Simon Brascoupé and Mairi Brascoupé, *Algonquin Medicinal Knowledge – Spring, Summer, Fall and Winter Series*, 2021

Indigenous Engagement Framework and Action Plan

The Ottawa Hospital

The Ottawa Hospital Research Institute

(05/2024)

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Contents

Land Acknowledgement

The Ottawa Hospital

The Ottawa Hospital acknowledges it is located upon the traditional and unceded territory of the Algonquin people and respects the traditional knowledge and healing developed over generations. We have the privilege and responsibility to serve First Nations, Métis and Inuit of many backgrounds and from many treaty and non-treaty lands and territories and to demonstrate respect for the contributions and cultures of Indigenous Peoples.

Ottawa Hospital Research Institute

The Ottawa Hospital Research Institute acknowledges it is located upon the traditional and unceded territory of the Algonquin people. We have the privilege and responsibility to represent and include in our research First Nations, Métis and Inuit of many backgrounds and from many treaty and non-treaty lands and territories and to demonstrate respect for Indigenous Peoples' contributions and cultures. We also acknowledge traditional knowledge and healing developed over countless generations. The research and experiments that were done to Indigenous People in our history will not be repeated.

TOH & OHRI Indigenous Engagement Framework and Action Plan

"A culture of belonging for everyone"

The Ottawa Hospital (TOH) and Ottawa Hospital Research Institute (OHRI) acknowledge that we are at the very beginning of the journey to address the systemic racism, discrimination, and inequities pervasive in the health-care system. We wholeheartedly commit to create a culture of belonging for all people, patients and all the population we care for, so everyone has equitable access, without discrimination, to safe health care that respects Indigenous Peoples' traditional and living knowledge in all aspects of their health.

The following Framework reflects initiatives identified to begin the reconciliation journey and support the engagement of Indigenous Peoples in their health and well-being at TOH and OHRI. The Framework identifies initiatives under six themes that align with the Truth and Reconciliation Commission Calls to Action, the Joyce Echaquan Principle, the United Nations Declaration on the Rights of Indigenous Peoples and the recommendations from the final report of the National Inquiry into Missing and Murdered Indigenous Women and Girls. The relevant recommendations to health and well-being from each of these reports are identified in the appendix and mapped to the Framework initiatives to ensure our work is aligned to these calls to action and recommendations.

The TOH and OHRI Indigenous Engagement Framework is a unique priority for both organizations. While aligned with the corporate work of Equity, Diversity and Inclusion, the Framework stands alone, in recognition of the Indigenous Peoples as the First People of Canada and the profound effects of colonization.

Given the relationship between TOH and OHRI, this is an integrated Framework between the organizations and aligned to respective strategic priorities.

Shared Guiding Principles

These guiding principles were developed from thoughtful discussion and guidance from the Indigenous Peoples Advisory Circle and adopted in 2023.

Truth Before Reconciliation

- Prioritize acknowledging historical truths, including systemic injustices and discrimination faced by Indigenous Peoples in health care and other areas.
- Understand that genuine reconciliation can only be achieved through understanding and addressing these historical truths.

Respect for Indigenous Knowledge & Culture

- Acknowledge and honour the rich and diverse lived experience, traditional knowledge, and cultural practices of First Nation, Inuit, Métis and Urban Indigenous Peoples and communities.
- Value the insights and guidance of Elders, Knowledge Keepers, and community members as integral to decision-making processes. Honour existing skills and knowledge and seek ways to establish economic partnerships, skills training, and employment opportunities for Indigenous Peoples and communities within health care initiatives.

Trust & Relationship Building

- Build and nurture trusting relationships with Indigenous Peoples, communities, and organizations based on transparency, respect, and open communication.
- Recognize that trust is foundational to successful partnerships and meaningful reconciliation.

Cultural Humility & Continuous Learning

- Embrace cultural humility. Listen and learn from Indigenous Peoples and communities.
- Understand that honest mistakes should be viewed as opportunities for learning and positive change.
- Recognize the importance of research and data collection in addressing Indigenous health needs and understanding determinants of health.
- Recognize the importance of a holistic approach to integrating Indigenous health and healing practices and culturally safe care.

Shared Leadership & Accountability

- Promote shared leadership, where Indigenous Peoples are partners in decision-making and diversifying leadership to include First Nations, Inuit, Métis and Urban Indigenous at all levels.
- Embrace shared accountability for health-care outcomes and initiatives.

Equitable Access to Culturally Safe Care

- Strive for health-care services that are accessible, respectful, and culturally safe for all Indigenous patients and their families, free from discrimination.
- Tailor care to respect individual cultural preferences and needs.
- Create health-care spaces that reflect Indigenous learnings, values, and healing practices.

Integration of Indigenous Values

- Infuse Indigenous values, perspectives, and cultures into all aspects of health care, from treatment protocols to research and data collection to administrative processes.
- Recognize that integrating these values enhances the overall quality of care.

Themes and Actions

I – Traditional Knowledge: Telling the Stories and Learning from Elders and Knowledge Keepers

Commitment	Focus
Invest in Education and Engagement for the Board of Governors, leadership, staff, volunteers (Truth and Reconciliation Commission Calls to Action #23, 24, 57, Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls Calls for Justice 7.6, 15.2)	Implement an educational/training program to learn about and celebrate Indigenous Peoples' history, cultures, pride, and diversity: • History of Research and Indigenous People: Lessons Learned • Traditional Knowledge and Healing • Cultural Safety Training • Indigenous Values • Relationship: Creating authentic and reciprocal partnerships with Indigenous Peoples • Indigenous medicinal, teaching and healing practices • Addressing unconscious biases

Provide access to Indigenous patients to Elders and healers (Truth and Reconciliation Commission Call to Action #22, Joyce's Principle, UN Declaration on the Rights of Indigenous Peoples #24.1, Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls Call for Justice #7.1)	• Hire Indigenous Elders, healers and Knowledge Keepers for First Nations, Inuit and Métis patients
Create an Indigenous Peoples Advisory Circle (Truth and Reconciliation Commission Call to Action #22, UN Declaration on the Rights of Indigenous Peoples #24.1, Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls Calls for Justice #15.6, 15.7)	• Advisory Committee for the Board of Governors, Senior Management Team and Research Community to help frame messaging and the aspirations for research at OHRI • Advisory Committee to the hospital for the new campus development and the broader reconciliation strategy

II – Creating a safe environment for care

Commitment	Focus
Create a culturally safe space (Truth and Reconciliation Commission Call to Action #22, Joyce's Principle, UN Declaration on the Rights of Indigenous Peoples #21.1, 24.2, Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls Calls for Justice 7.1, 7.2, 7.4, 7.5)	Implement safe patient navigators in key clinical areas as a starting point: • Obstetrics • Emergency Departments • Mental Health
Create a culturally safe space (Truth and Reconciliation Commission Call to Action #22, Joyce's Principle, UN Declaration on the Rights of Indigenous Peoples #21.1, 24.2, Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls Calls for Justice 7.1, 7.2, 7.4, 7.5, 15.4, 15.7)	• Implement a hospital-wide system and process for Indigenous patients and families to report safely their experience of racism in the hospital (e.g. whistleblower program)

	Funding opportunities for Indigenous reconciliation	• Identify funding opportunities at the federal, provincial, municipal levels as well as private funding from foundations to advance Indigenous engagement priorities at TOH
	Policies (Truth and Reconciliation Commission Call to Action #92)	• Review policies at TOH/OHRI to ensure they are culturally sensitive • Ensure key policies are in place and well known among the staff/physicians such as the smudging policy
	Indigenous resources (Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls Call for Justice 15.7)	• Ensure staff are aware of distinctions-based resources in the community to support Indigenous patients and their families

III – Integrate Indigenous Values and Cultures into our work and processes

Commitment	Focus
Research Methodology (Call to Action #22)	• Education on Research Methodologies and promising practices • Build core competency in Ottawa Methods Centre
Research Priorities (Truth and Reconciliation Commission Calls to Action #18, 19, 20, UN Declaration on the Rights of Indigenous Peoples 24.2)	• Undertake research which addresses issues related to Indigenous determinants of health and the distinct health needs of Indigenous Peoples
Health Human Resources (Truth and Reconciliation Commission Calls to Action #23, 92ii, UN Declaration on the Rights of Indigenous Peoples #1, Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls Calls for Justice #7.7, 7.8)	Strategic recruitment of: • Indigenous staff and physicians • Indigenous researchers • Researchers focused on Indigenous Issues

Corporate Indigenous engagement strategy (Truth and Reconciliation Commission Calls to Action #92, Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls Call for Justice #15.7)	• Engage an Indigenous company to provide guidance and advice to TOH/OHRI in implementing this Framework to ensure it is culturally sensitive
Ensure that patients have access to culturally appropriate food options (Truth and Reconciliation Commission Call to Actions #20, Joyce's Principle, UN Declaration on the Rights of Indigenous Peoples #24.1, Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls Call for Justice #7.4)	• Define a strategy to bring Indigenous food to patients at TOH
Events on significant days (Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls Calls for Justice #7.4, 15.2, 15.7)	• Implement a strategy to celebrate and recognize important days such as June 21 and September 30 • Offer TOH space to Indigenous Peoples to hold celebrations and ceremony

IV – Creating Space that Reflects Indigenous Learnings, Values and Healing Practices

Commitment	Focus
Renewal of existing space and development of the new campus (Truth and Reconciliation Commission Calls to Action #20, 21, 22, Joyce's Principle, UN Declaration on the Rights of Indigenous Peoples #24.1, Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls Calls for Justice #7.1, 7.4, 7.5)	Incorporate Indigenous learnings and visual representation into space design: • Algonquin and Inuktitut language in signage at the hospital • Indigenous representation in indoor and outdoor spaces at all three TOH campuses • Define a strategy to incorporate Indigenous art into the hospital and research institute • Create Indigenous spaces at the hospital (e.g. Windòcàge room at the General campus) • Indigenous gardens and access to Indigenous medicines
Land acknowledgement (Truth and Reconciliation Commission Calls to Action #18, Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls Call for Justice #15.2)	• Implement land acknowledgement into corporate meetings as well as signage at all three campuses • Encourage Indigenous staff/physicians to use their Indigenous salutations

Indigenous language (Truth and Reconciliation Commission Calls to Action #20, UN Declaration on the Rights of Indigenous Peoples 24.2, Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls Call for Justice #7.5)	• Ensure that translation services are available to translate Indigenous languages for patients and families and corporate documents as needed
Engagement of Indigenous people in the hospital (Truth and Reconciliation Commission Call to Action #22, UN Declaration on the Rights of Indigenous Peoples #24.1, Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls Calls for Justice #15.6, 15.7)	• Diversify our corporate Patient and Family Advisory Committee to reflect the experiences of Indigenous Peoples • Establish an Employee Resources Group at TOH

V – Creating Economic Partnership Opportunities, Skills Training and Employment Opportunities

Commitment	Focus
Procurement (Call to Action #92)	• OHRI and TOH to work together to advance an Indigenous procurement strategy aligned with federal government strategy (within guidelines)
Educational support (Truth and Reconciliation Commission Calls to Action #23, 92ii, UN Declaration on the Rights of Indigenous Peoples #21, Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls Calls for Justice #7.7, 7.8)	• Consider establishing scholarship and bursaries for educational opportunities in health care for Indigenous People

VI – Building Trust and Partnerships with Indigenous Peoples and Organizations

Commitment	Focus
Educational partners (Truth and Reconciliation Commission Calls to Action #23, 24, 92, Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls Calls for Justice 7.7, 7.8)	• Define a strategy in partnership with educational partners to promote employment opportunities at TOH and OHRI starting in middle school • Identify opportunities for collaboration with the University of Ottawa Center for Indigenous Health Research and Education
Develop trusting partnerships with Indigenous partners (Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls Calls for Justice 15.4, 15.7)	• Build trust and relationships at the leadership level with Indigenous health-care providers in the community (e.g., Akausivik family health team, Wabano, Larga Baffin, Tungasuvvingat, Ottawa Aboriginal Coalition, Qikiqtani General Hospital and others)
Outreach to the leadership in Indigenous communities in Eastern Ontario (Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls Calls for Justice 15.4, 15.7)	• Build relationships with the leadership of First Nations communities in the region to discuss health-care barriers/ opportunities for their patients – Algonquins of Pikwakanagan, Kitigan Zibi Anishinabeg, Mohawks of Akwesasne – and with Nunavut

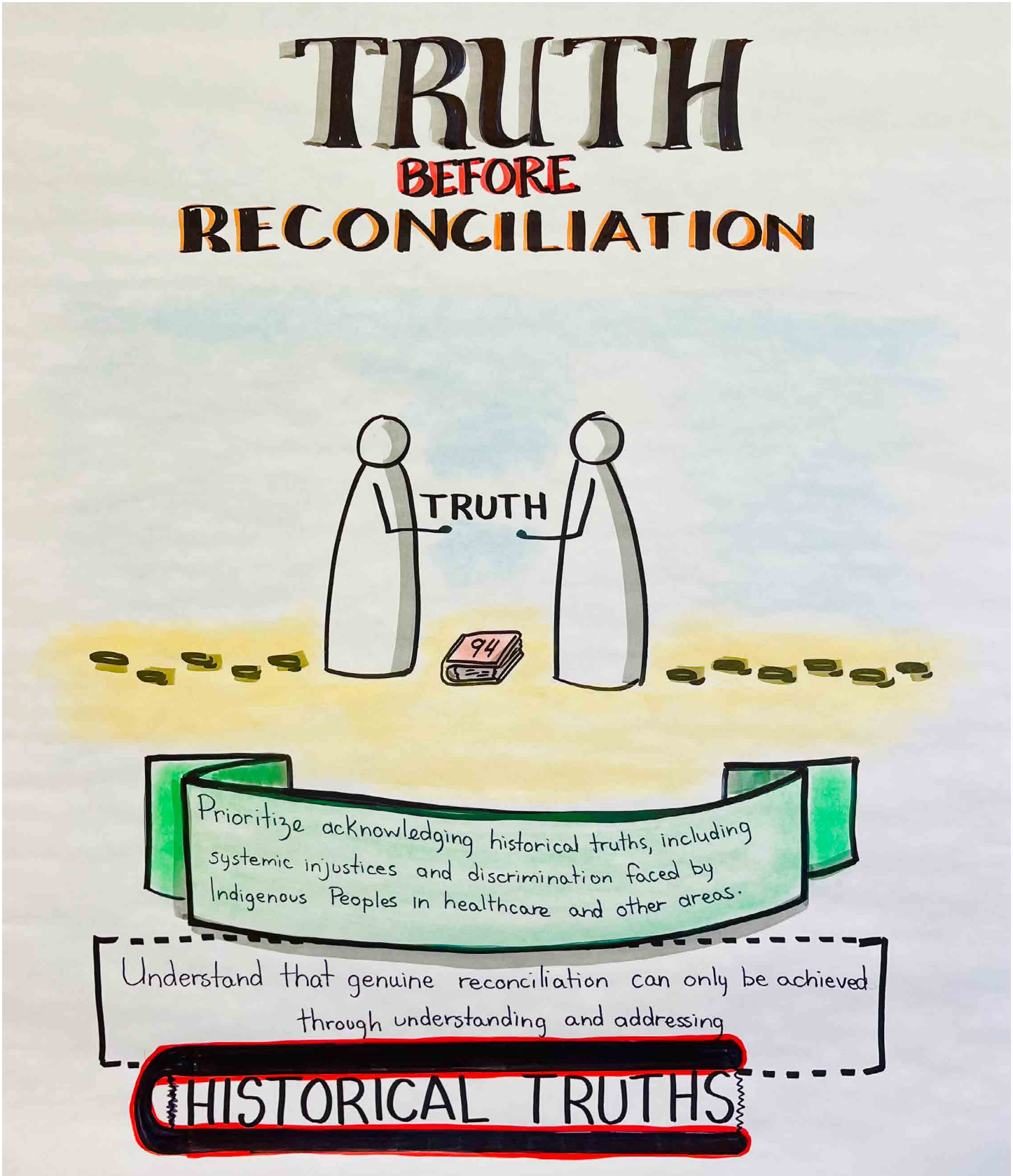
Partner with key organizations focused on advancing Indigenous health-care improvements (Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls Calls for Justice 15.4,15.7)	• Partner with Healthcare Excellence Canada for quality improvement initiatives focused on Indigenous patients

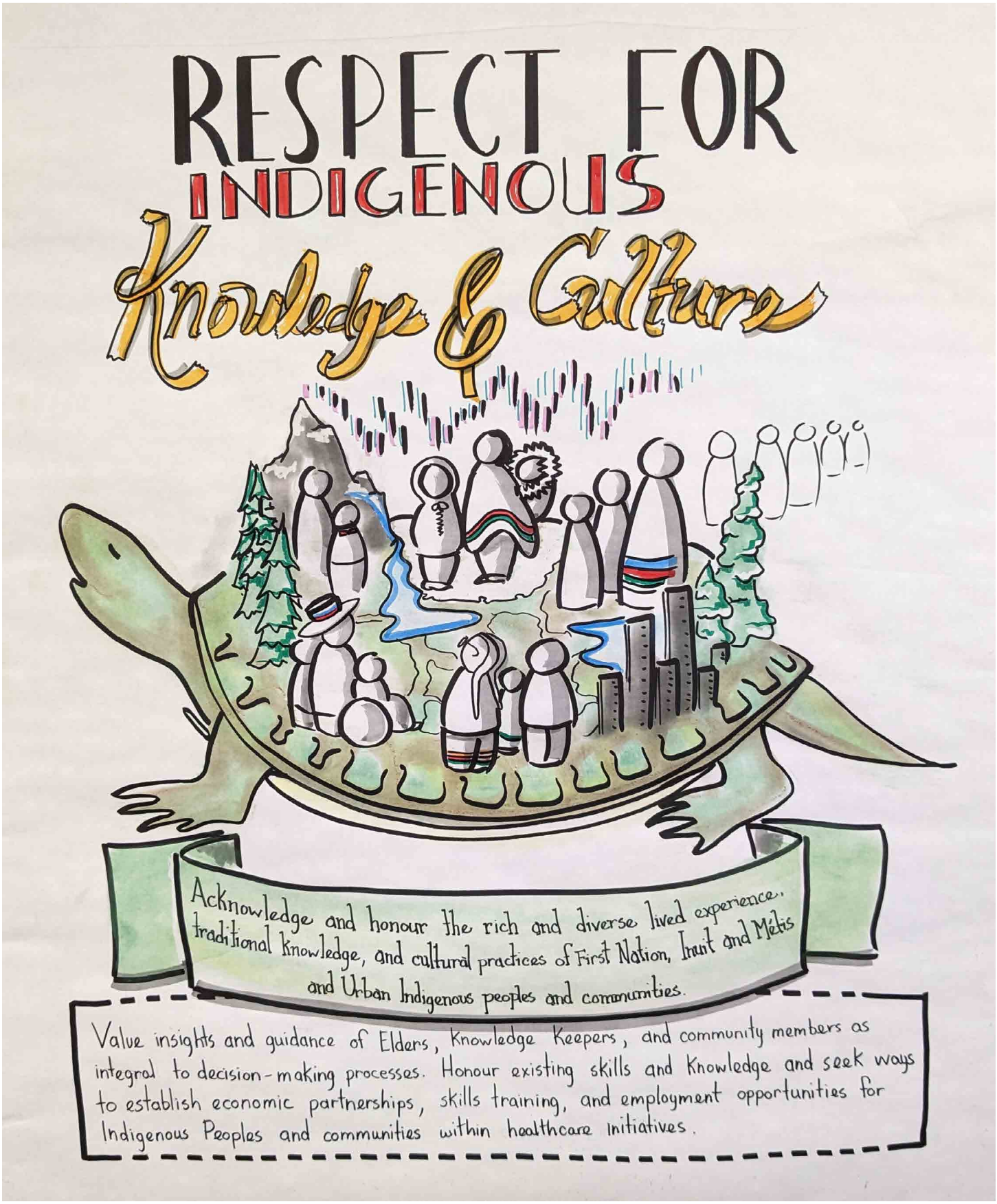
Other suggestions to consider:

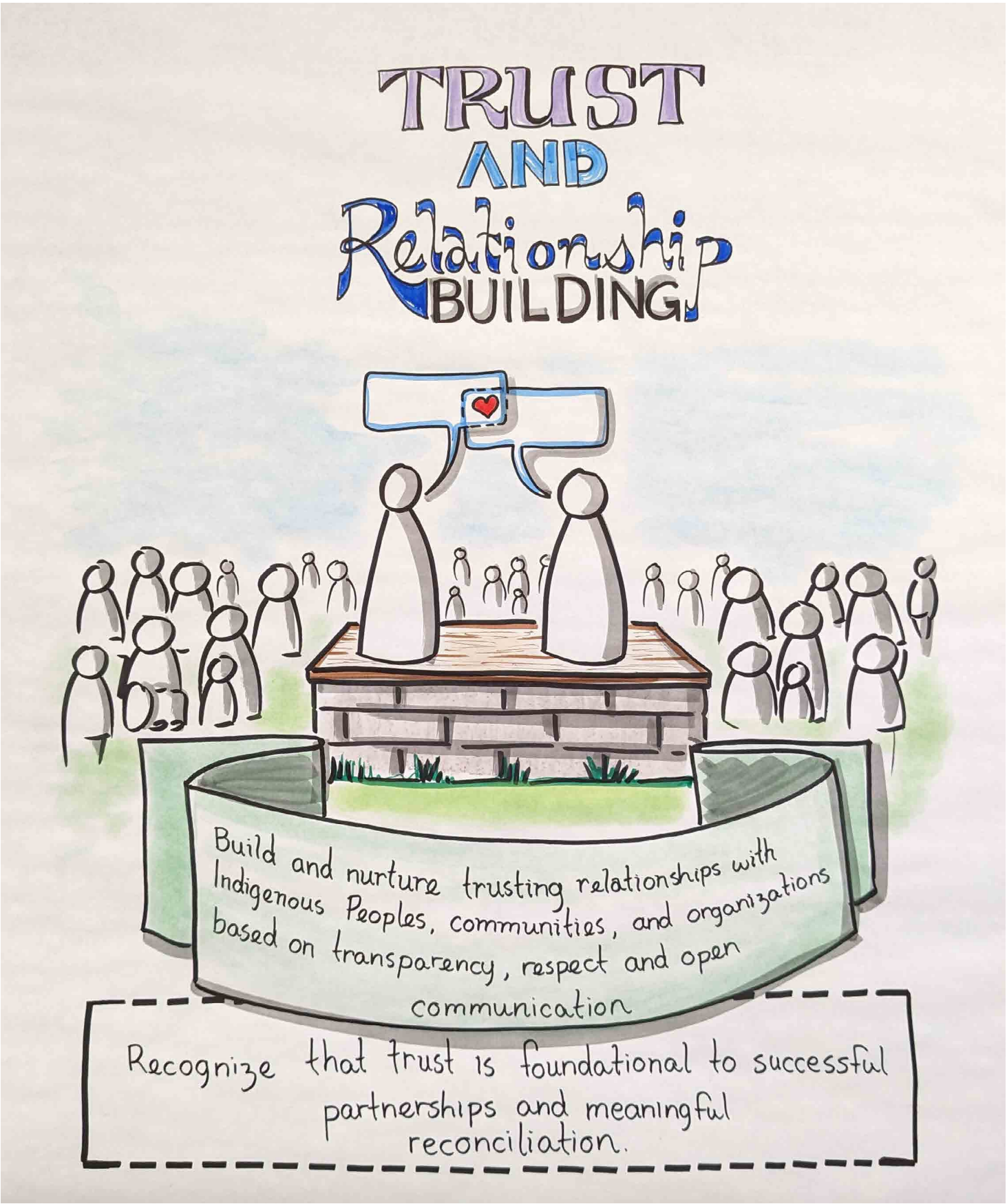
Commitment	Focus
	• Create a safe space for people to self-identify
	• Collect data on Indigenous patients served by TOH
	• Develop a communication strategy for Indigenous outreach
	• Identify health care services to expand TOH support for (Nunavut)

Appendix

Guiding Principles

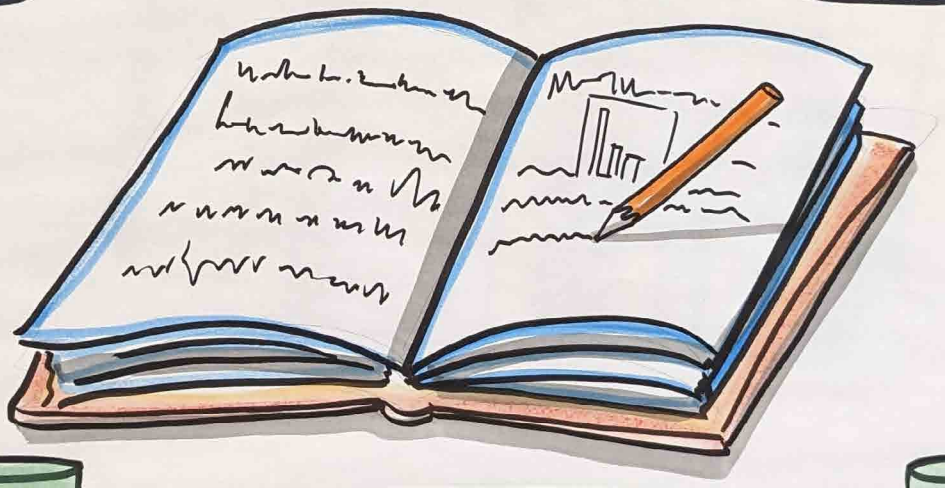



RESPECT FOR
INDIGENOUS
Knowledge & Cultures
Acknowledge and honour the rich and diverse lived experience, traditional knowledge, and cultural practices of First Nation, Inuit and Métis and Urban Indigenous peoples and communities.
Value insights and guidance of Elders, Knowledge Keepers, and community members as integral to decision-making processes. Honour existing skills and knowledge and seek ways to establish economic partnerships, skills training, and employment opportunities for Indigenous Peoples and communities within healthcare initiatives.


TRUST
AND
Relationship
BUILDING
Build and nurture trusting relationships with Indigenous Peoples, communities, and organizations based on transparency, respect and open communication
Recognize that trust is foundational to successful partnerships and meaningful reconciliation.

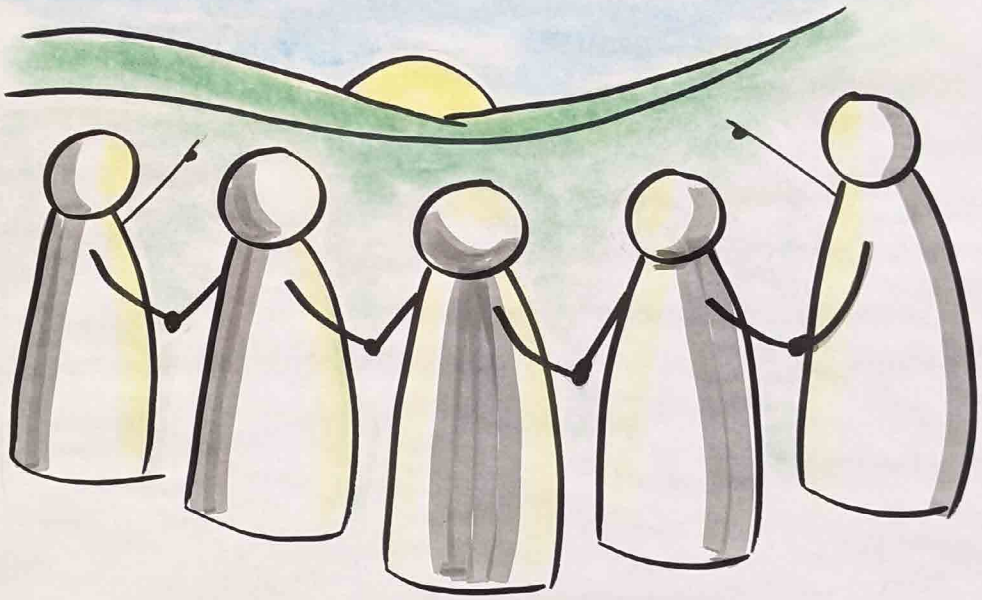
Cultural Humility AND CONTINUOUS LEARNING

- Embrace cultural humility. Listen and learn from Indigenous Peoples and communities.
- Understand that honest mistakes should be viewed as opportunities for learning and positive change.



- Recognize the importance of research and data collection in addressing Indigenous health needs and understanding determinants of health.
- Recognize the importance of a holistic approach to integrating Indigenous health and healing practices and culturally safe care.

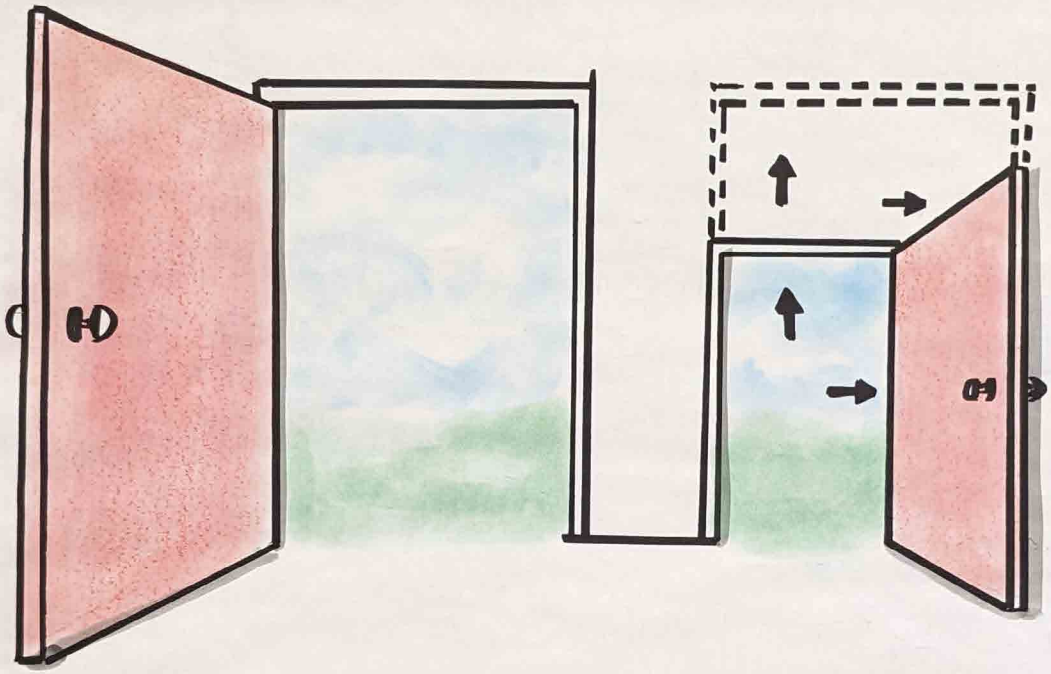
Shared LEADERSHIP AND ACCOUNTABILITY



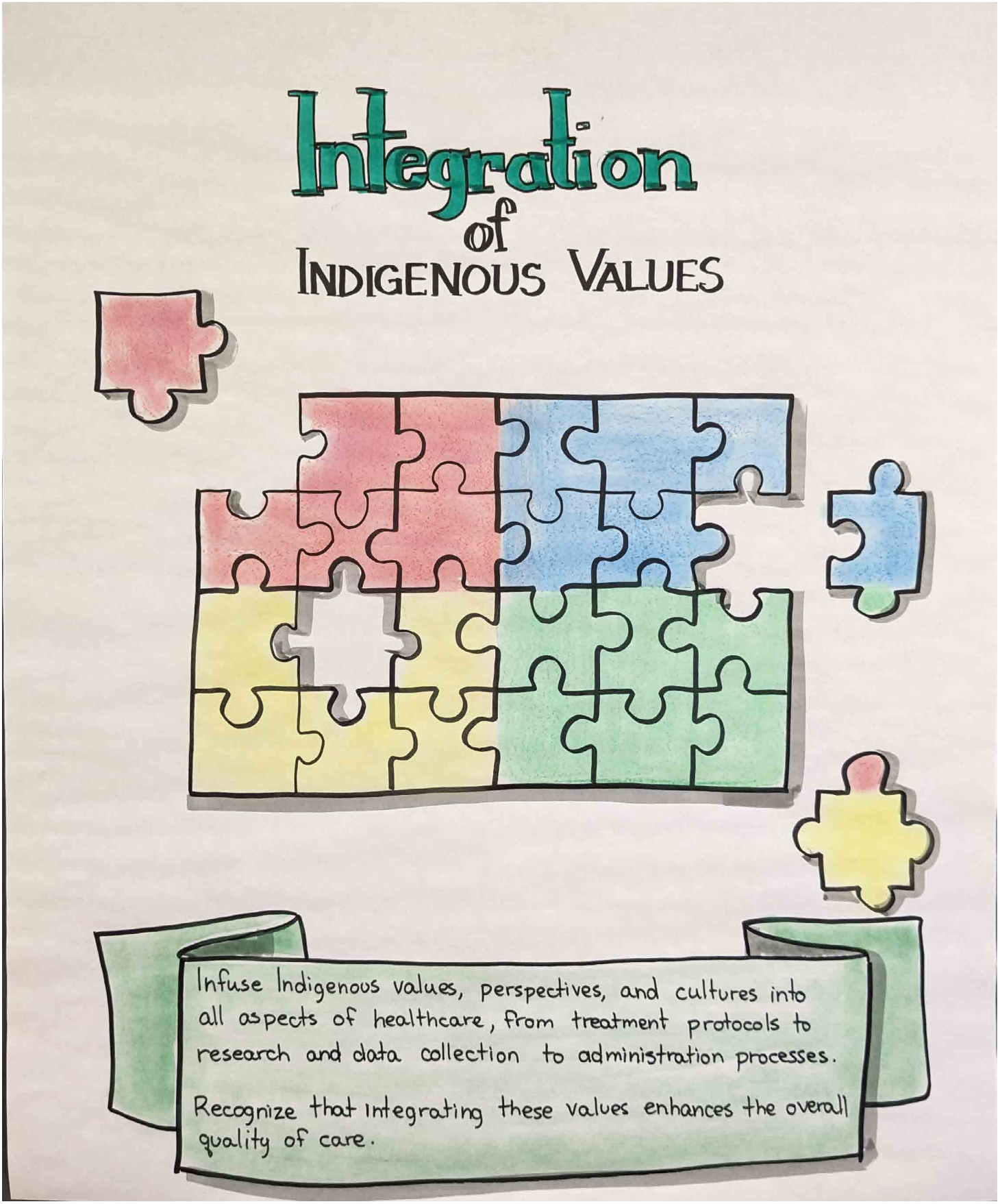
Promote shared leadership, where Indigenous Peoples are parteners in decision-making and diversifying leadership to include First Nations, Inuit, Métis and Urban Indigenous at all levels.

Embrace shared accountability for healthcare outcomes and initiatives.

Equitable Access TO CULTURALLY SAFE CARE



- Strive for healthcare services that are accessible, respectful, and culturally safe for all Indigenous patients and their families, free from discrimination.
- Tailor care to respect individual cultural preferences and needs.
- Create healthcare spaces that reflect Indigenous learnings, values, and healing practices.


Integration
of
INDIGENOUS VALUES
Infuse Indigenous values, perspectives, and cultures into all aspects of healthcare, from treatment protocols to research and data collection to administration processes.
Recognize that integrating these values enhances the overall quality of care.

Truth and Reconciliation Calls to Action

The Truth and Reconciliation Commission was established as part of the implementation of the Indian Residential Schools Settlement Agreement in 2007. The TRC spent 6 years travelling to all parts of Canada and heard from more than 6,500 witnesses. The TRC also hosted 7 national events across Canada to engage the Canadian public, educate people about the history and legacy of the residential schools system, and share and honour the experiences of former students and their families. On June 2, 2015 the TRC released 94 Calls to Action on priorities aimed at reconciliation, including child welfare, justice, education and health.

These are the health-related TRC 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.

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 Calls to Action 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, maternal health, suicide, mental health, addictions, life expectancy, birth rates, infant and child health issues, chronic diseases, illness and injury incidence, and the availability of appropriate health services.

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 Métis, Inuit, and off-reserve Aboriginal peoples.

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.

23. We call upon all levels of government to:

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.

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.

Professional Development and Training for Public Servants

57. We call upon federal, provincial, territorial, and municipal governments to provide education to public servants on the history of Aboriginal peoples, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, Indigenous law, and Aboriginal–Crown relations. This will require skill-based training in intercultural competency, conflict.

Business and Reconciliation

92. We call upon the corporate sector in Canada to adopt the United Nations Declaration on the Rights of Indigenous Peoples as a reconciliation framework and to apply its principles, norms, and standards to corporate policy and core operational activities involving Indigenous peoples and their lands and resources. This would include, but not be limited to, the following:

i. Commit to meaningful consultation, building respectful relationships, and obtaining the free, prior, and informed consent of Indigenous peoples before proceeding with economic development projects.

ii. Ensure that Aboriginal peoples have equitable access to jobs, training, and education opportunities in the corporate sector, and that Aboriginal communities gain long-term sustainable benefits from economic development projects.

iii. Provide education for management and staff on the history of Aboriginal peoples, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights, Indigenous law, and Aboriginal–Crown relations. This will require skills based training in intercultural competency, conflict resolution, human rights, and anti-racism.

Joyce's Principle

Joyce's Principle aims to guarantee to all Indigenous people the right to equitable access, without any discrimination, to all social services, as well as the right to enjoy the best possible physical, mental, emotional and spiritual health. Joyce's Principle requires the recognition and respect of Indigenous people's traditional and living knowledge in all aspects of health.

Relationship between Indigenous people and health and social services organizations.

1. Organizations must visibly display their commitment to Joyce's Principle.

2. Health and social services organizations should be committed to continuous education related to Joyce's Principle. These training courses must be developed by, or at least in collaboration with, the Indigenous stakeholders in health and social services.

3. Health and social services organizations must put in place all the measures necessary to ensure the cultural safety of Indigenous people.

4. Health and social service organizations must prevent, denounce and condemn any manifestation of racism against Indigenous people.

United Nations Declaration on the Rights of Indigenous Peoples

The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) was adopted by the UN General Assembly in September 2007. While Canada was among three other states to vote against it at the time, Canada

adopted UNDRIP in 2011. The Declaration is the most comprehensive international human rights instrument to specifically address Indigenous Peoples' economic, social, cultural, political, civil, spiritual and environmental rights. It sets out a minimum standard for the survival, dignity and well-being of Indigenous Peoples and it elaborates on existing human rights standards and fundamental freedoms as they apply to Indigenous Peoples.

Here are some of the relevant articles in UNDRIP that apply to health:

Article 21:

1. Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retraining, housing, sanitation, health and social security.

Article 24:

1. Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.

2. Indigenous individuals have an equal right to enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls Calls for Justice

"Reclaiming Power and Place", The National Inquiry's Final Report reveals that persistent and deliberate human and Indigenous rights violations and abuses are the root cause behind Canada's staggering rates of violence against Indigenous women, girls and 2SLGBTQQIA people. The two volume report released in June 2019, is comprised of the truths of more than 2,380 family members, survivors of violence, experts and Knowledge Keepers shared over two years of cross-country public hearings and evidence gathering. It calls for transformative legal and social changes to resolve the crisis that has devastated Indigenous communities across the country, delivering 231

individual Calls for Justice directed at governments, institutions, social service providers, industries and all Canadians.

MMIWG Calls for Justice for Health and Wellness Service Providers:

7.1 We call upon all governments and health service providers to recognize that Indigenous Peoples – First Nations, Inuit, and Métis, including 2SLGBTQQIA people – are the experts in caring for and healing themselves, and that health and wellness services are most effective when they are designed and delivered by the Indigenous Peoples they are supposed to serve, in a manner consistent with and grounded in the practices, world views, cultures, languages, and values of the diverse Inuit, Métis, and First Nations communities they serve.

7.2 We call upon all governments and health service providers to ensure that health and wellness services for Indigenous Peoples include supports for healing from all forms of unresolved trauma, including intergenerational, multigenerational, and complex trauma. Health and wellness programs addressing trauma should be Indigenous-led, or in partnership with Indigenous communities, and should not be limited in time or approaches.

7.3 We call upon all governments and health service providers to support Indigenous-led prevention initiatives in the areas of health and community awareness, including, but not limited to programming:

- for Indigenous men and boys
- related to suicide prevention strategies for youth and adults
- related to sexual trafficking awareness and no-barrier exiting
- specific to safe and healthy relationships
- specific to mental health awareness
- related to 2SLGBTQQIA issues and sex positivity

7.4 We call upon all governments and health service providers to provide necessary resources, including funding, to support the revitalization of Indigenous health, wellness, and child and Elder care practices. For healing, this includes teachings that are land-based and about harvesting and the use of Indigenous medicines for both ceremony and health issues. This may

also include: matriarchal teachings on midwifery and postnatal care for both woman and child; early childhood health care; palliative care; Elder care and care homes to keep Elders in their home communities as valued Knowledge Keepers; and other measures. Specific programs may include but are not limited to correctional facilities, healing centres, hospitals, and rehabilitation centres.

7.5 We call upon governments, institutions, organizations, and essential and non-essential service providers to support and provide permanent and necessary resources for specialized intervention, healing and treatment programs, and services and initiatives offered in Indigenous languages.

7.6 We call upon institutions and health service providers to ensure that all persons involved in the provision of health services to Indigenous Peoples receive ongoing training, education, and awareness in areas including, but not limited to:

- the history of colonialism in the oppression and genocide of Inuit, Métis, and First Nations Peoples;
- anti-bias and anti-racism;
- local language and culture; and
- local health and healing practices.

7.7 We call upon all governments, educational institutions, and health and wellness professional bodies to encourage, support, and equitably fund Indigenous people to train and work in the area of health and wellness.

7.8 We call upon all governments and health service providers to create effective and well funded opportunities, and to provide socio-economic incentives, to encourage Indigenous people to work within the health and wellness field and within their communities. This includes taking positive action to recruit, hire, train, and retain long-term staff and local Indigenous community members for health and wellness services offered in all Indigenous communities.

MMIWG Calls for justice for all Canadians

15.2 Decolonize by learning the true history of Canada and Indigenous history in your local area. Learn about and celebrate Indigenous Peoples'

history, cultures, pride, and diversity, acknowledging the land you live on and its importance to local Indigenous communities, both historically and today.

15.4 Using what you have learned and some of the resources suggested, become a strong ally. Being a strong ally involves more than just tolerance; it means actively working to break down barriers and to support others in every relationship and encounter in which you participate.

15.6 Protect, support, and promote the safety of women, girls, and 2SLGBTQQIA people by acknowledging and respecting the value of every person and every community, as well as the right of Indigenous women, girls, and 2SLGBTQQIA people to generate their own, self-determined solutions.

15.7 Create time and space for relationships based on respect as human beings, supporting and embracing differences with kindness, love, and respect. Learn about Indigenous principles of relationship specific to those Nations or communities in your local area and work, and put them into practice in all of your relationships with Indigenous Peoples.

Booklet information

Authors: Communications and Indigenous Engagement

Service: Communications

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The Ottawa
Hospital