



Anishinabek Nation Health Transformation Chief's Symposium



Symposium Date: March 25, 2025



Facilitated By: Darren McGregor
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Summary

On March 25, 2025, the Health Transformation team of the Anishinabek Nation invited the leadership of the thirty-nine First Nations communities they represent to a meeting aimed at fostering understanding, addressing questions, and building momentum for health transformation in Anishinabek Nation communities. Twenty-five communities had representation at the gathering (Appendix A).

The gathering featured presentations, panels, and facilitated group discussions throughout the day. The event was well-attended and opened in a good way with words from the invited Elders, Grand Council Chief and Deputy Grand Council Chief. The morning presentations highlighted the successes and challenges of implementing health transformation within British Columbia.

The latter half of the day featured a panel of lawyers discussing key points of negotiation that may arise between the provincial and federal governments during the health transformation process. By the end of the day, it was evident that participants were interested and motivated to explore what health transformation could offer their communities. They voiced necessary concerns about the rollout, needs, and diversity of the Anishinabek Nation communities.



Setting the Stage for Health Transformation in Ontario: Wisdoms from First Nations Health Authority

Why we need to reclaim our health

Speaker: Doug Kelly

Doug Kelly was a powerful speaker who provided an overview of his personal journey through grief and its intersections with health system changes. He opened by noting that the commitments to healing in our communities are close to home for many, and he voiced appreciation for the families that permit their loved ones to do the work of governance and be on the road away from their loved ones. Doug spoke about the sacrifices that are made to be in leadership and the perspective of turning challenges into opportunities. Doug reflected on being elected Chief at 22 years old and noted that being a warrior means keeping people safe, sometimes through fighting and at other times through means such as creating hope.

Doug spoke about how many of our communities struggle with substance abuse, but noted that it is hard for people to acknowledge and accept when trouble reaches their doorstep. It is essential not to blame or point fingers but rather to walk forward together with our loved ones through their pain. He was steadfast in noting that the job of leaders is to advocate for their people and look after them. He highlighted that pain occurs across the whole person – through physical, emotional, mental, or spiritual pain, and with that at the forefront, leaders must determine what is important to the people they serve. Doug ignited the room when describing Canada as having a “sickness system” not a health system. He implored the room to breathe life into the word “sovereignty” through health transformation in the province. Health transformation is a means to address pain and further support healing efforts in First Nations communities. He concluded by noting that any form of transformation begins first with belief. First, there must be the belief that First Nations are capable of transformation and that it is possible and necessary for our communities. Moreover, this belief must be sustained when addressing the concerns of community members and leadership regarding the implications of health transformation. He implored that mandates must be created to address fears and “turn them upside down.” He ended with the question: *Are you ready to reclaim your health?* To which the room erupted: *Yes!*



Lessons Learned and Progress Made

Speaker: Richard Jock

Richard Jock provided an informative overview of health transformation processes in British Columbia and gave a valuable perspective on implementation challenges. He spoke in detail about the importance of self-governance in the development of health transformation in the province. Richard highlighted that the governance partners represent the voices of the communities and noted how Health Directors can act as informants for the work of health transformation by outlining the work needed, process, and priorities of communities.

Richard emphasized that transparency is key to health transformation, which may involve establishing a department to handle complaints and requests for documentation. He noted specifically that leadership should develop relevant policies and specify how to handle relationships within the organizations (e.g. married staff and/or relatives). He offered to send policies developed by the First Nations Health Authority (FNHA).

Quality improvement was key to the ongoing enhancement of the health transformation program. Richard recommended a 5-year cycle for evaluation measures and noted that the FNHA used external firms to conduct their evaluations. The key question for the assessment was always "Are we serving our purpose?". Operational clarity was a key term used to describe their meetings with Health Directors, during which they provided financial statements, explained the flow of funds to communities, and ensured transparency about how the funds were allocated (e.g., which programs and priorities). Richard noted that the FNHA could have benefited from revising the contribution agreements and cautioned against implementing any changes in the middle of a fiscal year.

Richard described the key ingredients for transformational vision:

- 1) **Commitment to innovation**, which must be baked into the organization as a fundamental interest (e.g., "Why take over a health system just to drive the same broken car?");
- 2) **Develop and invest in information systems** because health transformation will involve getting cut off from existing information systems and will necessitate a plan for information systems development (e.g., this will require a significant financial commitment and must be a part of your take-over plan);
- 3) **Client satisfaction** will be measured by the satisfaction of the people we serve. The government doesn't do that for NIHB, and part of what can make us (through health transformation efforts) different is designing client satisfaction protocols;
- 4) **Prioritize primary care** (e.g. doctors, nurses, and traditional healers),
- 5) **Increase access to mental health and addiction services** (e.g. access to detox centers; and
- 6) **Develop identity parameters** which outline who can access a service using what type of identification (e.g. status cards, and consider Metis membership)

Richard described health transformation as an opportunity for capacity building within First Nations communities. He emphasized the importance of increasing support for individuals pursuing post-secondary education, enabling them to return to their communities and contribute to the health and wellness of their community members. Moreover, succession planning is an essential consideration, particularly as people come and go from organizations, as well as offering a competitive salary to retain valuable workers within the organization.

Richard concluded his presentation by noting that "real involvement is what First Nations-led health looks like," citing the importance of collaboration and consultation with communities. He reported that new risks to the FNHA include cybersecurity and advocating for increased funding for information management. Richard emphasized the importance of maintaining a strong connection to legal support, as both the federal and provincial governments have their own legal departments.

Panel Discussion: Perspectives on Health Transformation

Speaker: Doug Kelly, Richard Jock, Monika Konrad, Chief Sonny Batisse

The panel was a key feature in gathering candid thoughts and practical considerations for health transformation in the province from those actively pursuing this avenue (e.g., Nishnawbe Aski Nation) or those who had already established health transformation in their province (e.g., FNHA). Overall, health transformation was reflected as the process of “looking out for our kids and families at home,” and it was described as a necessity for First Nations communities. Health transformation involves putting the communities in the “expert” chairs as they know what their specific community needs are and what their health should look like. Health transformation was described as no longer “begging” for funds from the government. It was noted that involving key community members, such as elders and youth, was essential to the process.

Community buy-in was a key step in health transformation from their perspectives. Buy-in occurred when community concerns and fears were taken seriously, and action plans were developed to address them. The panelists emphasized the importance of being direct and honest with communities, whether you had an answer or did not know the answer to a question or concern. The panel emphasized that models for system revision could support buy-in, wherein communities would see the kinds of positive changes that could occur through health transformation (e.g., using examples from the successes of the FNHA, such as pharmacy or dental programs, or even prospective modeling of health transformation in Ontario).

Showing that your health transformation team is “responsive” to needs and not full of empty promises and connecting the priorities and actions of health transformation to the already established priorities of community leadership (e.g. consider what local Chief and Councils have been advocating for and integrate their language, motions, and priorities to showcase positive impacts of health transformation). One crucial example provided was how the FNHA utilized workbooks to gather written feedback from community leadership, which they then developed into “consensus reports” that were returned to the communities for approval. The consensus reports integrated all the feedback and identified similarities and differences across the five regions of British Columbia covered by the FNHA.



A key component to health transformation was ensuring that it was community-led and responsive to local needs. The panelists identified an engagement pathway that lasted approximately 18 months. They noted that they have maintained community engagement as a commitment for the last thirteen years of their health transformation efforts. They identified that health governance partners from within the communities meet annually and develop a yearly work plan that outlines their needs and reflections. Community-responsive efforts are directly tied to a meaningful and in-depth evaluation, as outlined by the panelists, which should occur at a minimum every 5 years. The results of the evaluation must be shared with the community partners. The panelists emphasized that it is imperative for the CEO not to have all the power, and that power should be redistributed across the governing boards and through community input. They recommended that the communities think long-term and reflect on their goals across a 5-, 10-, and 15-year time span.

Health transformation offers opportunities for capacity building within First Nations communities. The panelists discussed the "golden rule," which outlines that "he/she who has the gold, makes the rules." Therefore, health transformation presents an opportunity for First Nations to establish their own rules and implement their own forms of health governance. There are opportunities within health transformation to be creative and build programs that match our communities' unique needs. There are no established standards within the Indigenous Services Canada (ISC) or the Non-Insured Health Benefits (NIHB) programs. Health transformation presents an opportunity for our communities to establish standards of service that can be evaluated and refined to ensure client satisfaction, enhanced safety, and improved health outcomes.

It was noted that supporting post-secondary endeavours is key to capacity building and should be considered within the health transformation mandate.

Additional key takeaways from health transformation in practice involved inviting legal counsel to meetings with community leadership and allowing their questions to be answered by experts in the field. Communities may request to bring independent legal counsel, which should be granted and is a key part of ensuring their perspective is honoured and concerns addressed. The health transformation team must be prepared for pushback from the government and the employees who currently work for ISC and NIHB.

Key comments from the audience included the involvement of unions in the health transformation project, as well as the importance of starting the process embedded within ceremony. There was a flagged need to ensure that a competitive pay strategy is in place, as well as a clear distinction that health transformation does not mean inheriting other existing programs.



The Legal and Community Considerations on Health Transformation

Perspectives on Health Governance

Speaker: Martin Bayer, Tracey O'Donnell, Patrick Madahbee

Hiring the proper negotiators will be crucial to initiating the health transformation process, as they would facilitate the development of protocols across community partners. It is recommended to put in writing the distinct roles and responsibilities of each team. The panelists emphasized the importance of having a defined mandate for the negotiations, as they noted that the government would have its mandate outlined. The mandate must reflect the needs of the communities. It was recommended that the communities maintain a firm hold and remain persistent if the government-mandated measures do not meet their needs. A key point was that we do not want to be adversaries, but we will show strength in the negotiations.

Funding negotiations were conducted through a physical transfer agreement and an assessment of the current funding provided. History has shown that Canada underfunds Indigenous services and infrastructure (e.g. only providing 16 million for governance-related activities across 40 First Nations communities). It will be key to emphasize the importance of population growth across First Nations communities and highlight the gaps in existing funding structures as significant negotiation considerations.

The panelists agreed that changing leadership can be a persistent challenge in the health transformation process. They emphasized the importance of presenting with a united front and bolstering advocacy within community leadership. They stressed that leadership could develop the overarching principles of their communities, and that leadership hold the key to making decisions about the negotiation process and design.



Speaker: Anishinabek Nation Health Transformation Team and Audience Members Comprised of First Nations Chiefs and Council Members

restoration

finally healthy

funding

mino-yawin

determination

collaboration

sovereignty

wholeness

outcomes

trust

wellness

healing

Kelly

Doug

organization

hopeful

wellbeing

inclusion

work

community-driven

team

cultural

self-governance

compassionate

positive

needed

proactive

progress

innovation

ownership

success

empowerment

expeditiously

future

determination

foundation

believe

7

There were lingering reflections on the importance of asserting our sovereignty. Moreover, some concerns were noted regarding the ability to staff the new positions, with hiring constraints linked to housing crises occurring in First Nations communities across the province. The room recognized collectively that the current health system is not meeting their needs and noted that health transformation could be the best way forward to support their communities.

There were conflicting reflections about who should fill the role on the health transformation committees. However, the need for a committee specific to health transformation was deemed necessary. Some participants noted that every Chief needs to be part of the conversation, while others suggested that council members could fill the role on these committees. There was a collective sense of agreement that organizations could not be pitted against one another. It was voiced that reports including the perspectives of health directors would be helpful.

The participants expressed several notable fears and concerns regarding the potential implications of health transformation for their communities. Namely, there were concerns that existing community services and governance structures, which are perceived as already doing good work, could be taken away or dismantled. Another participant noted concerns about the direction and flow of funds. There was a notable concern about the length of time this process could take, given the sense of urgency to respond to the health needs and crises of our communities now. A participant expressed concern that collaboration would take too long to establish despite the need for collective strength.

Closing Remarks

After a powerful day of information sharing and reflection, the event closed with words from the Grand Council Chief and Deputy Grand Council Chief. They conveyed an appreciation for the honesty and commitment of the leadership in the room to their communities' health needs. There was a reorientation to the importance of ceremony in the work going forward. The Chiefs emphasized the importance of considering what it means for our children to be healthy and incorporating Anishinaabe law into the health transformation process. The event concluded in a good way with a healing song performed by Mishomis James Mishquart.



Appendix A

List of Communities in Attendance

Lake Huron Region

Dokis
Magnetawan
Mississauga #8
Nipissing
Ojibways of Garden River
Serpent River
Sheshegwaning
Thessalon
Wahnapitae
Wasauksing
Whitefish River
Wiikwemkoong Unceded Territory

Northern Superior Region

Biinjitiwaabik Zaaging Anishinaabek
Michipicoten
Namaygoosisagagun

Southeast Region

Alderville
Beausoleil
Chippewas of Georgina Island
Curve Lake
Moose Deer Point

Southwest Region

Aamjiwnaang
Chippewas of Kettle and Stony Point
Chippewas of the Thames
Munsee-Delaware Nation

Appendix B

Speaker Biographies

Ts'i:m Grand Chief Doug Kelly

Ts'i:m is a grandfather to six healthy, beautiful, and intelligent granddaughters and two handsome and bright grandsons. Married to Sherry for twenty-nine years - together they raised a blended family of five daughters and one son. Doug and Sherry reside on the Soowahlie reserve in Chilliwack, B.C.

Doug Kelly provides advice and support to the Ministry of Health to implement the United Nations Declaration on the Rights of Indigenous Peoples in health. He works with the Fraser Region to achieve commitments set out in the 2022 - 2027 UNDRIPA Action Plan. Doug provides advisory support to the Indigenous Advisory Monitoring Committee – Trans Mountain Expansion. Doug also provides leadership on reclaiming authority for children and family services. He also provides advice to First Nations governments and organizations on governance.

Doug Kelly served as the Chair of the First Nations Health Council (FNHC) from June 2010 to July 2019. In 2010 and 2011, he led the negotiations that resulted in the development of the BC First Nations Health Authority. The FNHC is responsible for overseeing the new First Nations health governance structure and the implementation of the Tripartite First Nations Health Plan.

Grand Chief Doug Kelly has also served in other leadership roles including:

- Sto:lo Tribal Council Tribal Chief 2004 to 2020
- Soowahlie Chief 1983 -1987 and 2001 to 2005
- First Nations Summit Political Executive 2004 to 2006 and 2008 to 2010
- Chair of the BC First Nations Fisheries Council 2007 to 2009
- BC Treaty Commission 1992-1993

Mr. Kelly has 13 years of experience in senior management positions, including senior leadership roles with the First Nations Chiefs' Health Committee, Sto:lo Nation, and St6:lo Tribal Council. Doug also led the development of Sto:lo Health, Child Welfare, and other programs including fisheries and economic development.



Richard Jock

Richard Jock is a member of the Mohawks of Akwesasne and serves as the Chief Executive Officer (CEO) of the First Nations Health Authority (FNHA). The FNHA plans designs, manages, delivers and funds the delivery of health programs to over 200 diverse First Nation communities and citizens across British Columbia. Richard is in the process of transition into retirement over the next few months.

As CEO, Richard is a committed leader in building meaningful partnerships with First Nations communities and health system partners to ensure an exceptional First Nations health governance structure in British Columbia. Richard believes in a transformational leadership approach with a focus on systems change, sustainability, diversity, inclusion, and advancing e-health and virtual health services.

Richard brings lived experience and professional skills as a strong First Nations advocate in health and wellness settings and government relations. Over the past 25 years, Richard has held various positions in the health field for First Nations organizations and the federal government. Prior to joining the FNHA, Richard served as the CEO for the Assembly of First Nations and held senior leadership roles with Health Canada, the National Aboriginal Health Organization, and the Mohawk Council of Akwesasne.

Richard leads by example through a personal commitment to his own health and wellness. He challenges himself daily to remain active through morning walks, beating his previous step-count, reading inspiring books, and playing golf in his spare time. Richard played and coached Lacrosse for many years and remains an avid fan. Lacrosse occupies a special significance for its values, traditions and competitive spirit.



Monika Konrad

Monika is the Director of Health Policy and Advocacy at Nishnawbe Aski Nation. Monika is committed to taking a facilitation role in the community-focused and controlled process that is Health Transformation in the Nishnawbe Aski Nation territory. Monika is a registered Social Worker in Ontario, with ten (10) years of experience working with First Nations communities and members, holding expertise in grass-roots community development, mental health, and change management.

Tracey O'Donnell

Marie Elena (Tracey) O'Donnell is member of Red Rock Indian Band. She has practiced law in Ontario for 30 years. Her practice is focused entirely on providing legal services to First Nations, their members and their organizations - both on- and off-reserve. Tracey has worked with First Nations across Canada to support community and capacity development.

She argued on behalf of the LEAF, Native Women's Association of Canada and the Disabled Women's Network of Canada, in the first Indian residential school case that reached the Supreme Court of Canada - *Blackwater v. Plint*. Tracey was an elected Benchers of the Law Society of Ontario, formerly the Law Society of Upper Canada, from 2003 to 2007 – the first Indigenous woman elected since the Law Society was founded in 1797.

Tracey supported the negotiations of the Anishinabek Nation Education Agreement with Canada - the largest self-government in Canada due to the number of First Nations that signed the agreement and the Master Education Agreement under which the Anishinabek First Nations and the Province of Ontario established a new partnership to support Anishinabek student success and well-being both on- and off-reserve. Tracey is currently supporting negotiations of the Anishinabek Child, Youth, and Family Well-Being self government agreement with Canada and Ontario. Tracey has volunteered on a variety of community-based committees and Boards of Directors. She is a faculty member at the Banff Centre for Arts and Creativity in the Indigenous Leadership Program.

Tracey earned her Honours B.A. in Political Science from Laurentian University in Sudbury, and her L.L.B./J.D. from Osgoode Hall Law School, York University in Toronto. Tracey is the proud mother of three children, aged 17, 21 and 25.



Martin Bayer

R. Martin Bayer is a member of the Aundeck Omni-Kaning First Nation on Manitoulin Island, Ontario. He is a Partner and head of the Aboriginal Law Group of Weaver, Simmons based in Sudbury, Ontario.

Martin practices primarily in the area of aboriginal law and provides advice to many First Nations, First Nation corporations, mining companies and other resource development companies, on a broad range of aboriginal legal issues.

Martin acts for a number of First Nations in relation to various matters, including land claim negotiations, self-government negotiations, negotiations with respect to exploration and mining projects within their traditional territories and Indian Act and other matters.

Martin acts as the Chief Negotiator for the Anishinabek Nation (Union of Ontario Indians), representing 39 First Nations in Ontario in negotiations with Canada to reach a self government agreement in the area of governance.

He was the Chief Negotiator for the Anishinabek Nation in the negotiation of a forestry agreement with Ontario that would provide greater economic benefits to First Nations from the forest industry in Ontario.

Martin served as the past Chairman of the Waubetek Business Development Corporation and is past member of the Board of Governors' of Laurentian University and Cambrian College Board of Governors.

Martin is the recipient of Cambrian College's Alumni Award (1999), Ontario Premier's Award (2002) and a Lifetime Achievement Award from the Anishinabek Nation (2013). Martin holds a Juris Doctor (J.D.) degree from the University of Toronto, a Bachelor of Arts Degree in Political Science from Laurentian University and Business Administration Diploma from Cambrian College. In addition, he holds certificates in Mining Law, Negotiations and Aboriginal Law from Osgoode Hall Law School's Professional Development Program, as well as certificates in Introductory and Advanced Dispute Resolution from the Faculty of Law in Windsor.



Patrick "Wedaseh" Madahbee

The former Grand Council Chief Patrick "Wedaseh" Madahbee had completed his third consecutive term as Grand Council Chief, retiring from politics in June of 2018. He is now focusing on using his life experiences to share his knowledge with organizations as an independent contractor. Patrick served one term as Grand Council Chief in 1980, he was the youngest Grand Council Chief ever at 27 years of age. He was also the President of the Union of Ontario Indians and the Anishinabek Nation 7th Generation Charity in 1980.

Mr. Madahbee's prior roles on a regional political First Nation level included Lake Huron Regional Grand Chief, Lake Huron representative on the Anishinabek Nation Leadership Council, Ontario Regional Chief, and the Tribal Chair of the United Chiefs and Council of Mnidoo Mnising. His dedication to the Anishinabek Nation has included active leadership positions such as chairperson for the Robinson-Huron Treaty Claim Legal Strategy Team and the Anishinabek/Ontario Fisheries Resource Centre. He was the past Vice President of the Native Canadian Centre of Toronto and has held numerous other board positions.

He was the Health portfolio holder for the Chiefs of Ontario, member of the Assembly of First Nations Chiefs Committee of Health, and Co-chair of the joint Non-insured health benefits review.

Patrick Madahbee is an inspiration and a role model to our youth and is committed to improving both the health of our children and their future! He has been an active member of the Little NHL for 50 years since its inception, has served as Lake Huron Regional Tournament Organizer, has been involved in many sports as a participant, and has coached and managed hockey and fastball. He is also a former Recreation Director for the Union of Ontario. Patrick was also the Chair of the Ontario Indian Sports Council and the Chair of the National Indian Sports Council.





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