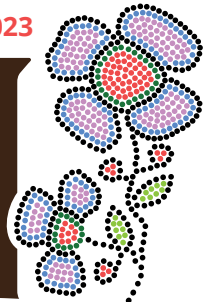


NOOJIMOWIGAM



News About Developing an Anishinaabe Health Law in Treaty #3

Introduction to Health Transformation

Anishinaabe in Treaty #3 territory want better health outcomes – and a better health system.

We are developing a vision of better health shared by Anishinaabe across Treaty #3. This process is guided by Anishinaabe values, ceremony, and principles like Asemaa. Our ancestors have always had the answers, and the way our people care for each other have always informed our ways of healing. Health Transformation is about balancing what our ancestors have done in the past to secure this future, and making good decisions for future generations.

The colonial system has hurt Anishinaabe people. It is time for Health Transformation. It is time to bring back Mino-Bimaadiziwin and learn from our knowledge system. The 150th anniversary of Treaty #3 is coming up in 2023: health transformation will assist in the effort to revitalize Treaty promises and Anishinaabe self-determination.

Health Transformation will follow a modified traditional process of lawmaking (best described as framing in traditional teachings within a Anishinaabe system of healing and wellness) with 4 phases:

1. Visioning
2. Scouting
3. Hunter/Warrior/Gatherer
4. Feasting and Celebrating

Who we are: The Health Transformation Team

The GCT3 Health Transformation team is Anishinaabe-led and ally-supported. Meet our core team:

- **Calvin Morrisseau**, Anishinaabe Community Engagement Facilitator
- **Dean Bruyere**, Anishinaabe Community Engagement Facilitator
- **Don Jones**, Oshkaabewis and Anishinaabowin Translator
- **Sara Mainville** and Team from JFK Law, Anishinaabe Law advisor
- **Matt Kennedy**, Upriver Media, Videographer
- **Delaney Cox**, ThinkLink Graphics, Graphic Recorder
- **Anneke Gillis**, Grand Council Treaty #3 Health Transformation Manager
- **Breeze Boucha**, Grand Council Treaty #3 Health Transformation Administration Coordinator
- **Michael King**, Grand Council Treaty #3 Federal Health Policy Analyst
- **Social Chiefs Committee** from Grand Council Treaty #3



LANGUAGE LINK

Each issue Don Jones, our Oshkaabewis and Anishinaabowin Translator, will connect us to the wisdom of our traditional languages to help future generations learn the ways of our ancestors.

Boozhoo Anishinaabetog

Ningoding gigabiwaabamihgom gidi-shkonigniwaag asemaa idash daniigaanii'aa, gabigwechjimidoom aniin ji-niishinagook izhe-mookina-deg Anishinaabe-noojimowin.

Translated to English: At some point, we visit your community with tobacco, asking for your vision to revitalize (or lift up) Anishinaabe healing practices.

Akoziwigaming – hospital, meaning a place to bring sick people

Noojimowigamigong – healing lodge, meaning a place to heal

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What is the Anishinaabe Health Law?

The colonial legal system has harmed Anishinaabe through oppression and control. We want a Health Transformation that builds a system without these features. Inakonigewin is different than the written law of Ontario, Manitoba, or Canada. It is about collective values and the best interest of everyone in the community. Law's role in Anishinaabe society is about heart-centered knowledge systems and guidance.

Health Transformation is about taking the time to develop an Anishinaabe Health Law, instead of putting "bandaid solutions" on the current system. The Anishinaabe Health Law will incorporate Anishinaabe knowledge and teachings about health, wellness, and medicines – not oppression and control. The Anishinaabe Health Law will govern and provide guidance for connections between communities, Grand Council Treaty #3, and existing health agencies. It will say who has authority over different health services within Anishinaabe knowledge systems.

The Anishinaabe Health Law will provide a broader framework that each community will implement through its own unique laws. In this way, and through the upcoming community engagements, the Anishinaabe Health Law will reflect individual community needs and circumstances.

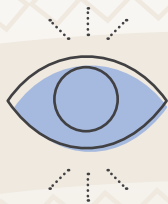


Pathway to Writing the Law

Following the traditional process set out by our Elders, we are following a path to reach consensus on our health law guide: Inakonigewin.



2022



VISIONING PHASE

Create a clear understanding of the Anishinaabe experience as patient and provider, priorities, and purpose of health system.

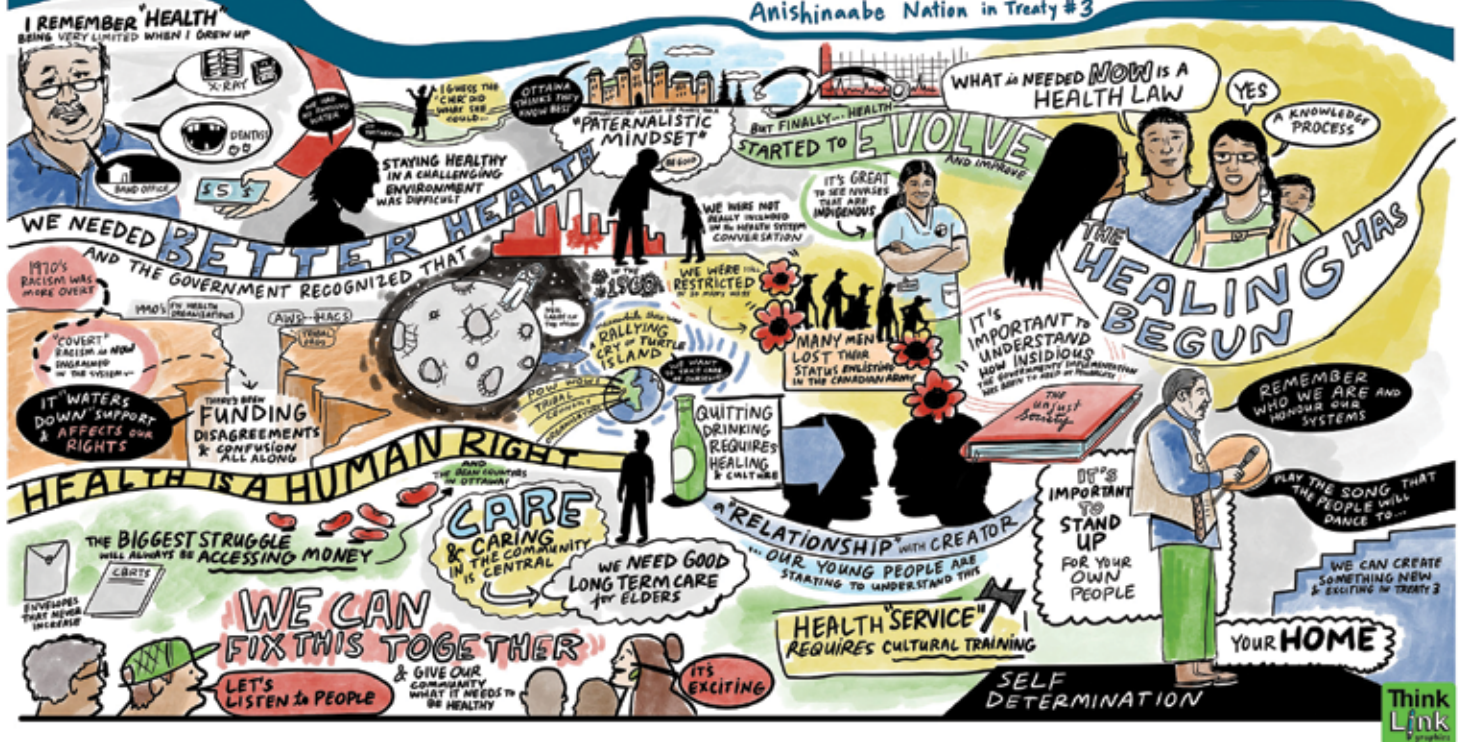
MARCH 2023

SCOUTING PHASE

Past, present, and future generations are considered by exploring and mapping the journey in Anishinaabe Health. Consider what is to be self-governed and what is to be controlled through protocols/relationships. Anishinaabe strengths, benefits are examined along with challenges and barriers across all the Treaty #3 territory, by speaking to our members across communities.

A STORY OF OUR PATH THROUGH HEALTH

Anishinaabe Nation in Treaty #3



This is the story told by Calvin Morrisseau and Dean Bruyere as an illustration of Onakonigaawin – how to build solidarity in the law-making exercise

Illustration by Bruce Kesteven

AUGUST 2023



HUNTER/WARRIOR/GATHERER PHASE

Analyze and organize what has been heard as good guidance in visioning and scouting and put into action. Clear written declaration of what a system of governance in health service delivery needs to be and committed to. Translate purpose and procedures of the Health Law into operational codes/concrete activity.

FALL 2023



CELEBRATION/FEASTING PHASE

Ceremony, celebrations, and feasts take place upon the declaration and actions that put into place governance and oversight for respectfully building a Treaty #3 health system and coordinated services that meet the purpose and priorities of the Anishinaabe Nation in Treaty #3.

Taking the time to do it right – Community-based and Community-Paced

Health Transformation will not take away the funding or services we already have. Healthcare as it is provided today will continue, but we will learn what needs to change.

To know what we need to change, we need to learn from the experts in Treaty #3 and the people who live here and experience the current health system. The experts are the Anishinaabe citizens living in Treaty #3 and the front-line leaders and workers within the organizations that serve the Anishinaabe Nation.

PRIORITIES

The Anishinaabe Health Law-making process is a community initiative that will collect the knowledge system needed to create the health services and supports for a healthy future of the Nation.

In addition to making sure the long-term transformation of Health Care Service delivery is guided by the Anishinaabe Health Law which will be made up of the voice and guidance of the Anishinaabe people. There are special areas of health service delivery that need immediate action and Grand Council Treaty #3, our Health Transformation partners and service delivery organizations continue to work on improving access and quality, culturally safe care within:

1. Addiction and mental health

- drug task force
- supportive housing
- treatment (infrastructure and approaches)

2. Traditional Midwifer and improved maternal health

3. Diabetes and renal care

4. Cancer screening and early care

5. The big life transitions

- youth in transition (Transition out of care, gender and sexual identity and health)
- home care (from home to hospital to home)
- long term care

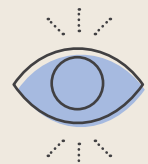
The Health Transformation team wants to hear more from community members about the following additional systemic focus areas:

- **Culturally appropriate choices, including**
 - traditional medicine and healing practices
 - care pathways that make sense and include choice/autonomy
 - meaningful involvement from Councils (LGBTQ2, Women's, Elders, Youth, Men)
- **Health analytics and data**
- **Accessibility, including**
 - cultural safety and trauma-informed training in hospitals and institutes
 - addressing systemic racism (through advancing Joyce's Principle)
 - Dibaajimowin readiness
 - Reimagining travel and transportation
- **Recruiting and retaining health professionals**

The Health Transformation team will collect this information to inform the Anishinaabe Health Law. There are 4 phases to developing the Anishinaabe Health Law: (1) Visioning, (2) Scouting/Resourcing, (3) Hunter/Warrior/Gatherer, and (4) Feasting/Celebrating. The initial stages of community engagement are intended to create a sense of solidarity across Treaty #3 ensuring that our ancestors recognize what we are doing and that we have a record of oral discussions and teachings that formed the lawmaking process. This process is about working together to decide what needs to change in the health system, focusing on community knowledge, needs, and direction. We have already hosted one session in Wauzhusk Onigum and we are committed to make this process community-based and community-paced.

VISIONING: TO MARCH 2023

The visioning phase is focused on imagination and information gathering. During this phase, the Health Transformation team will come to communities and conduct community engagement sessions where we will ask participants to dream and imagine visions of past, present, and future health. These community engagements are





focusing on understanding the experiences of both patients and healthcare providers, health priorities, and the purpose of the health system that we are building. Visioning also includes important decisions around developing health governance systems and when it will be important to use services from the mainstream health system (e.g. engaging physicians and others through service agreements).

**SCOUTING/
RESOURCING:
SPRING 2023**



In the scouting/ resourcing phase, the Health Transformation team will conduct a full, comprehensive environmental scan with Advisory Committees and broader community members to understand the strengths, challenges, and environment within which the Anishinaabe Health Law will be finalized. We will also analyze information gathered during the visioning phase. Throughout this phase, the Health

Transformation team will connect with communities, compile feedback, report back to communities, and finalize the way in which the Anishinaabe Health Law will be drafted. By the end of this phase, the team expects to have a “Blueprint” of the health system. This will include a clear vision, specific components, and a good understanding of where we will want to lean on existing resources and services.

**HUNTER/WARRIOR/
GATHERER PHASE:
TO AUGUST 2023**



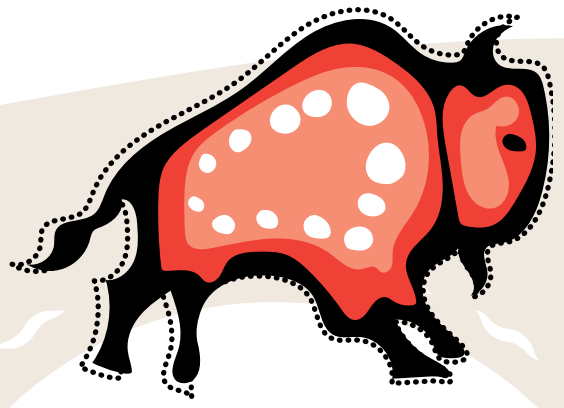
The Hunter/Warrior/ Gatherer phase focuses on translating the “blueprint” into an operational system. In this phase, the substantive legal codes will start to emerge – including clear steps and procedures. This will include guidelines about what is necessary to receive each community’s consent to finalize a law supported by all of Treaty #3. During this phase, the Health Transformation team

needs to receive a lot of feedback from leadership, knowledge keepers, and other individuals in key health and leadership roles within their communities. The goal of this phase is to produce a draft form of the Anishinaabe Health Law that communities across Treaty #3 understand and support.

**FEASTING/
CELEBRATING
PHASE: FALL 2023**



This final phase is about achieving Minoaayaawin: the shared vision. In Feasting/ Celebrating, the law will be finalized into a written form, accompanied by contextual notes to assist in interpreting the law. The final approval process will be based on community input. With final approval, the Anishinaabe Health Law can be celebrated across Treaty #3.



Frequently Asked Questions

How is developing an Anishinaabe Health Law and Health Transformation connected? And how is it going to help our people in the future?

Developing the Anishinaabe Health Law will help to inform overall Health Transformation. It will create the necessary space for traditional healing practices, medicines, and other Anishinaabe health protocols – but also return authority over decision making in health back to Treaty #3 communities. The Anishinaabe Health Law will be a broad framework within which each community can develop their own health-related processes and systems. Health Transformation will help to decolonize health for Treaty #3 communities – individual Nations can make decisions about healthcare resources and services in a way that makes sense for each community and its priorities.

This will help our people because power can now rest at the local level – where we know what is going on. There will be fewer decisions made far away from our communities by individuals who do not know about what we need in order to take care of our people.

How is an Anishinaabe Health Law different than laws imposed on us in Canada and Ontario and Manitoba?

The Anishinaabe Health Law will be different than provincial and federal laws because it will be based on Anishinaabe legal orders and knowledge systems (Inakonigewin). It will not come from a colonial system that has left a legacy of oppression and control. Inakonigewin is different than the written law of Ontario, Manitoba, or Canada because it is about collective values and the best interest of everyone in the community. Law's role in Anishinaabe society is about heart-centered knowledge systems and guidance.

Why is it important to have a Nation-based understanding of Anishinaabe Health Law?

Developing an Anishinaabe Health Law for all of Treaty #3 unites individuals and provides a broad framework setting out universal values and priorities. Using this framework, individual communities can also develop their own specific laws to address individual priorities. The Anishinaabe Health Law will provide strength to all communities, because it will be both based on a single authority and also easily recognizable outside of Treaty #3.



There's lots of changes happening with current services like at WNHAC, KCA, GHAC, Giishaandago-Ikwe Health Services and with the development of the OHTS? How is the Anishinaabe Health Law part of these regional and provincial initiatives?

Health Transformation will not take away the funding or services we already have. Healthcare as it is provided today will continue, but we will learn what needs to change to improve health services for people in Treaty #3. Part of developing an Anishinaabe Health Law is understanding what is already working well, and determining how to continue using that resource or service. Where existing health systems are considering how to better serve people from Treaty #3, we will also provide input based on what we hear from the community engagements. For example, the ISC Minister is mandated to implement Joyce's Principle. As part of developing the Anishinaabe Health Law, we will look at health legislation for Indigenous peoples to foster health systems that respect and ensure safety and well-being for Anishinaabe in Treaty #3 territory. These types of engagements will be about advancing our jurisdiction, and will focus on including the important Anishinaabe values where they are necessary.

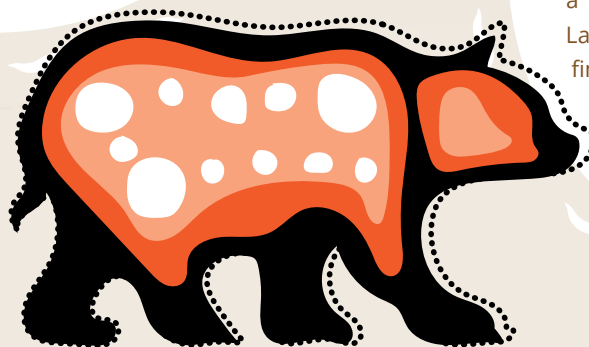


Is the Anishinaabe Health Law for all Anishinaabe or is it just for the Treaty #3 territory communities?

The Anishinaabe Health Law will be a law of the Anishinaabe Nation in Treaty #3, however it can be a model for any Anishinaabe person and community to follow.

How are you making sure the Law is developed by the Anishinaabe people across the Nation?

We are talking to people in all of the Treaty #3 communities by hosting community engagement sessions. These are open to anyone who would like to attend. We are also talking with health directors and other health leadership in each community, along with community leadership and knowledge holders. The framework for our engagement sessions is also following the Nation's law-making process, based on the Manito Aki Inakonigewin authorization process.



How long is it going to take to develop an Anishinaabe Health Law that will result in a better health system in Treaty #3?

We anticipate completing the community engagement sessions in the spring of 2023, drafting a "blueprint" or outline of the Anishinaabe Health Law in summer 2023, and finalizing this based on final community input and approval in the fall of 2023. However, this timeline may change as we want to spend the time necessary to develop the Anishinaabe Health Law in a good way.

Community Contract Available Community Coordinator LEAD

The community lead role will be to act as a point person to support communications back and forth between community and the Health Transformation team so that community members and leadership have accessible information as the Anishinaabe Health Law process moves forward through its four phases as outlined in Figure 1.

The role will also include guiding the traditional and cultural protocols for individual communities (acting or supporting Oshkaabewis). The community lead will:

1. Take care of all communications and planning logistics in community for the Anishinaabe Health Transformation community session to be held in the fall.
2. Participate in a meeting with other community Leads after all sessions are complete and results are summarized into a report to support and plan for follow up and validation of information. (note: Travel and accommodations will be provided for the Community Lead to attend a regional planning and validation meeting outside of this contract, as per GCT#3 policy)
3. Planning logistics for the community session which will be 1-day and the identified Lead will be in communications with GCT#3 lead to plan the session.

All community invoices will be reimbursed after the meetings takes place. Provide all costs and invoices to this contract.

Grand Council Treaty #3 will provide administration staff during the 1-day meeting as well as all meeting materials. Changes and individual community needs can be discussed and added with confirmation emails referencing this contract.



STAFF FEATURE

Calvin Morrisseau, Niinbaabinaa-geeshig, Sturgeon clan, announced his plans to retire in December 2018, after six plus years as Chief Executive Officer of Fort Frances Tribal Area Health Services. Calvin is a member of Couchiching First Nation and is a pipe carrier and knowledge keeper.

Over these years, Calvin has led FFTAHS (now Giishkaandago-Ikwe Health Service) through vast growth and transformation. Throughout his tenure, Calvin always kept our People, clients and families at the heart of all that Giishkaandago-Ikwe Health Service strives to accomplish. His wonderful work done on behalf of our Nation was celebrated, but he continues to help and is personally determined for our Nation to journey towards our vision of mino ayawin, good health. Working now as a consultant and health specialist, Calvin has over 30 years working with First Nation organizations advancing systems of healing and addictions treatment.

Into the Daylight: A Wholistic Approach to Healing, is the book that Calvin has authored about his own journey to health and well-being.

Calvin Morrisseau has been a mentor and Health leader for the Anishinaabe Nation in Treaty 3. We welcome his knowledge, leadership, and insights about our health journey in order to continue in a good way, as a Nation.

