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Commentary

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Boozhoo, aanii. Giizis-kwe dishnikaz, mukwa dodem, Biigtigong Anishinabe doonjiba. Hello, welcome. My name is Sun Woman. I am from the bear clan. I am from Biigtigong Nishnabeg, also known as Pic River First Nation. Although I am not a speaker of the Anishinabe language, it is with courage that I share this traditional introduction as a basis for my continued and deepening understanding of the meaning, intention, and places these words represent.

These words define who I am, where I come from, who I am in relationship with, and a little bit about my responsibility in this world. I am beginning to learn about the rights, responsibilities, and meaning of this traditional introduction. For so long, Anishinabe people have looked to the government to recognize and acknowledge belonging, particularly through the operation of the Indian Act—the race-based legislation that South African apartheid legislation was modelled after. This is the process of colonial interruption. When my Anishinabe mother married by non-Anishinabe father in 1970, the government no longer recognized her as an "indian" entitled to be registered under the Indian Act. She was disenfranchised in every sense of the word. She lost all political rights, including the right to vote, and the right to live on her First Nation. What is saddest of all is that Biigtigong Nishnabeg enforced the Indian Act against my mother. Our First Nation became powerless in its own jurisdiction and authority. When I was born in 1978, I was not entitled to be registered as an Indian. I was considered "enfranchised." I was no longer considered an Indian because I was half-white. By this measure, the colonial process was a success. This hard truth underlies so much of who I am.

Even before I was born, however, and even before my mother was born in 1947, the colonial process was hard at work on the north shore of Lake Superior. Although our community refused to participate in the 1850 Robinson Superior Treaty Council, in 1905, the government restricted our First Nation to 800 acres of land, which is primarily swampland and represents only about 1% of our traditional territory. The Anishinabe word for "reserve land" is *skungigun*, which translates to "leftovers." By operation of the Indian Act, our ceremonies were outlawed, and it was illegal to leave the reserve without permission from the Indian agent. It was illegal to hire a lawyer to fight the government until 1951. Children, including my auntie Velma and uncle Donald, were snatched from their homes by Indian Agents authorized to "use as much force as necessary" to send the children to residential schools.

As much as this is a story of tremendous suffering, it is also a story of incredible resilience. My ancestors were strong and brave people. When confronted with colonial

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threats to their way of life, they packed their canoes, retreated up the Pic River and went into the bush. Our people sang their songs, spoke their language, and made offerings and performed the ceremonies that kept them strong and vibrant. They protected their children as much as they could from the dangers of the church, the government, and the hospitals. My ancestors listened to their original instructions: love, bravery, truth, humility, honesty, wisdom and respect. These seven simple values underpin the myriad Anishinabe knowledge systems that govern our responsibilities to and relationships with one another and the earth. These teachings connected my ancestors around ceremony. These teachings connected my ancestors to the land. These teachings connected my ancestors to a greater way of knowing and being. I am grateful to my ancestors for their perseverance and for the love and faith they had in one another amid the hardships they endured so that my sisters and I could be here on Turtle Island and lay claim to our original places in this world, however different they look today. I can only hope that my work will continue to support the generations of Anishinabe who follow.

As an Anishinabe scholar, my primary academic goal is to do research that will benefit Indigenous communities. In my lifetime, I hope we will see a reduction in the health and social inequities borne by Indigenous peoples. I want to see the restoration of our Indigenous knowledges and languages. I want to see Indigenous peoples who are happy and proud and feel safe being who they are. It is a critically important time for this work. Canada's Indigenous population bears health and social inequities that are rooted fundamentally in experiences of colonialism and perpetuated by processes of environmental dispossession (Frohlich et al. 2006; Reading et al. 2015; Richmond and Ross 2009). Among the many types of harm Indigenous peoples have endured in the past 150 years, perhaps the most prolific relate to the marginalization of our Indigenous knowledge systems (Martin Hill 2000) and the growing disconnect of Indigenous peoples from their traditional lands, territories, and cultural identities. Indigenous knowledge refers to the social and spiritual ways in which people relate to their greater ecosystems and to one another (LaDuke 1999). The severance of Indigenous peoples from these critical knowledge systems—and from the land base wherein these knowledges are lived, practiced, and shared—has had devastating outcomes for myriad dimensions of Indigenous health and wellbeing (e.g., mental, emotional, genetic, metabolic, social, cultural, spiritual). While Indigenous peoples have witnessed significant gains in life expectancy and a considerable reduction in infant mortality over the last half century, the health gap between Indigenous and non-Indigenous Canadians remains significant (Richmond and Cook 2016; Browne et al. 2012; Park et al. 2015; Adelson 2005).

These processes of dispossession are not historic, however. Rather, the persistence of colonialism continues to systematically disempower Indigenous peoples through contemporary health care, justice, and education systems. As of January 2018, for example, 150 active water advisories were in place in Canada's First Nation communities (71 of these being long-term). In 2015, a First Nation man succumbed from his injuries after being neglected in a hospital Emergency room for 34 hours. In Nunavik, Inuit women are routinely flown hundreds of kilometers to urban centres to deliver their babies. In Thunder

Bay, seven young people died while attending school over the last decade; five of these youth drowned in the city's waterways.

The persistence of these egregious inequities signals that we are at a critical juncture regarding the health of Canada's Indigenous peoples. Now is the time to seriously reflect on the relationship between contemporary Indigenous realities, public policy, and the role of Indigenous research therein. Can we bridge these voices to create the conditions that will support a more equitable Canada?

I would argue that addressing the complexity of contemporary Indigenous health inequity requires a fundamental reorientation in the ways we conduct and think about research. It is no longer acceptable to undertake Indigenous health research merely as an academic or theoretical exercise. Indigenous health research must be done with a greater ambition of applied outcomes, by engaging Indigenous communities on matters that are locally relevant and hold the promise of positive change. At the same time, the research problems before us are so vast and complex that conducting impactful research requires interdisciplinary teams who can bridge their skills, methodologies, and passion. Accomplishing this will require investments at the local level of our First Nation, Metis and Inuit communities and in training the next generation of scholars. The answers will not come merely from doing more (or spending more on) research but will be realized only though a fundamental reorientation in *how we do* research and in creating the kinds of educational environments that can nurture these changes. While the work before us has never been so complex, there are important reasons to be optimistic. In Canada and around the world, an exciting paradigm shift is taking place within the context of Indigenous health research and scholarship. Now more than ever, Indigenous scholars, communities, and organizations are participating in research and teaching on matters of importance to their communities. We are also taking active roles in developing, leading, and executing this body of work. As Maori scholar Linda Smith[1] puts it, "the researched are becoming the researchers" (1999, 194). The Indigenous scholarship movement grew from a research approach called *Kaupapa Maori Research*[2] introduced by Maori education scholar Graham Hingangaroa Smith in 1990. Smith's work set the foundation for a research agenda that has gained significant global appeal among Indigenous and non-Indigenous scholar-allies alike, as it offers an approach that privileges and prioritizes Indigenous knowledge(s) while honouring Indigenous value systems and ways of knowing that encourage representations of self and community (Richmond 2016; Smylie et al. 2016; Wilson 2008; Rigney 1999).

Despite these exciting changes, Indigenous peoples are vastly underrepresented across the many dimensions of Canada's post-secondary environments (PSE) as students, professors, staff, and administrators. In the context of Canada's highly competitive health research funding system, the Canadian Institutes for Health Research (CIHR), we see that both Indigenous scholars and Indigenous health topics are significantly underrepresented in successful applications for scholarships, grant applications, and other research awards. In CIHR's 2013 operating grant competitions, for example, approximately 2.5% of successful applications related to Indigenous health matters (IAPH 2013). The significant

underrepresentation of Indigenous scholars within the Canada Research Chair (CRC) Program is also startling: in January 2016, the Program had 1690 active CRCs; of this number, 16 self-identified as Indigenous (i.e., 2 Tier 1 CRCs and 14 Tier 2 CRCs); this translates into less than 1%.

In June 2015, the Truth and Reconciliation Commission (TRC) released 94 Calls to Action, many of which were targeted specifically at Canada's PSEs. In November 2015, universities began answering the TRC's Calls when university presidents and/or their leadership teams came together with Indigenous leaders, Indigenous student leaders, and Indigenous scholars at the University of Saskatchewan for a two-day forum to discuss how universities could respond to the many urgent Calls (Universities Canada 2015). This meeting was a positive step forward in highlighting the institutional responsibilities of universities for fostering reconciliation on their campuses, including a number of systemic, social, and ideological changes such as making Canadian university campuses more inclusive and productive places for both Indigenous students and scholars. Some universities are rising to the call. For example, Laurentian University has arguably the largest concentration (and representation) of Indigenous scholars across Canada, with 19 full-time tenure-track Indigenous faculty out of 376 full-time faculty, representing 5% of all faculty, plus an additional five full-time Indigenous faculty spread between its federated university and the Northern Ontario School of Medicine's east campus. Guelph University made significant strides by hiring six Indigenous faculty from 2016 to 2017, and, this past fall (2017), the University of Windsor initiated an ambitious mission to increase its Indigenous faculty complement by five.

Aside from the recruitment and retention of Indigenous scholars, the research funding landscape also plays a critically important role in fostering the training needs of and research innovation in the field of Indigenous health scholarship (Reading and Nowgesic 2002). In 2001, the CIHR Institute of Aboriginal Peoples' Health made the important strategic decision to fund the Indigenous Capacity and Development Research Environments (ACADREs: 2002–07), followed by the Network Environments for Indigenous Health Research (NEAHRs: 2007–14). With the objective of, primarily, training a new generation of Indigenous health scholars and, secondarily, developing research capacity to tackle the greatest Indigenous health problems, both the ACADRE and NEAHR programs were multi-year, multi-million-dollar investments in Indigenous health training and research. Approximately 40% of the annual budgets of both programs were targeted specifically for trainee development through scholarships, fellowships, and small research grants. In total, nine centres were funded across the country.

In an evaluative study completed in 2014, ACADRE and NEAHR awardees identified these programs as critical to their educational success (Richmond et al. 2013). In addition to providing the financial means for trainees to support their lives and families while in school, the programs provided an important sense of belonging for this new cohort of Indigenous health trainees. Trainees also described these programs as foundational for providing access to high-quality mentors. Perhaps most critically, however, the interviewees discussed the

nature by which the ACADREs and NEAHRs facilitated access to the social, financial, and cultural resources and flexibility required *to systematically engage in research with their own communities*—that is, to do applied community research. The trainees were emphatic about the transformative means by which these programs had helped them to learn, see, and experience research through Indigenous ways of knowing and doing (Richmond et al. 2013). This represented an important turning point in the Canadian health research landscape, as Indigenous people were learning to lead, develop, and carry out Indigenous health research. The ACADRE and NEAHR programs exerted a transformative impact on research philosophy, ethical standards, community engagement, and the development of a national cadre of scholars capable in Indigenous health scholarship. While it has been less than 15 years since the launch of the first iteration of these training grants, it is amazing to see how Indigenous leadership in the provincial networks has grown.

In June 2017, the Canadian Institutes of Health Research announced $8 million of support for eight provincial nodes of its Indigenous Mentorship Network Program (IMNP), a five-year training program designed to support the skills development and research capacity of Indigenous health research by Indigenous peoples. In effect, the IMNP is the successor to the ACADRE and NEAHR era, with networks funded from British Columbia to the Atlantic, as well as an international network. This announcement followed a two-year team development phase, during which the various networks were strengthening their relational accountabilities and building consensus around their core principles, objectives, and key activities. While the network itself is about two years old, many of the relationships central to its formation stretch back a decade or more.

I have the honour of leading Ontario's Indigenous Mentorship Network. In January 2018, we celebrated the official launch of our Network, which is comprised of 13 Ontario universities and more than 70 scholars, trainees, and community advisors from across the province. We are an Indigenous-led team committed to research, teaching, and capacity building that supports applied community-based approaches to Indigenous health research. We acknowledge that the complexity and persistence of Indigenous health inequity in Canada warrants an integrated team effort that can mobilize multiple disciplines (e.g., from epidemiology to rural studies, health systems and infectious disease, family studies) across multiple academic scales (e.g., trainees, new investigators, mid-career and senior scholars, administration), multiple institutions, and diverse community contexts and partners to facilitate the development, growth, and success of Indigenous health scholarship in Canada. The strength of our team lies in its diverse representation of academic rankings, disciplines, skills, and methodologies as they are applied to Indigenous health research and a recognition that mentorship does not follow a hierarchical path. Rather, we recognize that the concepts of "mentoring" and "academic success" may mean different things to different people depending on where they sit within the context of Indigenous health research or on their place within the academic or community context. For example, there are various mentoring sources (e.g., advisors, community, Elders, colleagues), the ways in which people are mentored can vary (e.g., one-on-one, group belonging), and the forms of knowledge learned will look different depending on the spaces where they are shared. At

the same time, it must be acknowledged that community-based research is an inherently long process. Whether you are working with genetic mapping, oral histories, or traditional medicines, the processes by which a researcher engages in this work can take considerable time, as it generally involves relationship building. This process can delay the traditional metrics by which academic success is measured.

Our Network is guided by three long-term goals. The first is to redress the structural inequalities experienced by Indigenous people in Ontario universities. At all levels, we want to see more Indigenous people in the university context, but primarily at the faculty level. The second goal is to increase the number of Indigenous people doing Indigenous health research. Our third goal is to support meaningful ways for Indigenous communities to participate and lead research on the issues that matter most to them. We want to see the uptake of research that enables Indigenous communities to determine their own futures and well-being.

In addressing these goals, we will provide mentorship to empower the training needs and career trajectories of Indigenous health research by Indigenous scholars. Over the next five years, the Network will support many key activities meant to foster learning and community building, including a webinar series, scholarship and seed grant program, and applied learning opportunities (e.g., summer schools and workshops), as well as various opportunities for presenting and disseminating research.

Perhaps the most important part of our Network is that it has been built on a foundation of shared history, deep relational accountability, and a commitment to the future. During our public launch, I remarked that the day felt a lot like a wedding. We had speeches, rows of chairs, and beautiful catered food. What the ceremony truly signified, however, was something much more meaningful: we, as a Network, came together in commitment because of the love we have for one another, for our families and communities, and for the generations of Indigenous children yet to come. At the heart of the Ontario Network is the Anishinabe philosophy *Mno Nimkodadding Geegi*, meaning "we are all connected." In our attempts to address Indigenous health inequality in Canada, we take the perspective that the most important answers will come when we take the time to listen to Indigenous communities. This is what the Indigenous Mentorship Network of Ontario holds at its centre: a deliberate and concentrated program that will emphasize and make direction based on Indigenous voices and perspectives. This is not merely another scholarship program. This Network is about making deliberate spaces for Indigenous scholarship to be realized and to strengthen the relationships between Indigenous peoples, scholars, and our institutions. We also recognize that building the academic and community pipelines for health equity will mean taking on the role of supporter until we are no longer needed. At a certain point, that will mean stepping aside and making room for other voices, other perspectives, and other ideas: stepping aside so others can take the lead. In the long run, this is what the Ontario Mentorship Network is about.

The intensive collaboration we undertook during the development phase of the Ontario Mentorship Network led to the commitment of significant institutional support. Combined, the 13 Ontario universities who comprise our Network have supported us

with $1.2 million, in addition to CIHR's $1.0 million contribution over the five years. In 2018, what this means in practical terms is that we will be able to offer 18 scholarships to Indigenous students worth $280,000. Over the lifetime of this training grant, we will support Indigenous students with $1.2 million allotted to scholarships. We are very proud of the support and investments we have secured for this Network. We believe it demonstrates the collective strength of our team's leadership in this research area, but it also signifies a unified voice among Ontario universities and community partners of the need for more to be done in Indigenous health research and training.

Ahead of our Network launch in January 2018, we held a Network meeting wherein we reflected on our activities and plans. Up to that time, there had been no opportunity for us all to sit together in one room. While some of our grant planning had involved face-to-face meetings, the sheer geography and number of universities in Ontario meant that much of the planning and discussions had to happen over email and teleconference.

As we sat in that room, it was not lost on any of us just how much we had grown and the importance of what our Network means for Indigenous health in Ontario, and for Canada. A mere 10 years prior, many of our Network leaders were graduate students. In the late 1990s and early 2000s, when these training programs were just coming into being, the Indigenous people sitting in the room numbered a handful. To look around the room in 2018 and see a mass collective of Indigenous peoples and to be talking about our hopes and dreams for the future of our own families, communities, and organizations was a truly remarkable milestone.

At the beginning of this paper, I introduced myself in Anishinabemowin, the language of the Anishinabe people. When I think about the magnitude of Indigenous health inequity in Canada and of the structural changes needed to address this complicated problem, I think of bravery. There has never been a more important time in Canada than now to have bravery. It takes courage and bravery for me to identify with these words. It saddens me that these words are so unfamiliar to me and that I must dig as deeply as I do each time I speak them in public. However, amid the colonization and the ways in which it tore through our land and families and ravaged the health of our Indigenous communities, I take great comfort in knowing that I am not alone in my learning, and this is resilience. As I embark on this pathway of learning, I have hope that our university environments will embrace the bravery needed to embark on their own pathways to structural change. Amidst the buzz of reconciliation as well as the heartache and anger over recent failures by the justice system towards young Indigenous people, we are treading into new territory, new relationships, a new perspective, and a new realization that Indigenous communities must be at the forefront of research if we expect it be able to use its results to make the change we so desperately need.

Celebrating the launch of Ontario's Indigenous Mentorship Network

Back row: Michael Schull, Michelle Firestone, Vicky Smye, Sharlene Webkamigad, Jennifer Walker, Matthew Lafreniere, Dana Hickey, Julian Robbins, Joe Pitawanakwat, Chelsea Gabel, Chris Furgal, Gerrilynn Manitowabi
Middle row: Gertie-May Muise, Janet Smylie, Lloy Wylie, Aaron Paibomsai, Kristy Kowatch, Brittany McBeath, Danielle Robinson, Valerie O'Brien, Cindy Peltier, Robyn Rowe
Front row: Chantelle Richmond, Stephanie McConkey, Hannah Tait Neufeld, Liz Akiwenzie, Vanessa Ambtman-Smith, Nadia Green, Elana Nightingale

Supporting Agencies: The Canadian Institutes of Health Research; Nicole Richmond; Ontario's Indigenous Mentorship Network.

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