Panel presentation - Remaining visionary: Reflections on the future of the NCCIH

Description

As part of NCCIH's 20th anniversary event, the NCCIH hosted a discussion panel, "Remaining visionary: Reflections on the future of the NCCIH," facilitated by the NCCIH's new Academic Lead, Dr. Terri Aldred. In this video, panelists Dr. Jaris Swidrovich (Saulteau from Yellow Quill First Nation, Assistant Professor, and Indigenous Engagement Lead, Leslie Dan Faculty of Pharmacy, University of Toronto), Will Georgelin (Tsimshian student in UNBC's undergraduate Biomedical Program), and Dr. Danièle Behn-Smith (member of the Red River Métis and Deputy Provincial Health Officer for Indigenous Health in British Columbia) share their vision for the NCCIH moving forward into the future.

Above, from left to right: Moderator Dr. Terri Aldred; panelists Dr. Danièle Behn Smith, Dr. Jaris Swidrovich, and Will Georgelin.

Transcript

Julie Daum: So, thank you all, and welcome back to this afternoon's portion of the celebration. I just want to invite the Elder, and it's going to be via video. We're going to start with a prayer again, so the people in the room could please rise.

Elder Reepa Evic-Carleton: My name is Reepa Evic-Carleton. I'm originally from a small community in Nunavut called Pangnirtung. I was born on the land when my people were still solely living off the land, and I moved to the South in 1989 and I've lived here ever since.

I'm very happy to have been asked to say a few words and a prayer, so I wanted to share something that came from my people, from the older people, before I say an opening prayer. These are what governed my people years ago, and they are called the Maligait, meaning "the Fundamental Laws".

So, number one – there's four Maligait – number one is working together for the common good of everyone. And knowing that this agency [National Collaborating Centre for Indigenous Health] has been there 20 years working with the different Indigenous groups; I'd like to say thank you for all of the work you have done, and you've continued this part because you've used the principles of working together for the common good of everyone.

Number two is respecting all living things, and because of that respect for every difference and working with different Indigenous groups, you have been able to do that.

The third one is maintaining harmony and balance, which is so important to all of us, because we need to have that balance and harmony within and with each other.

Number four – I believe this is a really key one too – is continually planning and preparing for the future so that things will work as well as they can. And planning and preparing is so important. We want to see the next 20 years with this agency working with all of the Indigenous groups in this beautiful country.

I'd like to say a prayer … a blessing and guidance from our Creator and for all of the staff, all of the communities that you are working with, and I'd like to say that in my native tongue, which is in Inuktitut.

Thank you.

Julie Daum: Thank you. And that's from Inuk Elder Reepa Evic-Carleton.

And so now I'd like to welcome you to our panel, *Remaining Visionary: Reflections on the future of NCCIH*, and I think – oh yes, I was going to say, "Calling all panelists to the floor", and then I'm going to hand it on to Dr. Aldred to do the introductions and set the panel up. Thank you.

Dr. Terri Aldred: Thanks everyone, and thank you to our lovely panelist. I will just do a short intro and let you guys introduce yourself. It's usually my preference that I can just introduce myself in the way I feel comfortable. So, most of our panelists are [NCCIH] Advisory Committee members and our Youth Representative and up and coming Doctor, Will.

Dr. Danièle Behn Smith is the B.C.'s Deputy Provincial Health Officer. As I alluded to, I've known Danièle for a very long time and I consider her a friend, a mentor, colleague. She recently joined our

Advisory Committee almost a year ago, or some time ago – more than six months so I'm told, and so I'm so thrilled to be able to work with her in a closer capacity.

And then online, we have a Aluki Kotierk, who I think is having some connectivity challenges and so may or may not be able to join, but we want to really honour her presence in the room. Unfortunately, she was going to be here in person, but her plane was quite delayed and so ended up being stuck in Ottawa. And so, she's the 8th President of Nunavut Tunngavik Incorporated and started that role on December 13th, 2016. And she really focused on empowerment, Inuit language and culture, and collective healing and Inuit identity. She's been a long-standing member of our Advisory Committee and [I] have really appreciated getting to know her and her amazing advocacy and voice at our Advisory Committee and at large.

We have Dr. Jaris Swidrovich, who's an Assistant Professor and Indigenous Engagement Lead, and also one of our Committee Members. And [I] feel like we have lots of different kind of connections and ties. I actually did a year of Pharmacy before transitioning out, so, I feel special-bonded to pharmacists. We did an ice breaker where we all shared our medications that we were on last night. It was really magical actually. I'm kidding.

And then we have Will Georgelin – I'll just say I am not a phonetic reader, so reading people's names is honestly one of my most anxiety-provoking things ever. So, I apologize if I get anything wrong. It's also why I really like it when people just champion their own intros. He is Tsimshian and he now resides in the Lheidli T'enneh traditional territory. He's in our Biomedical Program and has been an amazing youth, as part of the National Collaborating Centre. And I had the pleasure of getting to know him actually over the interview, we had dinner. And he's interested in being a doctor.

So, without further ado, I'll pass it on for you to introduce.

Dr. Danièle Behn Smith: Thank you. Mussi cho, [Indigenous language used].

So, hello, everybody. I'm Danièle. I'm Eh Cho Dene from Fort Nelson First Nation through my dad. My grandparents are the late George and Mary Behn, so about ten hours north of North. And I'm also Red River Métis from Winnipeg. My family's been in Winnipeg for a few generations now, but we come from a little town south of Winnipeg. My grandparents are the late Lucienne and Gedeon Dumaine. I am cisgendered, straight, she/her. I have a husband and two kiddos, and Terri already mentioned that I have the great honour and privilege serving as B.C.'s Deputy Provincial Health Officer for Indigenous Health. I've been a fangirl of the NCCIH for decades, so it's really exciting to be in this new position with the Advisory Committee. I live on the Lekwungen Tung'exw, down in what we call Victoria. And I've just recently learned that our drinking water source down there comes from the Sooke Lake Reservoir, so, I'm trying to incorporate a discipline of recognizing T'Sou-ke First

Nation as well for that gift of water. I'm so grateful to be just here at the confluence of these two beautiful rivers this morning – this afternoon – I'm still on morning time, [Indigenous language used].

Dr. Jaris Swidrovich: Hey everyone, I am Jaris – and I always say just like "Paris" but with the "J" – helps with pronunciation. My last name is Swidrovich is Ukrainian; that's who my dad is. On my mom's side, I'm Saulteau from Yellow Quill First Nation, Treaty 4 in Saskatchewan. My mom was a 60's Scoop survivor. She just died just over two years ago from colon cancer. Her mother and grandmother both attended Gordon Indian Residential School in Saskatchewan, which was the last one to close in Canada. I spent most of my life in Saskatoon, but I now live in Toronto. I am a pharmacist, as we established, and I've been a faculty member – this is already my 10th year, even though I look 20, right? I identify as Two-Spirit, Queer, I use he and they pronouns and also she, as I am a drag queen as well. And my name is Priss-Cryption. She's a researcher, she's a first author, she's a grant writer; that whole drug persona is for the purpose of academia and decolonizing research, decolonizing gender and sexuality, etcetera. But yeah, I'm at the University of Toronto. If I didn't already mention that. Nice to be here.

Will Georgelin: [Indigenous language used]. My name is Will Georgelin. I'm from the Raven clan of the Tsimshian Nation, out of Kitsumkalum, and the adowx of my house is from Kitselas. My mother is X'staam Hana'ax, or Nicole Halbauer. And I am in the Biomedical Program here at UNBC [University of Northern British Columbia] with intentions to apply to the Northern Medical Program upon completion of my Bachelor's degree. And I'm very honoured to be here on this panel today. Thank you.

Dr. Terri Aldred: We have two mics that we can share. So, Aluki, are you there? It's like a modern-day séance right now. So, not sure – ok, well, then we'll definitely bring Aluki energy and have her be here in spirit for sure. So, I love hearing your guys' introductions, side-eye and everything. It reminds me of so many things.

Again, I forgot to introduce myself. And so one of those family ties – especially for this place; my grandparents are Norman Prince from Nek'azdli Whut'en, and Cecilia Prince from Tl'azt'en. Her original name was Cecilia Pierre, and we're matrilineal people. That's where I come from. Her mother was Utsoo lala aka Clara Alexis, and she is fairly infamous in these parts because she had – well, it's kind of like men fishing stories with women birthing stories, in that the number of births keep changing and increasing over the course of time. So, it's somewhere in the ballpark of 18-22 children. But what was different for that time is that they all lived to bear children. And this was during the time around the First World War and Spanish flu, and so she's actually a common ancestor for many people across Carrier territory, all the way down actually into the Williams Lake communities. So anyway, I just thought I would share.

So, we wanted to invite this panel to talk a bit about the vision for the National Collaborating Centre, and I actually think that that's a little bit of a daunting question. And so, I thought that it might be great to kind of open with where you think there [are] emerging priorities and areas that the National Collaborating Centre need to be aware of, and start looking at ways that we can maybe step into some of these spaces; kind of recognizing there's been a theme about how we create those counterweights, or counterbalances, or counter forces. So, when we think of colonial and racist, or patriarchal, those are kind of the gravitational pulls, but how do we create those counterbalances around decolonizing or Indigenizing around creating more equitable, diverse spaces that are safe, those sorts of things?

Yeah, I'm just very curious to hear from you folks about where you guys think that that edge is, and how we can keep pushing and moving towards that edge?

Dr. Danièle Behn Smith: Yes, Jaris has the mic.

Dr. Jaris Swidrovich: I have been bullied this whole - anyway, sure. The perspective I guess I'll take is to diversify the audience and collaborators. So, this is this is not a breaking point, it's actually awful: I'm the first and still only Indigenous pharmacist faculty member in North America, so anything that my profession knows about, it's coming through me, and it's been a lot of pressure. My colleagues don't understand or appreciate what are our priorities, how to do Indigenous research right, they don't even understand the significance of this entity, and so reaching pharmacists would be wonderful.

If I can brag about my discipline for a moment: we are the most accessible healthcare professionals, period. Over 95% of people in Canada live within at least a 5-kilometer radius of at least one pharmacy. We're often ranked number one or two most trusted professional of any kind, not just in healthcare but of any kind, and I keep arguing that we are so ever present, highly trusted, so accessible. And we have a huge opportunity to do really wonderful things for Indigenous peoples, but also really horrible things if we don't know what we're doing, right? And so that that message needs to get across, research needs to be done well. I feel like I don't have peers when it comes to peer review or when my peers are doing Indigenous-related research in pharmacy, I'm just one reviewer and I don't have another critical mass of people in my field. So unfortunately, I think we have caused harm over time.

So how can the NCCIH, this work, all of our partners across the country, infiltrate audiences and people in places that we haven't necessarily done? So: pharmacy, occupational therapy, speech language pathology, OT [occupational therapy] – all of the things.

Dr. Danièle Behn Smith: OK. Will, you have incredibly expressive eyes and eyebrows, so I love it. It's very clear, what you're communicating with no words. Got it. It's fantastic.

Thinking about – looking back/looking forward – I feel [that] in a lot of ways, there's many of us in the room that our journey is through health and health care, and trying to advance Indigenous health

has been alongside and parallel to the NCCIH in so many ways. I think there is a critical mass in the Indigenous physician community anyway, I can think of. And I think about those early days, and getting some of that footing and having some – the trailblazers that came before us, and trying to wear out that trail a bit more, and break some more trail – I think the place that I'm at today, with all of the different learnings that I've gotten from people in this room and elsewhere, is maybe about, as we move forward, unpacking and untangling the language of Indigenous health. I think under that umbrella we put a whole lot of different types of work that need to happen and be resourced, but actually need to be done by completely different groups of people.

And so, in the work that we do here in the office of the Provincial Health Officer in BC, we use a birchbark basket as a symbol for the work that we have as First Nations, Métis, and Inuit people, which is very heavy, hard, heart work. And it's the work of intergenerational healing, of resisting and recovering from attempted genocide, revitalizing our languages, exercising our responsibilities and rights to our more than human relatives, and doing that still under these deeply entrenched systems and structures of white supremacy and Indigenous specific racism. So that work, in my mind, really is Indigenous health work. It's the work that we do by ourselves, for ourselves, and that connects us to our lands and all of our knowledge systems about health and wellness, and well-being and balance that the Elder was speaking about in the opening. And so that's one bucket of work.

And then on the other side, we use a copper pot that comes from my friend Kate Jongbloed's great Opa's machine shop in Holland. So, she's a white lady, and we use that pot to represent the work of settlers in the effort to advance well-being and wellness for Indigenous peoples. And that's also heavy, hard, heart work that needs to be done. And that's the work of dismantling systems of white supremacy, of eradicating Indigenous specific racism, of naming it, asking how it's operating in your sphere of influence and then organize and strategize to act. And so, I see that as one of the really important ways that we collectively move forward for the goodness of all, is to understand what is the work that we're being called in to do and then getting busy with that work and really leaning into it in ways that are courageous and ways that create uncomfortable change, which are words that come from Jody Wilson-Raybould.

But just the last thing I would say on that is that when we started thinking about Indigenous health and these two buckets of work and we used the symbol of a copper pot, we were not aware of Anishinaabeg teachings about copper – and there's many other nations that have teachings about copper as a very revered metal. And so Elder Phyllis Williams from Curve Lake First Nation shared a teaching with us and allowed us and gave us permission to share it when we're talking about this. Elder Phyllis told us that in her culture, in Anishinaabe culture, copper pots and bowls are regarded as sacred vessels because of their healing and purifying properties, and so that, for me, remains this really important reminder that we now share these lands that were once only occupied by our sovereign nations. We've been genocided – 96 to four, roughly – so now there's a dominant culture here and a dominant group. And our ways, our laws, our protocols are still deeply embedded in our lands, in our

teachings, in our language. And I don't want to be pan-Indigenous, but all of the groups that I've met with, I've had the privilege of working with, have teachings of generosity, and have been exceedingly generous with teachings and medicines. And so, I think the laws of these places, the protocols, the governance structures, the medicines, can hold all of these pieces of heavy, hard heart work that we need to do with abundant love and care.

So that would be part of my vision is seeing these distinct buckets of work and figuring out how to resource them both, make sure that the right people are doing the right work, and that we're bringing them together and weaving them back together into something that's for the collective benefit of all. Mussi cho.

Will Georgelin: In regards to something I was thinking about when I was asked to contemplate about the future of the NCCIH, I really thought about what it is that I've always strived to work for as well, and that on a broader scale I think that the NCCIH could have the capacity to further research into the unique intersectionality between Indigenous people and their gender expressions and sexualities, particularly for Indigenous youth. I think that Indigenous youth, especially gender diverse Indigenous youth, really struggle with a lot of shame coming at them from different angles; like in our colonial society, the shame that can come from being an Indigenous person in a white space, or the shame that can come from being transgender, or gender diverse, or having non-conforming gender expressions in spaces where those things aren't very well understood or not very seen, or even just not talked about at all. And I think the research and then disseminating that knowledge into the communities, potentially in intergenerational engagement – because within our own communities there can be that gap between our Elders and our young people, after the suffering of our Elders and whatnot, and how a lot of harmful colonial concepts have been really pushed on them and how they've internalized it, and how that can affect their ability to support the Indigenous youth in our communities through their own struggles.

So, I think doing research – and it's again trying to distance ourselves from this pan-Indigenous perspective – all the cultures, each culture is going to have its own unique history. And while a lot of that history has, of course, been lost through colonization, I think that it would be really wonderful to dig as much as we can into that and recover that history and let it be talked about and known, so that our Indigenous youth – we don't feel so isolated from so many different communities, and so isolated and targeted from so many different angles as gender, queer, or transgender and Indigenous, and youth who often don't get to speak the way that I'm getting to speak here today.

And that is what I would like to see for the future of the NCCIH.

Dr. Terri Aldred: Awesome, thank you. So, I think some of the things I heard was around how do we support healthcare professionals, like frontline healthcare professionals, to be equipped with the knowledge and skills, I guess, [that] they need to provide the best and safest care for Indigenous

people. And I really feel drawn to, "How do we listen to the different health professionals and hear from both Indigenous and non-Indigenous so that we can better understand what are those skills and tools that would be helpful for them?" And I think it's definitely a reflection – that I've seen – is that we … tend to get kind of lost in our silos a little bit and fall into "us and them" thinking.

And so I found as I've moved into more leadership roles or health administration and that sort of thing, then we can really start to [focus on] our other frontline staff and healthcare professionals and be like, "We need to fix those bad apples." I really feel like there probably [are] a few bad apples, but that's not really actually going to address most of the harm, because most of the harm is done by most people in little ways, at little different times. And so, if we don't actually look at it as a collective, I don't think we're actually going to make a meaningful change. And so like how can we… again, the concept of, "How do we all get in the ring, how do we all hold each other up in these spaces?" And so how do we invite in the different healthcare professionals and say, "Hey, you're in the ring, you're seeing our patients, how can we help you?"

And then I also heard this idea of being very intentional around the language we're using, and what are the pieces of the work that we're going to be picking up and holding? And I think the element of that cedar, or sorry, birch bark, work is so important. And I do think like how we can look at what does intergenerational healing look like in a way that's distinctions-based but also honors that, just like so many of those teachings that we heard from our Elders that represent First Nations, Métis, and Inuit. So we have – there's a lot that binds us and connects us, and we're stronger together, and within that strength, how can we lift each other up so that more nations and more people can reclaim teachings that may have been lost?

And I'm thinking of one of the teachings I shared with me when I was younger and feistier – which I'm a mom of two and I have a three-year old, and I have to say, experiencing her sassiness every single day, I was like, "Oh, this is going to be so fun when you're older" and right now it's – I'm thinking about myself, I'm like, "Wow, this can be unpleasant. I should ponder this." But in any case, when I was in my first year of practice, I still had a lot of anger, and one of the things I was really getting angry about – because I had more time to start learning and delving into more of the histories, both locally and regionally, and reading all the books I didn't have time to read – and I really felt angry about all that we lost. And an Elder in a circle shared with me, she's like, "You know, our ancestors, they were so wise. They could see things and they knew that change was coming. And so, in order to prepare for that change, they wrapped our most sacred medicines, our most sacred teachings, and they buried it deep into the Earth. And when the time was right and it was safe, those teachings and those medicines would be recovered." And of course, because I was young and somewhat silly, I actually thought they meant the physical bundle. So, I was like, "OK, so somebody's going to find this thing." And over the course of time, through lots of my own healing work – it was like layers of an onion, and I feel like sometimes there is still more teachings here for me – but one of the most powerful ones was the recognition that we're the medicine; we survived all this. Another teaching that I received once

was [that] nothing ever given in spirit can ever be lost. And so, even though it seems that way and we may not have it accessible, I do believe that because we're here, we survived, that it will be; all of those things [are] available because it was given through spirit, given by our ancestors.

And so yeah […] I really feel that, especially during this time, it's so important to hold up our gender diverse and trans relatives because there's been very intentional attacks on your safety and well-being and ability to live freely in our country. And I feel strongly that we need to, again, ensure that we are allowed in our advocacy to support and to ensure that we maintain people's rights and dignity and safety, and so I absolutely feel that that's such an important conversation and something that we really do need to prioritize. So, yeah.

I'm just going to do a small time check because I know we're running a little bit behind. Do we have time for one more question or closing? Yeah? OK. So, I'll come up with that now. Thinking, in terms of looking towards the future and the work with the National Collaborating Centre, if you have some closing comments or if you want to potentially take us up to say what would be your next step or an action that you want to participate in, or […] that you really want to see happen either with the Centre or beyond.

Dr. Danièle Behn Smith: It's my favorite. I'm just generally a hopeful person, and I think about – the work is so urgent, it's so acute. Like we know that, we feel that, we experience that in our families, and we just know how quickly this work needs to happen collectively. And at the same time, I see such pockets of transformation and the NCCIH has been a part of that. And it's across the whole, like what we call Canada – I can see these pockets.

So, I guess my thought right now – my gratitude – is that we get to be here at this time where I think there's a coalescing and it's like waters coming together and there's momentum. And even though there are these incredible challenges ahead of us, I really liked what you're talking about, the edge, and Will's comments just now reminding us that this is one of the absolute key edges that we need to be working at is thinking about those intersections of systems of oppression and naming that, you know, as the risk. It's not the identity that's the risk. It's not my identity as a Dené-Métis person that makes me have a shorter life expectancy than other residents. It's not being Two-Spirit or trans that makes you more susceptible or vulnerable to violence and exclusion. It's systems of colonialism, its systems of transphobia, systems of homophobia, systems of ableism, cis heteropatriarchy.

So, I think we're at this time where there is a clarity, I think, that's coming. There's a language and there is a groundswell that I, at least, feel in the places and spaces that I get to touch on. So, I guess my excitement is to be led and co-led by our youth and Elders to walk that path. And we'll make mistakes because that's life, but really leaning into the repairs and yeah, just holding one another and all of this work with a lot of care. Mussi cho.

Will Georgelin: Can you repeat the question?

Dr. Terri Aldred: What are you personally going to – no.

Will Georgelin: Me personally?

Dr. Terri Aldred: What are some, I guess, immediate next steps in terms of how we can champion this vision and work towards […] these edges or these priority areas? Or any closing comments you might want to [share]?

Will Georgelin: I'm also going to go with closing comments because I don't think I have enough background knowledge to answer, otherwise. I would just like to say that the NCCIH is really important to me, and I would really like to do some of the research, and go into researching Indigenous health, to make the things that we're talking about happen. And that's pretty much it. I will continue my studies and hopefully join the NCCIH in a more professional capacity one day, and help to really make Indigenous health care alive and very full of pride.

Dr. Jaris Swidrovich: Even quite literally pride, right? So maybe that's a tangible action item: work with me and my drag research. So, I'm writing about quite truly how drag is a vehicle, an opportunity for Two-Spirit people to come in to their identities. We've never come out. There's no closets in tipis, right? And coming out is coming out of the closet – we never would have had that term without colonization. So, Two-Spirit, sorry, drag, is, at least for me and certainly many others, that outlet to release the suppressed femininity of decades, right? And what kind of power does that have? I'm already living and breathing that power, it's really awesome.

So, I see a lot in the drag, 2SLGBTQ+ space, so that certainly [the] NCCIH can work with, because collaborating is in our name. I think of 2SIMS or Two-Spirits in Motion Society, the CBRC (Community-Based Research Centre). I saw Marilee Nowgesic up there, so we have other entities of Indigenous pharmacy professions of Canada, Indigenous social workers, and then even the non-Indigenous ones, like I referred to, like Canadian Pharmacists Association and every other entity in their respective disciplines.

One other thing I didn't mention about pharmacists is that the average patient, not the average person, the average patient, visits their primary care provider on average two times per year, but their pharmacist 14. So again, like so many reasons for us to just infiltrate, push into the pharmacy community, as well as very many others, but that's the one I seem to know most about. But maybe we can start with something draggy. Wonderful, yeah.

Dr. Terri Aldred: I did say that we should have invited Miss Priss-Cryption, but, you know, I really appreciate having you, of course.

Dr. Jaris Swidrovich: She has a budget, so you need to pay.

Dr. Terri Aldred: That's fair. We'll work on a grant.

Yeah. So, thank you everyone. Thank you to all of our panelists for joining us today and for sharing really inspiring visions and speaking to some of these areas where we may not have been able to focus as much of our time and energy. And I think in terms of, "How do we lift each other up as Indigenous people?" So much of the work has been just trying to stop the harm and trying to save the lives of our community members and family members. And I do, I really feel strongly about creating spaces where we can revive our traditional knowledge practices and ways of knowing and being and healing in a really meaningful way, and creating that space for some more of that birch bark basket work. And it's not that it's [to the] exclusion of the other work, which is absolutely important to help support dismantling systems that harm, and I think that we also sometimes need that safe spaces to work on, "What does it mean to heal? What does it mean to be an Indigenous person in this time?"

And again, for me, I've often been using the words of cycle breaker. Me and Danièle both follow a psychologist – her name is Dr. Becky Good – who talks about how do we become cycle breakers? And I just think about the reduction of aces through each generation of my family, and although my kids may not have an ace score of zero at the end of the day, it'll be lower than mine. And again, how do we work out those ways where we can both heal ourselves? Because as Elder Darlene McIntosh says, "When one of us heals, all of us heals." And so, when we actually lift ourselves, our families, and one another up, really that is the work.

And so, I think one of the last things I'll kind of end with, and I'm hearing, is that wrapping of centering culture in our Medicine Wheels. My blanket […] has the picture of a Medicine Wheel in it. For me, upholding and putting culture in the centre is so important. And I really love the Medicine Wheels that also are wrapped in concentric circles that represent family and community because I think in all of our teachings, we know that our wellness is so contingent on the wellness of our communities and families, and that we're all interconnected. And so, even though in the kind of colonial framework – we have public health and then primary care, and all of these different divisions, acute care – but we all know that it's connected. A person's individual healing journey is so immersed in our community, and so public health is primary healthcare, it is acute care, it has all of these different intersections.

And so, I think remembering to lean on those teachings, to start with dismantling some of these boxes that we put things in – let's stop focusing on people's healthcare during prenatal care or postnatal care, like Elder care – that's not how we and our families see ourselves and our care. It's how do we care for people across the contingency? In Carrier Sekani we talk about from cradle to grave, how do we build systems that support people no matter which phase that they're in? And so anyway, thank you so much for joining us and for all your work with the Collaborating Centre. I mean, thank you all for

joining us and giving your time, energy. I don't know if we're doing questions, if we're wrapping it up, but I'll hand it back over to Julie.

Julie Daum: Thank you so much. I'm just struck… our future is so bright, with just an example of these four people with their brilliant minds and their warm hearts, and their intention, and I really am hopeful for the future. And I'm somebody who's – I used to say that I had like "hospital phobia," and so it's really wonderful to know that our communities and our families are in good hands. Thank you so much.

So in closing – and I honestly, what a wonderful – oh, nobody can see. I'm just going to invite the Elder. We have a video to end the prayer, and part of this is not to be disrespectful to the territory at all, but to be inclusive of the other Inuit and Métis people that NCCIH serves as well. So, we have an Elder who's going to deliver us a closing prayer via video. Thank you.

Senator Parm Burgie: Tansi. Good afternoon. I am honored to have been asked to close your gathering by prayer. I give my gratitude to the Algonquin people on who's unceded, unsurrendered land I am on today.

Let us pray: Creator, maarsii, miigwetch, thank you for the blessings during today's celebration. Creator, of the closing of today's gathering, we ask you to continue to give your guidance and we offer our congratulations to everyone for all your hard work, all the compassion, dedication, support, and research everyone has given each day to achieve the many goals for all your success. The gifts of your work will bring a better day, a better tomorrow, and a better future for not only one individual, but for a whole family, a community, which will be brighter and healthier for the next generations because of what you have all accomplished.

Creator, we ask your guidance. We all may continue to reach out and take an opportunity to give of ourselves to something that we truly believe in. May you all continue on the many journeys you each will take by working and sharing together to continue to achieve all your goals.

Creator, we are thankful for the many gifts we are given in life, and at times it is the smallest of steps taken that can create big results.

Creator, lead us to the paths that you would have us each travel. And Creator, bless each of our journeys and keep us all in your care. Maarsii, miigwetch, amen.

Julie Daum: Thank you. There's still cake in the atrium and I'm going to go get a piece, so please take some time to mingle and share, and thank the NCCIH Advisory Committee, staff, and everyone who supported them for the wonderful work. Congratulations.

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