INDIGENOUS HEALTH LEADERSHIP: PROTOCOLS, POLICY, AND PRACTICE

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ABSTRACT

This article describes the process of the Vancouver Coastal Health’s Aboriginal Health Practice Council (AHPC) who provide policy direction to Vancouver Coastal Health (VCH). The AHPC operates within the unceded territories of the X̱wməθkwəy̓əm, Skwxwú7mesh, and Tsleil-Waututh Nations in what is now known as British Columbia, Canada. The council consists of Aboriginal Elders, knowledge keepers, community members, and VCH staff who work collaboratively to develop and implement best health care practices for Aboriginal people. Working within local Indigenous protocols to create policy for service delivery this council operates under the assumption that to improve health outcomes it is incumbent for VCH to create appropriate methods of access to Aboriginal health practices. The council facilitates Aboriginal leadership in policy development informing health care practitioners on how they can support Aboriginal clients’ right to culturally appropriate Aboriginal health care services. The article describes the processes employed by the Aboriginal Health Practice Council. These processes offer a methodology for non-Indigenous organizations serving Aboriginal peoples to implement Indigenous community-based research principles, protocols, and practices central in the provision of effective, culturally appropriate health care.

Keywords: Aboriginal community health, Indigenous knowledge protocols, health policy, protection of Indigenous knowledge, human rights health care practice, culturally relevant health education, cultural competency, cultural harm restorative practices, Indigenous pre-research protocols.

INTRODUCTION

We acknowledge that we live, work, and study as guests in the unceded territories of the Coast Salish peoples. We believe it is our responsibility to demonstrate this acknowledgement through active ongoing engagements with local Indigenous communities by creating respectful relationships. This includes our responsibility to follow local Indigenous protocols in our health leadership practices. We extend our respect by working with the local Indigenous Elders and knowledge holders to cultivate a reciprocal, responsible relationship that honours the spirit of the Treaties and reflects a truth and reconciliatory practice as a means to making right relationships.1

Right relationship is the foundation for us to create access to culturally appropriate health systems. In this article we provide an account of the Aboriginal health practice council’s work and share the story of working from Indigenous Knowledge holders’ protocols to policy and practice; our journey thus far. We also acknowledge the work of many Indigenous scholars around the world who are working with local Indigenous Elders and knowledge holders in order to cultivate a reciprocal, responsible relationship as a means to making right relationships and providing access to culturally appropriate health systems (Marsden, 2005; Ahuriri-Driscoll et al, 2008; Kirkmeyer et al., 2009; Reading

1 The Government of Canada and the courts understand treaties between the Crown and Aboriginal people to be solemn agreements that set out promises, obligations, and benefits for both parties. Hunting, fishing, and gathering plants for food and medicinal purposes are examples of Aboriginal inherent rights. Aboriginal peoples also have the right to maintain their distinctive cultures and to live in accordance with their own customs and laws. Treaties are considered mutually beneficial arrangements that guarantee a co-existence between the treaty parties. http://www.treaties.gov.bc.ca/. We acknowledge that not all nations are in formal treaty relationships and that modern day treaties have a differing circumstances but that living as a good relative is an imperative we intend to operationalize.
More Indigenous freedom to the everyday acts of all of Indigenous knowledges links the struggles of Jeff Corntassel’s (2012, p. 86), work on decolonization, the decolonization project involves Linda Smith (2005, p. 88), describes Indigenous research involves a complex decolonizing process that et al., 2010; Smylie et al., 2009). Many of these researches for access to culturally appropriate health care aspect of this decolonizing process is the creation, a contribution to building right relationships. One ticipants can actively educate or decolonize themselves as marginalized both in the dominant society and in their communities, the meaning of deconstruction; sovereignty; and reconciliation can start with rep- arations of settler relationships (Young and Nadeau, 2005). Health care providers in their position as set-tlers can actively educate or decolonize themselves as a contribution to building right relationships. One aspect of this decolonizing process is the creation, through leadership from Indigenous peoples, of pro- cesses for access to culturally appropriate health care systems. Many others around the world have culti- vated relationship and consultation with Indigenous peoples, however, we have been unable to find an other Indigenous clinical practice council within a health authority and we believe this work to be the first of its kind to be documented in this region. While we are presenting decolonizing research engagement processes for policy development for health care services for Aboriginal peoples, we un- derstand that more research will be required to as- sess the short and long term effects of the Indigenous protocols on policy process. Decolonizing our health care processes involves addressing the effects of colonialism as evidenced in the national and international indices that suggest a transformative change is required for health care. Our leadership is committed to understand how we are all implicated in the ongoing injustices com- mitted towards Aboriginal peoples and to explicit- ly address cultural harm and redress as required in International Human Rights instruments.5 The prac- tice council documents the process of how we are guided by a collective of local Indigenous health care leaders. We outline how we make space for the in- terface of decolonization and resurgence and we sug- gest that we cannot do this effectively without lead- ership from Indigenous knowledge and protocols. In resisting imposed structures of thinking, out- dated systems and service delivery models and mov- ing towards reconciling and recovering the sense of connection with the peoples of this land as our rela- tives, as treaty peoples, we began to build right rela- tionship. This is the first phase of our informal (pre) research process. Community readiness and the ap- propriate facilitator of the process are all factors that contribute to the success of a decolonization process. The process of moving from local land based cultural protocols to policy requires the engagement of local Indigenous protocols to inform the policy making process. We suggest that Aboriginal health leadership is demonstrated through collective cultural efficacy providing resources to enable Aboriginal peoples, who are often marginalized in inner cities, to par- ticipate in their health care choices with improved 5 Understanding Health Indicators, a report developed by the First Nations Health Centre (2000b), gives examples of First Nations models and cultural frameworks to expand health indicators for health and well being that are culturally relevant and reflect First Nations knowledge at all stages. 4 See www.un.org/en/documents/declaredocs/hipple.htm ARTICLE 31

Indigenous peoples have the right to maintain, control, protect and develop their cultural heritage, traditional knowledge and trad- itional cultural expressions, as well as the manifestations of their sciences, technologies and cultures, including but not limited to language, names, symbols, designs, and traditional cultural expressions. In accordance with the laws of Indigenous peoples, States shall take effective measures to recognize and protect the exercise of these rights.

patient outcomes. This happens when policies follow local protocols. It is our hope that this process of pro- tocols to policy will also contribute to the resurgence of healthy leaders and community processes.

In this article we will highlight the steps taken in our methodology to allow non-Indigenous organ- izations serving Aboriginal peoples to implement Indigenous community-based research principles, protocols, and practices central to the provision of effective, culturally appropriate health care. We con- textualize the work in the political framework of the time and outline the process of our work; protocols, principles of engagement, living the work, policy in practice, and research. We end with some issues, challenges, and recommendations.

CONTEXT

The BC Tripartite First Nation Health Plan (First Nations Leadership Council, 2007), agreed to by the BC First Nations Health Council, the BC provincial government, and the Canadian federal government includes principles of respect and recognition of cultural health practices: “Cultural knowledge and traditional health practices and medicines will be re- spected as integral to the well-being of First Nations” (p. 3). Agreement, all the Indigenous communities have committed to action in four priority areas: governance; relationships and accountabil- ity; health promotion and disease; and injury pre- vention. This agreement created the framework for Vancouver Coastal Health (VCH) to look to First Nations and Aboriginal leadership in creating health care services. The question from the Indigenous community on ethically engaging with First Nations and Aboriginal communities in ways that would de- colonize imposed health structures and support and respect the resurgence of Indigenous knowledge needed to be addressed.

Protocol Principles: First Steps

In 2008, in response to the Tripartite Health Plan priorities, Aboriginal Health Services in the Vancouver region of VCH approached Tonya Gomes, an Indigenous female facilitator from Guayna South America and one of the authors of this arti- cle. Tonya, who was living and working with the urban Aboriginal community, was asked to form the Aboriginal Health Practice Council. Aboriginal Health Services wanted to establish a process for addressing Aboriginal peoples’ clinical services; and although VCH saw the initial task of the practice council as developing clinical guidelines for health care service delivery to urban Aboriginal community members, Tonya articulated the need to have Aboriginal leadership guide the work. This required the building of right relationships with the local land based and urban Aboriginal peoples.

Before accepting the responsibility of creating the health practice council, Tonya followed place-specific cultural protocols and engaged in a series of consultations with local traditional knowledge holders. She asked about the possibility of creating an Aboriginal health practice council with represen- tation from local Indigenous nations. She want- ed to find out their thoughts about the work and if she was the appropriate person to facilitate it. Tonya followed local Indigenous protocols principle of the Coast Salish peoples and presented cultur- ally appropriate gifts to spiritual leaders in the loc- al unceded nations: s̓əł̓ ʔul̓ th, Sḵwx̱wú7mesh, and Tzeltel-Waatuth. She asked their permission to ground the council’s work in protocols, ceremon- ial principles, and frameworks and she participated in cultural ceremonies with them to discuss their thoughts and recommendations. The Indigenous knowledge holders recommended having appropri- ate cultural representation on the council to provide input regarding health issues that affect the local nations and guidance on their protocols and cere- monies. The Indigenous knowledge holders also said that while they would support it, it was Tonya’s responsibility to continue to engage in annual consultations, and that this would be the foundation of a reciprocal relationship between all parties.

As a way to maintain accountability and sus- tainable relationships with citizens of the local First Nations and Aboriginal community knowledge

5 Vancouver Coastal Health (207), one of the five health authorities within British Columbia; provides health services to 15 First Nations (12 rural, 3 urban) and the urban Aboriginal population of Vancouver (https://aboriginalhealthinfofirstnationsandabor- inalcommunities/).
The council agreed to base their work on the recommendations from the Tripartite agreement, it quickly became clear that the task of the council would be to create policies for VCH staff to make space for Indigenous health knowledge systems. We knew that working within the intersections of Indigenous and mainstream health systems would make how we came together in relationship and how we negotiated the language in our work critical. For instance, the term “medicine” has multiple meanings throughout health systems. We knew we would be weaving threads of understanding between multiple cultures while dealing with intellectual property rights of Indigenous knowledges (National Aboriginal Health Organization, 2008; Martin-Hill, 2003), Aboriginal sovereignty, indigenized education, and decolonizing practices to make space for Indigenous health care leadership. We saw that we had to reference larger legal frameworks informing our work: international human rights on Indigenous peoples as well as treaty and inherent constitutional rights (United Nations General Assembly, 2007; Canadian Constitution Act 1867/1882; Government of Canada, 2000). Holding all of these frameworks, and situating ourselves with Cortes’s (2007), recognition, protection, and the regeneration and restoration of sustainable relationships, we established, through practice, foundational principles to guide our partnership work.

These principles are:

- **Ceremony:** Our work always begins in ceremony and guided by local Elders we begin each meeting with acknowledgment of the local territory and prayers and songs as an integrated process.
- **Aboriginal sovereignty:** the council agreed to uphold and promote Aboriginal self-determined sovereignty and acknowledge Aboriginal inherent rights.
- **Protocol:** As a council we must practice protocol, not just talk protocol.
- **Culture:** We agreed to make the time to have cultural values woven through the work every day (addressing dynamics of bringing oral protocols to administrative policies).
- **Indigenous pedagogy:** to remain as true as possible to Indigenous ways of knowing, doing, and teaching. We knew that as a group we were dealing with more than the “genocide of a generation’s identity” (Horn, 2007), and that the majority of us had personal understanding of the impacts of colonization. We agreed to hold space for each other while working through the process of decolonizing mainstream health language and re-indigenizing the language we used to reflect Indigenous world views.
- **Centring Aboriginal health leadership:** We agreed to seek on-going consultation with Aboriginal communities on how Aboriginal cultural values, beliefs, and languages can inform health care service delivery for Aboriginal people.
- **Reciprocal sharing:** To provide educational and learning opportunities for Aboriginal and non-Aboriginal communities by presenting at forums and networking with other Aboriginal councils across health authorities to “restore connections severed by colonization” (Alfred, 2005: p. 45).

The council’s next steps were to spend several months researching and networking with people and organizations about the work being done in Aboriginal Health internationally, nation-ally, and provincially to gain a clearer understand-ing of what constituted “best health care practices” for Aboriginal people and to align their work with VCH’s framework of health care.
We brought in speakers from the BC First Nations Health Council, the Tripartite Agreement and First Nations Health Blue Print (2005), and participated in community forums on Aboriginal health care, mental health and addictions, and cultural competencies. We researched the work of various Indigenous and Aboriginal health organizations such as the Indigenous Physicians Association of Canada, National Aboriginal Health Organization, First Nations Nurse’s Association, and the Northern Ontario Medical University. Last, we identified two areas in the VCH Aboriginal Health and Wellness plan to target in our first year.

1. Increased access to health care services.
2. Inclusion of traditional practices in health care.

Focusing on these areas, the council then adopted the goals of Aboriginal Health Services Vancouver and our work plan for the first year included creating a guiding vision and identifying protocols (clinical guidelines), core competencies, and education. Our overarching focus, after establishing our vision statement, advanced to developing guidelines to increase cultural competency of all VCH staff while building avenues to incorporate Aboriginal perspectives of health. Six months after the formation of the council we finalized our first goal with the creation of our vision statement.

**Vision Statement**

We, the ABPC of VCH, believe in Aboriginal self-governance and self-determination in health care and we honour traditional wisdoms and practices. We will work to provide the inclusion and availability of traditional practice within all communities including mainstream health care systems while strongly advocating for and safeguarding cultural practices. We commit to act as cultural diplomats to both Aboriginal and non-Aboriginal health care providers, globally and locally, and will uphold Aboriginal traditional values of respect, integrity, wellness, caring, and reciprocity.

**Living the Teachings**

During the course of the first year, the council had four strategic goals: education and training; clinical practice protocols; Aboriginal self-governance in health services; and culturally competent services. We highlight the work accomplished in each area in the sections below.

**Education/Training: Building Cultural Competencies**

- Companion Document
- Traditional Medicine Brochure
- Gatherings and Forums

**Companion Document**

The council reviewed and made recommendations to the “Aboriginal Health Services Vancouver Companion Document” for understanding health service provision for Aboriginal people in BC. The document provides a brief introduction of historical and current contexts that outline some of the key components shaping health standards for Aboriginal people and provides links for more in-depth information. It includes information on the provision of federal health benefits, determinants of health, and leads into current agreements regarding self-governance in health care.

**Traditional Medicine Brochure**

The council identified a need to develop educational brochures to share with Aboriginal clients of VCH and VCH staff to build cultural understanding of some of the knowledge of Aboriginal peoples. To acknowledge the traditional territories of the Coast Salish peoples, and the diversity in the urban setting, we asked knowledge keepers from the xʷməθkʷəy̓əm, Sḵwx̱wú7mesh, Líl̓wat, Fountain, Cree, Dakota, Anishnabe, and Cherokee Nations to join us in a circle. We shared with them our vision statement, work plan, and intention to provide opportunities for cultural education. They shared some of their recommendations from past experiences working with multiple health systems. The knowledge keepers used the circle as an opportunity to network and exchange information on working with different medicines. After discussion, they agreed to participate in providing cultural education if it improved relationships with health care practitioners and increased access and positive health outcomes for Aboriginal people. After the initial gathering, we spent several months with the knowledge keepers reviewing and revising information. They established that we needed to highlight local medicines before including imported medicines. The traditional medicine brochure was finalized in June 2010. This brochure is now available for VCH health care practitioners, clients, and the general public.

**Gatherings and Forums**

As part of our on-going consultation through protocol and ceremonial frameworks, the council hosted a number of gatherings of First Nations and Aboriginal traditional knowledge keepers and health practitioners. Our focus was to build extended relationships with traditional knowledge keepers and health practitioners. We saw this as an opportunity to share the work the council had been doing. Traditional knowledge holders and practitioners who actively engage with health systems attended. These have been rare opportunities to gather together. The knowledge holders represent the diversity of the urban Aboriginal population in Vancouver and their willingness to participate in this process may indicate an intersection of community readiness and Vancouver Coastal Health’s commitment to take action to support both systems of health care. From this gathering, the council and VCH agreed to consult with urban knowledge keepers on a regular basis (2–4 times a year) to increase cultural education opportunities for VCH staff and clients. To date, the council has facilitated or helped facilitate five such gatherings, including a provincial First Nations Traditional Healers’ Gathering led by the First Nations Health Authority in 2011. The council also participated in forums on cultural competency held by Aboriginal Health Strategic Initiatives (AHSI) for VCH health care staff. AHSI holds these forums on a yearly basis as part of their overall educational plan to build cultural safety within VCH. The council shared protocols, policies, and some of their other work such as the companion document of selected papers and the traditional medicine brochure. We also invited several Elders from the local nations to be speakers as part of the forums. The council will continue to utilize these forums and other educational opportunities within VCH for Indigenous knowledge translation and transfer. The council will be part of future aspects of the Aboriginal Health Strategic Initiatives tiered education plan for VCH. This will continue to centre Aboriginal health leadership in informing VCH program development and service delivery.

**Clinical Practice Protocols**

- Aboriginal leadership in health care
- Acknowledgment of First Nations traditional territory
- Cultural competency
- Ceremonial use of tobacco and smudging medicines
- Working in respectful partnership with Aboriginal Elders
- Transport to sweat lodge

Our first step in identifying and creating clinical practice standards for service delivery to Aboriginal clients in this section of our work plan was to define a framework for the practice standards. We were clear that we would provide standards (what the council saw as protocols) that would enable VCH staff to create a culturally safe environment within Vancouver Coastal Health and provide opportunities for Aboriginal clients to access culturally appropriate and relevant care. The opportunities to access cultural services were to be part of individual health plans and were to be documented that way. Through the establishment of these guidelines we began to build structures within VCH to support a cultural services model, where, if requested by Aboriginal clients, Aboriginal traditional health practitioners would be part of the Aboriginal client’s interprofessional health team.

We also wanted to be clear that we would respect Aboriginal intellectual property rights (Martin-Hill, 2000, 2001, 2002).
We agreed to have a ‘need to know’ section in each guideline where we would include information to situate the need for the protocol. We would include historical and current social realities and/or overviews of practices across nations to help clinicians and health care workers contextualize the work.

We built a section called “Teaching through Stories” into each VCH clinical practice guideline to reflect Indigenous ways of teaching and learning. We worked with a Squamish Nation consultant/knowledge keeper (Skwox wxm Nsnich Snxwst’ysdxm, 2009), to help us indigenize our process and speak to cultural practices and protocols of teaching through storytelling. Throughout all of the Aboriginal Health Clinical Practice Guidelines, we agreed to include storytelling as a model of presenting information. We included stories and words from the council members’ experiences, to depict the teachings in the guidelines. Addressing the aspects of education, self-governance, and cultural competency and inclusion (the promotion of Aboriginal models of health and wellness) the council has developed six protocols. Excerpts from these protocols are provided below.

**Policy Statement**

We started with a policy statement for all of the guidelines. Our scope of practice at this time included Aboriginal health, addiction and HIV/AIDS services in VCH Vancouver community:

Adoption, HIV/AIDS & Aboriginal Health Services promote a culturally safe health care framework and publically recognize Aboriginal sovereign rights, including the right to incorporate Aboriginal cultural health care practices into current health care services. Provision of culturally safe care is in alignment with the Canadian Charter of Rights and Freedoms and the United Nations Declaration on the Rights of Indigenous Peoples. Culturally safe health care incorporates the individual accessing health care to be judged by what constitutes relevant health care, including the right for Aboriginal people to access traditional ceremonies, health practices, Aboriginal Elders, Traditional Healers and/or Traditional medicines.

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**Aboriginal leadership in health care**

The purpose of this protocol is to establish a framework to secure and entrenched Aboriginal voice in all areas of health services (within VCH) where an Aboriginal presence enhances health practice especially in the area of knowledge transmission. VCH recognizes that Aboriginal people need to be central in the identification, development, and delivery of health services to Aboriginal people. This includes any knowledge transmission or translation of Aboriginal health care practices and the implementation of culturally competent health care accessible by Aboriginal people. VCH acknowledges that Aboriginal people are the knowledge keepers of their life experiences and, in this way, they possess the inherent right to articulate how and what knowledge is generated and transmitted to health care providers regarding their health and wellness.

**Acknowledgement of First Nations traditional territory**

Vancouver Coastal Health provides health care services to fourteen First Nations communities throughout the province of British Columbia and to a diverse urban Aboriginal population. As we work in Aboriginal communities, we seek to acknowledge Aboriginal rights and title, including the sovereign historic rights to the land where we provide our services. We recognize the importance of the inherent spiritual connections Aboriginal people have to this land and in respect and awareness of this, we provide an acknowledgment of the nation of the land we are holding our meetings and gatherings on and invite Elders to provide welcoming prayers, songs, and stories. This policy is to provide information to VCH staff on the protocols regarding acknowledgement of traditional territories and the invitation to First Nations to welcome us to their hereditary land where we are hosting events, meetings or gatherings.

**Culturally competent services**

Raymond Obomsawin (2009), in *The Central Issue of Culture*, states “Culturally competent care results in improved health outcomes for Aboriginal peoples: increased self-determination of own health care increased client satisfaction; and enhanced access to health care services.” Aboriginal peoples are significantly overrepresented in almost every area of poor health status compared to any other group in Canada. Large gaps in health status exist. Life expectancy rates are lower, infant mortality rates are higher, and hospitalizations for mental health issues including suicide can be five times the national rate. Health problems such as diabetes, HIV/AIDS, FAS/E, tuberculosis, hepatitis, smoking, and substance abuse affect Aboriginal people at a higher percentage than other residents (Aboriginal Health Practice Council, 2010a).

Developing a cultural safety lens for VCH will facilitate positive learning experiences for health care staff to bring meaning, skills and awareness in delivering services to First Nations, Inuit, and Metis peoples. Cultural safety an outcome of culturally competent practices and ensures that the recipients of care are the ones providing feedback on the services they receive. Cultural safety highlights the power dynamics in health care and seeks to address inequities through the promotion of culturally competent practices (Indigenous Physician’s Association of Canada, 2008).

**Working in partnership with Aboriginal Elders**

Elders of Aboriginal communities are the central carriers of Aboriginal ways of knowing and being. Aboriginal Elders come from many different nations and are diverse in their teachings and healing practices. It is imperative that health care practitioners understand the context and variety of practices Aboriginal Elders will bring. Aboriginal Elders stimulate life for those who are sick or unwell and the presence and wisdom of Aboriginal Elders can help to improve the health of Aboriginal people and benefit the Aboriginal circle of life.

Working with an Aboriginal Elder is a reciprocal relationship that benefits all persons involved. The purpose of this guideline is to convey the value, respect, honour, and love which Aboriginal people have for their Elders and that Aboriginal Elders are an integral and crucial part of the holistic wellbeing of Aboriginal people. These guidelines are intended to provide VCH staff a deeper understanding of ways of being in relationship with all Aboriginal Elders and traditional healers.

**Ceremonial use of tobacco and smudging medicines**

Many Aboriginal ceremonies throughout North, Central, and South America involve the ceremonial burning of traditional plants and medicines. This ceremony, often called a smudge ceremony, is a holistic health practice used for prayer, offerings, cleansing and healing of mind, body, emotion, and spirit. Ceremonial or cleansing ceremonies can also include the brushing off of people with medicinal branches or boughs. This policy respects the range of traditional practices and facilitates the inclusion of these practices in the current health care system. VCH health care providers are to respect the right of Aboriginal people to choose these ceremonies and are obligated to create the opportunities and environments to support access to these ceremonies.

**Transporting Aboriginal clients to sweat lodges**

The sweat lodge is a traditional ceremony practiced by Aboriginal peoples throughout Turtle Island. The sweat lodge is a sacred place where people of all nations may come together for healing and prayer and is often referred to as the womb of Mother Earth. Sweat lodge is also about purification, healing, and balance. Balancing all four aspects of human life: the spirit, the heart, the body, and the mind. Many Aboriginal people have suffered displacement, disconnection, isolation, and trauma. Part of the healing aspect of Aboriginal ceremonies is about experiencing being loved and respected, of being part of a family, of being united with the past,

2003: National Aboriginal Health Organization, 2008) regarding cultural ceremonies and practices. We would not teach ceremony in our guidelines and we would not depict actions VCH staff needed to do as part of ceremony; in fact, we would state that VCH staff would not facilitate any cultural ceremony, even if they were willing to do so, unless it was part of their own Aboriginal cultural background and they were asked to do so by Aboriginal clients. Their job is limited to providing access to cultural services for clients. The work of the council is to provide policies to assist them in providing access.

**Part of the healing aspect of Aboriginal ceremonies**

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present, and future generations and with all living things (all our relations). The sweat lodge ceremony is about finding your place in the circle of life, the family of Aboriginal people (as Aboriginal people are the wisdom keepers of these ceremonies) and the family of all people.

VCH health care providers are to respect the right of Aboriginal people to choose these practices. The purpose of this policy is to provide practical guidelines to VCH health care practitioners who are escorting or providing transportation to a VCH Aboriginal client to attend a sweat lodge ceremony.

The council sees these six guidelines for practice as protocols in Aboriginal pedagogical frameworks and processes (Battiste, 2002). During the creation of the guidelines, it became clear that what we were developing were more policies for service delivery than actual hands-on clinical practice guidelines and that as policies, these would inform practice on a regional basis and not be limited to practice in VCH’s Vancouver community. We now have a process to establish these documents as VCH regional policies.

Aboriginal communities must guide improving the health outcomes and access for Aboriginal people. It is crucial that VCH, through the Aboriginal Health Practice Council and other community led initiatives, continue the process for Aboriginal leadership in health care and participate where appropriate in the protocol, principles, and ceremonial frameworks to develop clear and ethical policies for practice. We wish to establish a decolonizing guiding framework on how VCH can work with Aboriginal knowledge keepers and health practitioners to improve health outcomes for Aboriginal people while increasing culturally competent practice.

**Policy in Practice**

The council is encouraged by the impact of their work, such as the recognition and engagement of Indigenous ceremonies for Aboriginal clients within VCH facilities, the creation of All Nations Healing rooms in health care settings, the newly commonly the welcoming to the traditional territories by First Nations peoples for VCH public events, the renaming of VCH executive forums to reflect local Indigenous language, and collaboratively held cultural awareness days for health care practitioners hosted by local First Nations. Building on this work, the focus for 2013 is to regionalize the council’s membership to include First Nations and Aboriginal people from across the fourteen First Nations and the urban Aboriginal communities to which VCH provides services. The council will also assist with the creation of the VCH culturally competent and responsive strategic framework, and continue to develop policies/protocols, and education that will expand into research initiatives.

One of the first research areas for the council is to explore methodologies for bringing together best practice ideas and models for improving the health of Aboriginal people by promoting and including Aboriginal traditional perspectives and practices of health and wellness. Literature reviews, community engagement and visits to several innovative and successful partnerships with any research initiatives will also support the creation of the VCH culturally competent and responsive strategic framework, and continue to develop policies/protocols, and education that will expand into research initiatives.

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**Research**

The council’s work is guided by the ethics in health research with Aboriginal peoples (Indian and Northern Affairs, 1996; First Nations Centre, 2007a). Stating Aboriginal concerns of a lack of community involvement and consent, OCAP (First National Centre, 2003a, p. 5), advocates that research must “respect the privacy, protocols, dignity and individual and collective rights of First Nations. It must also derive from First Nations values, culture and traditional knowledge.” The council includes the aspects of self-determination of First Nations governance and Aboriginal control over information in mutual-evolving partnerships with any research initiatives they will be part of.

Vancouver Coastal Health and the practice council recognize the importance of following ethical and cultural protocols in engaging with Aboriginal communities. In conducting the research for building a cultural services model based on Aboriginal protocol principles, a decision was made to work in collaboration with the then First Nations Health Council of BC. Collaboratively, it was decided that the facilitator, co-chair of the practice council, and a member of the First Nations Health Council would visit several leading Aboriginal health organizations to ask for assistance in creating a culturally appropriate and Aboriginal led model of service delivery and to share the policies and education developed by the council. In person visits allow engagement of proper cultural protocols for meeting and requesting assistance as demonstrated by the initial process of seeking leadership for the possible formation of the practice council; it also creates space for mutually beneficial dialogue and partnership.

Face to face relationship building will build long term working relationships in which health authorities, Aboriginal peoples, traditional knowledge keepers, and practitioners can build strong, collective service models that will engage traditional practitioners and Aboriginal communities to increase cultural competency and encourage appropriate participation of non-Aboriginal health care providers while building a wide resource partnership of Aboriginal health providers.

The council will look at the following questions to guide further research: What policies support Aboriginal leadership in health care, including accessing traditional knowledge keepers within multiple health systems? Are health policies built from Aboriginal protocols moving all of us forward in “restoring the connections that define Indigenous consciousness and ways of being” (Alfred, 2005, p. 45), and in doing so, restoring Indigenous peoples to positive health status and healthy communities?

**Issues and Challenges**

As the work continues to broaden, the council needs to work with VCH to identify indicators on the degree of change in the culturally competent practices of health care practitioners in VCH. They will also need indicators of Aboriginal people’s experience of access to health services and partnerships in the context of ongoing impacts of colonization (race, class, and gendered violence, in patriarchal systems), governmental changes, funding priorities, and shifting personnel.

**Summary**

The Aboriginal members of the council intend that the work will ensure the enhancement and protec-
tion of Indigenous knowledge as a health leadership process that does not impose external ideologies or expropriation and/or the selling or misrepresentation of Indigenous knowledge. The council leadership role has navigated educating colonial systems about how to reciprocally engage with Indigenous health models, protocols, and processes. More research is required on how Indigenous protocols and principles can be sustained while supporting self-determined governance and resurgence projects for the maintenance of the people’s holistic health leadership. This article describes the processes of attending to right relationships employed by the Aboriginal Health Practice Council and offers a useful methodology for non-Indigenous organizations serving Aboriginal peoples to assist them in implementing Indigenous health leadership when working with community-based preresearch principles, protocols, policies, and practices.

In the context of Idle No More social movements we are also aware that this process includes the protection of Indigenous knowledge; for example on how plants and food medicinal knowledge is navigated with community-based preresearch protocols, policies, and practices.

References


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