now practices as one of the Centre's midwives. She talks about the excitement they felt around establishing a practice that would be their own, and remembers the inspiration they took from Mohawk midwife Katsi Cook. "A few people, [including] Ruby Jacobs, Minnie Henhawk and Anita Hill had heard Katsi speak, and that got the wheels going."

The founders envisioned a midwifery practice that would enhance community wellness by taking care of mothers and celebrating family. In the words of Ruby Jacobs, the current Director of Health Services at Six Nations, "I think it is time our women were nurtured ... and that the men are invited back into the circle." The Centre thus operates on the underlying principle that birth is an experience to be celebrated and supported by family and community.

Midwife Laurie Jacobs talks about how the Centre incorporates this understanding into the midwifery training. "One of the questions on our exams was 'What is an Onkwehonwe midwife?' – and it's not just someone who catches babies. There is a responsibility to community, in terms of working with the teens or [with the] older women who have reproductive questions. It's about being an example."

The emphasis on community has been evident right from the start. Prior to opening, the founders hosted a "birth search" conference to establish the overall vision of the Centre. They invited participants from such diverse groups as youth, elders, police, single mothers, ironworkers, fathers, teachers and

community workers. Together, these community members envisioned a practice that would incorporate traditional birth practices along with western medical procedures.

Four midwife trainees were hired in the summer of 1995, and

the Centre opened on May 17, 1996. During the first year of operation, Katsi Cook mentored the four local student midwives. Subsequent supervising midwives worked out of the Centre until Jennie Adams and Dawn Martin graduated into the role of supervising midwives in the spring of 2000. Their colleague Laurie Jacobs later graduated as an Aboriginal midwife, and the three now run the practice, along with their colleague Sharon Smoke, who expects to graduate soon.

One of their duties is to train other Aboriginal midwives, as the Centre also operates as a teaching institution. They typically take two to four students a year. The midwife trainees spend their first semester doing academic and traditional courses, and the remaining time doing primarily clinical work in the practice.

Tsi Non:we Ionnakeratstha Ona:grahsta' is one of a kind in North America, and receives regular requests for tours, information, training and presentations. Many communities would like to replicate what has been done at the Centre. Housemother Janet Homer points out, however, that "each community is unique in itself. Each one is going to be different. You have to take the same route as we did ... do a study and see what the community wants out of it."

To date, the practice has overseen almost three hundred births.

They liken their work to "family business". "It's rewarding. I enjoy it," says midwife Jenny Adams. "It's not like a job ... I don't know whether it's because of the people that work here or what. We feel more like family – or maybe it's because we work with our own people." The team thus shares in both the work that is necessary to support mothers, children and families, and the joy of welcoming new life. "When there is a new baby, we all oogle at it!" says Janet Homer. Receptionist Amelia Anderson equates it to operating with a "good mind" in the Haudenosaunee way. "If there is a problem, we all pitch in and help. We are always learning."

The founders envisioned a midwifery practice that would enhance community wellness by taking care of mothers and celebrating family.



The first baby was born at Six Nations Maternal and Child Centre on July 24, 1996. A Woman Beloved with her mother Dahnis Jewell.

► To contact the Six Nations Maternal and Child Centre, telephone: (519) 445-4922.

Aboriginal Healthy Babies Healthy Children... at Shawanaga First Nation

“Our program is important for those babies, those future generations that are coming,” says Shelley Skye. “We’re ensuring that they start off in a good way with a good life.”

Shelley is talking about the Aboriginal Healthy Babies Healthy Children Program offered at Shawanaga First Nation. The community is located about thirty kilometres north of Parry Sound. It has an on-reserve population of just over two hundred, although its total membership is five hundred and fifty.

The Program is offered out of the Shawanaga Healing Centre two days a week. Shelley supervises Patricia-Lee Pawis who is the Program Worker. Patricia works directly with moms and their newborns.

Patricia echoes Shelley’s sentiments about the importance of the program. “A lot of our mothers are young mothers,” says Patricia, “and our program provides them with the things that they need – the information and services right here in the community.”

The focus of Patricia’s work is providing support, information and access to other services needed by expectant moms and their newborns. Home visits are frequently in the evenings because many of the moms work. She monitors their pregnancy, making sure they have the information and resources to make healthy choices in areas such as nutrition. She answers their questions about labour, delivery and natural childbirth, and what to expect during the early years. Most of the moms are young, in their late teens and have a lot of questions.

Pre-natal and post-natal food vouchers are provided by the program so the women can purchase healthy foods. This support continues until the baby is a year old. When the baby is born, Patricia makes weekly home visits, providing information on issues like breastfeeding and making referrals to other services such as nurses. Patricia keeps track of the baby’s development by measuring their weight and height. New mothers have many worries about their baby’s growth and Patricia’s support helps to alleviate their fears.

Shelley says an important component of the program is giving opportunities to the expectant moms to learn about traditional teachings. “We make

referrals to grandmothers, maybe other workers, people that can guide them through the expectant stage,” she says. The traditional teachings and support are important and some of the women have requested that a grandmother stay with them during the delivery.

For children and youth, aged ten to seventeen, Patricia provides an eight-week Parenting Awareness Program. It focuses on the pre-conception stage by helping the young people learn about sexuality and healthy relationships. Cultural teachings are shared with the participants, including the Seven Stages of Life teaching and the traditional roles and responsibilities of men and women.

A lot of our mothers are young mothers and our program provides them with the things that they need – the information and services right here in the community.

Patricia reports that six to ten youth – male and female – have attended the Program with the majority being grade eight students, aged ten to thirteen.

“This is the group that’s getting ready to go into high school,” says Patricia. “They have a lot of questions about what’s going on with their bodies and emotions.” While Patricia coordinates the Program and does much of the teaching, she also brings in resources such as nurses and elders. Videos are popular with the young participants. A video that was shown by an OPP officer that deals with the devastating impact of family violence was received with a great deal of interest, says Patricia.

One of the programs that Shelley and Patricia have in the works is what they call a “companionship program” that will match up grandmothers, mothers and aunts to young moms. “We’re hoping to get this off the

ground soon,” says Shelley, “but it’s been difficult with Patricia working only two days a week. We’ll be looking for volunteers who are willing to do home visiting and home support with these young mothers.” Shelley adds that it’s always been part of Aboriginal tradition to have grandmothers, sisters and aunts support the young mother, to help her adjust to her new role.

“The support system is not the same nowadays,” says Patricia. “Some of these mothers don’t have their mothers around, but I think it would be a great program...it will be something to look forward to in the new year.” Both Shelley and Patricia feel there will be a lot of interest and support once people find out the intent of program is, “...to try and bring back some of the stuff we had when we were growing.”

Patricia really enjoys her job. “Getting to know the women on a more personal level is really important,” she says, “because you have to gain their trust. And then also with the programs we do with them, it’s good to see that they’re going through their pregnancy in a healthy way, without the alcohol and without the drugs. It’s really important for the healthy development of the baby.” Patricia takes ongoing training to educate herself about FAS and EAE so she can answer the questions that expectant moms may have.

She’s proud to be part of a program that provides healthier beginnings for children. “It’s really good to see the mothers eating healthier and living a healthier lifestyle for their babies,” she says. Patricia admits she’s learned a lot herself about things like healthier eating habits that she incorporates into her own life now.

Shelley is pleased that they have been able to develop a Healthy Babies, Healthy Children Program that is culturally appropriate. It responds to the needs of the community and reinforces Aboriginal teachings. “It responds to the needs of our mothers here in our community,” she says, “and that is so important. If they go to Parry Sound for the same program, they may not get the same options we’re able to offer here.”

► To contact the Shawanaga Healing Centre, telephone: (705) 366-2378.

Reflections about the Aboriginal Healing and Wellness Strategy *with Elder Lillian McGregor*



Lillian McGregor, JMC Elder.

Lillian McGregor has worked as an Elder with the Aboriginal Healing and Wellness Strategy since the early days. She attends all Joint Management Committee Meetings, opens gatherings, sits on committees and keeps a watchful and caring eye on Strategy business. The AHWS newsletter staff asked Lillian to share her reflections about the Strategy over the last ten years.

“The Aboriginal Healing and Wellness Strategy gave a vision for making a better, healthier community for Aboriginal people,” says Lillian. She points out that it is strong because it is grounded in a wholistic approach. This is something that Lillian has watched develop over the years.

She notes that, in the beginning, “there was a lot of focus on the physical aspect.” Perhaps this is because the Strategy was established with a dual purpose: to deal with family violence, and to improve Aboriginal health. Yet the Elders originally associated with the Strategy asked for a change in focus from violence to healing, and from health to wellness. “Now, [the Strategy] takes into account the whole concept

of medicine wheel teachings,” says McGregor. Programs in the Strategy attend to the physical, mental, emotional and spiritual needs of everyone in the Aboriginal life cycle continuum.

The Strategy has continually called upon Lillian and other Grandmothers, Grandfathers and traditional people to give them direction. This has allowed for the development of innovative, creative programs, and for a shift towards a positive future through positive visioning, as in the case of conceptualizing healing and wellness as opposed to violence and disease.

AHWS programs and services reflect this vision, but so does the greater management process. It has been recognized as a unique way in which government and Aboriginal groups can work together towards a common goal. Lillian remarks on how Aboriginal peoples and government have been able to “walk on the same road” through the development and management of the Strategy:

We have been able to work with the government sector in a good way. [The Strategy] has given us a stepping stone. The government has learned how we truly want to manage our own programs, [and] it has been a teaching tool for all sides.

Lillian points out that a lot of indirect and unforeseen healing has happened along the way, as representatives from different groups and from government have learned to effectively and respectfully communicate with one another. She adds that the meetings have become increasing more efficient

over the years. This is likely due to the fact that there are good working relations in the Joint Management Committee, and that the team has established the necessary procedures to keep the Strategy running smoothly.

Lillian equates the thoughtful and purposeful activity of the AHWS management to that of their logo. She sees the turtle as a fitting symbol: “The turtle is the origin of the place we live. It also offers the symbolism of the family because it is a family clan.” She talks about how the turtle is an introspective animal:

When the turtle is scared, it doesn't try to get across the road. It pulls its feet in and thinks carefully about what it is going to do next. The symbol of the turtle is how [the Strategy management] have walked these last ten years.

Lillian has enjoyed being part of this unique management process, and in hearing about all the programs that are the result. “We don't just talk about business at JMC meetings,” she says, “...the Aboriginal Caucus members [also] bring such beautiful statements about the success of the programs.”

When asked about the future of the Strategy, Lillian replies that she sees it as an interim measure. She envisions a time where the current healing needs will no longer be present. “I don't want my grandchildren to be sitting in committees, still continuing with this process,” she says, “We don't want to be repeating the cycle.” It is this vision of wellness that Lillian brings as the Strategy enters a renewal process to continue the work that remains.

ABORIGINAL HEALING AND WELLNESS STRATEGY

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