

Transcript of Interview with Ed Connors (Part 1)

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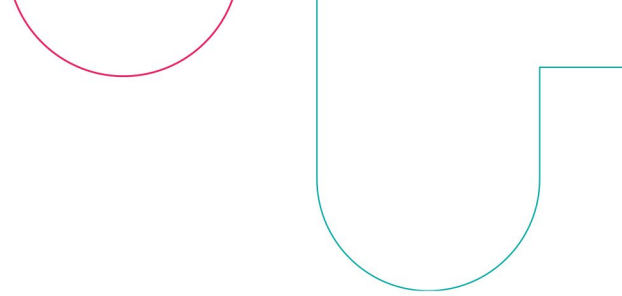
[Greeting in traditional language] Ed Connors. I am Mohawk-Irish ancestry from Kahnawá:ke, Mohawk territory, as well as the Town of Mount Royal. So I am one of the individuals who has been born into the world with two worldviews and being able to see with two eyes the world in a way that I feel very privileged to have. So, yeah, my involvement in this work came in as, I'm a psychologist, and I've worked with our Indigenous communities for over 40 years across the country, both urban and rural settings, on and off reserve. And so, some of my work, well most of my work, actually, has been devoted in many ways to addressing the issues of suicide and suicide prevention within our Indigenous communities over that period of time, and I've learned pretty well all of what I know from our communities and from my involvement within our communities.

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About what we would actually call suicide prevention, which ultimately then and through my experiences, evolved into an understanding of suicide prevention, really from a different frame, which is one of the other eyes. It's the Indigenous eye or the Indigenous worldview that I, once many years, well, going back now, 34 years ago, I was involved with one of our Elders by the name of Alec Skead from Treaty Three, assisting 16 of our Indigenous communities in the suicide prevention efforts with our youth in those communities, as requested by the chiefs from that region. And when I worked with Alec, he was born with his language and born with his teachings and his traditions and his culture, but then sent off to residential school. And then eventually, after many years of, after he left residential school, living away from the community, living off the streets, living with addictions, returned to his community and ultimately reconnected to his teachings and to his language. And then years later, as he was supporting his community and communities and his family to reconnect to who they are, he then, we had the opportunity to come together to respond to the requests of the chiefs to address the issue of suicide prevention. So when we came together, Alec actually helped us to begin to see and to think from an Indigenous worldview about this issue or this problem of suicide prevention or suicides, and what we ultimately came to talk about in English as premature, unnatural deaths.

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And so we began to reframe, with his support, he began to help us to see through an Indigenous lens how we might look at this issue of suicide. And what he talked about when he spoke about it, he initially spoke about this in his language, when we asked him, "What is it that we're doing here?" And he said in his language, he spoke to it in Ojibwe, in Anishinaabemowin, and then he turned it into English and said, in translation, "This means the sacred circle,



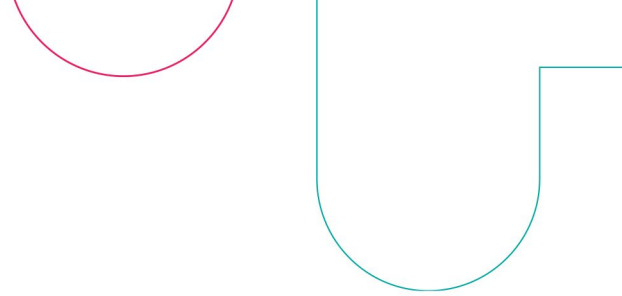
providing a way of life.” So what he taught us there was the way of Indigenous knowledge to be able to think from an Indigenous lens about an issue of suicide and think about it then in what has ultimately come into the conversation of life promotion. So what, years later, I came to know as I did that work and then understood it in other contexts within the work in our communities, where our communities were again asking for us to help them with the issues of early premature death. We began to then speak about it with my colleagues, and in the same way that we did with Alec, came to really define what was then life promotion. And what life promotion is from our understanding then, is focusing on helping people to live long and good lives, using all the knowledge and the wisdom that we have accumulated through our own life experiences and those that have been brought forward from our ancestors to help us then to be able to understand that we cannot stop death. Death is inevitable, as is birth, but we can in fact promote life.

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We can support and promote long and good lives, and that's what has become then understood as life promotion in many, many different forms. So my work evolved into that. And as it evolved and expanded into the number of different projects that we had developed, the project that was proposed then by CFHI was developed, which initially was a request of myself and some of my colleagues to help them to develop a project that would speak to suicide prevention. And as we spoke with them, and we entertained the invitation to develop a relationship, to work with them, to help them to understand how to actually do suicide prevention within our Indigenous communities, because their proposal was to work with northern health care providers to actually then help the communities to develop suicide prevention responses. And so the initial conversations brought us into a conversation about what is life promotion because they didn't really know about that or understand it from that perspective at that time. So the initial conversations and relationship that developed with CFHI evolved around describing and defining life promotion, which we did. And I had the opportunity to be one of the participants in one of the first gatherings of those from the different health authorities, the northern health authorities that had expressed an interest in doing this work.

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And so together with them, we explored then the concepts of life promotion, as well as other concepts that we had already begun to articulate in— through our work in First Nations communities, through First Peoples Wellness Circle and Thunderbird Partnership Foundation with other partners, we had already begun to articulate what we mean by life promotion within a larger context of what we call the mental health, or the Mental Wellness Continuum Framework, which is a health, actually, continuum framework from an Indigenous worldview. And so we introduced all those concepts to the teams from the different northern health authorities. And as we introduced those themes to them, we then began to engage with them, with our guidance



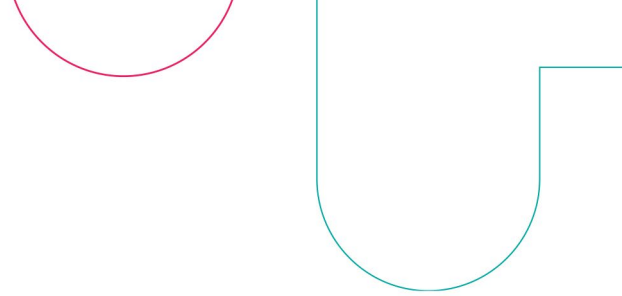
team and then our coaches, that were starting to begin to be identified to work with each of the different teams, we began to identify what their interests were in terms of what they now understood to be life promotion and how they might do that within their communities from across the country. I had the wonderful opportunity to be able to both work with the guidance team and work with the early formation of the relationship with CFHI to then develop the relationship with two of the teams. One was in the west coast of Newfoundland and the other in Thompson, Manitoba. Two very, very different communities, so they're very different experiences, and they, the experiences that I had in relationship with them took me on a journey as a coach to learn about those communities and learn about their relationships with the Indigenous communities within their territories.

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It was a real gift in many ways because I had the opportunity to learn from them about their experiences in relationship and the development of relationship historically within those two different regions of the country, between non-Indigenous and Indigenous, and between a non-Indigenous health care provider and Indigenous communities who were recipients or were meant to be recipients of those health care services. So, the differences were immense, because in Newfoundland they were in a position of actually being primarily, those who made up the team were people who are of Indigenous ancestry, who historically were looking to reconnect to their Indigenous ancestries in so many different ways because their history had disconnected them so distantly from their Indigenous identities or Indigenous knowledge. So they were waiting and really prepared to, you know, for us to come and share what we knew from our experiences in terms of what I described as my work in suicide prevention, ultimately, life promotion, which has taken shape in some of the work I do, which is referred to as Feather Carriers Leadership for Life Promotion. And I had actually shared that in our initial gathering. And when I shared that, the team in Newfoundland was really, felt, I think, that it answered the questions they had about where they wanted, what they wanted to know and where they needed to go. They had a sense of that already, and I think just sharing what we shared about life promotion just fit naturally with the questions that they had. So that engagement was seamless in many ways, easy to work with them because we formed the relationship through CFHI from the very early stages of the development of the project.

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What was essential in many ways within that work was a lot of the teachings that we had that were Indigenous knowledge about ceremony and about how that connects into the knowledge that we have and that we carry and they wanted to know more about that. The interesting thing is that if you know of the history of the Anishinaabe people, the Algonquin, specifically the Algonquin language, is one that is common that comes from the East Coast and reaches all the way out to communities at the Rockies and the foothills and into the early, the Rocky Mountains.



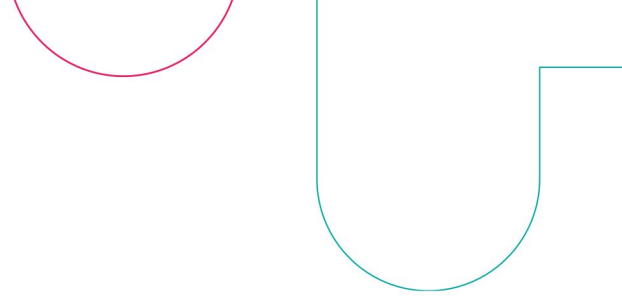
And that whole migration, you know, is one that has happened since colonization. So when we went back there and to Newfoundland and we shared what we did of the knowledge and the teachings we had, they were able to identify with it because they understood that history. They understood that we actually were related with the knowledge that we shared with them, and they were hungry to know that and to reconnect to it. The benefits, I think, you know, were clearly to us as well as to the health care providers that were part of that project, and that continue to be so. Our experience in Thompson was a very different experience because of the, I think, the isolation that exists between the non-Indigenous health care providers and where they're located and the Indigenous communities, which are dispersed throughout the lands primarily north of them, but some south. And so most of what the health authorities seem to understand about the relationship was with Indigenous communities, to me, seem to be primarily through those relationships they had with what we would refer to as urban Indigenous people.

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And so they didn't have the same type of relationship that was established already in Newfoundland that was, so when we began to work with them, we were actually working with them primarily, I think, in supporting them in one, understanding what life promotion is, two, understanding an Indigenous lens and three, developing relationships with the Indigenous people, primarily from the communities outside of the urban centre. And I think in the course of our time together, and Nancy can speak more to this, I was really privileged to be able to work with Nancy in Thompson because she has relationships already established with the people in the community there. And so she had a little more insight and knowledge to some of the challenges of health care and provision of health care than I. And so as co-coaches, we were able to then connect more with what the issues were, I think, and in the course of our time together with them, I think there was some headway that was made, I don't know where it's going and how it's going, but I do know that they, I know that they valued the experience of learning about how to develop better relationships and working relationships with the Indigenous communities outside of their community of Thompson.

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I can also say that I was also privileged to work with Kelly Brownbill as a co-coach, and that was just an incredible connection because Kelly actually comes from, initially, her family is from the community that we worked with, and she has natural relationships, family relationships with many of the people that we then connected with to develop the work of what ultimately is now on the east coast referred to as the Eastern Door Feather Carriers Leadership for Life Promotion. So those are the two different types of experiences. I think you can recognize that, if you counted, I mentioned the word relationship probably more times than I can count, and I did so clearly for one reason. The essence of the work that we did, you know, was based on relationship. It was based on forming the relationship initially of trust and being able to develop



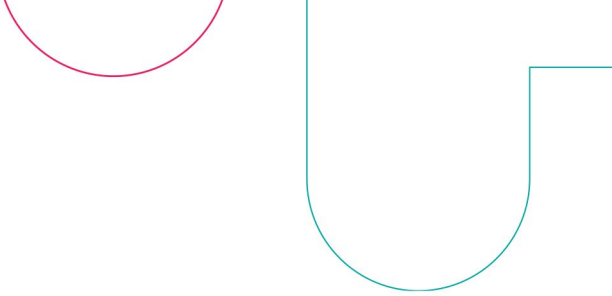
that kind of working relationship based on respect and trust and what we actually identify as Indigenous values that promote good relationship. And we did that, and we worked at that really hard in the early stages of working with CFHI, and then extended that out to our work with our communities. That's where we come into the understanding of our principles that we establish together with the guidance team, one of which, you know, speaks to the understanding that what we are doing is most importantly based on process versus outcome. And the process, in my mind, is the creation and development of good relationship. And that also, for me, distinguishes what is good health and good health care.

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I think that if we're going to look at sustainability and how to sustain these kinds of the work that we've done around life promotion, the goal needs to have been set right at the beginning and be clear that that's what we're intending, especially as we engage with the communities that we're intending to work, to sustain what we've developed together. And, you know, I think that there was, that message was clear in our work, for example, with the folks from Newfoundland, from west coast Newfoundland, so that Western Health Authority group, in engaging with us, you know, engaged with the work that we were doing in life promotion. And they wanted to learn what we had been doing to then develop their own approach to life promotion. And so even, you know, embedded within the work that we did with them and building and developing the relationship and transferring the knowledge that we had was then the work to then help them to begin to develop their own approach. So we did that throughout the process, in our relationship with them. And that was done primarily because of their asks. So they were asking already to, you know, how do we do this from an Indigenous perspective, how do we do life promotion? And so by the time we finished with them in our work and we had done a full year of sharing teachings with them, the end of the year was actually where they spoke to what did they know and understand was life promotion. And then they spoke to what they were going to do to do life promotion, in their commitment to life promotion, in their own life experience and then in their relationships with their family and community.

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So, what came out of the work in that time was then a vision looking forward, you know, into the future of what they would do. It wasn't just, you know, transferring a sharing knowledge that then, you know, would just stop, in essence, at a point when we ended, you know, our involvement with them. You know, given, and now, given the ongoing relationship that we have with them through the work of Feather Carriers, our organization is now national, and so we continue to support their work through— although we're not involved now, the CFHI has ended, there is a natural, now ongoing relationship that's been established with our national Feather Carriers organization. So that's, you know, it's like, the example of the model of how we can actually support ongoing sustainability instead of, you know, these kinds of one-shot



experiences that we often have experienced, where people come in and share knowledge, but then there's no effort to continue the relationship or continue support for the ongoing sustainability and development of the concepts that have been shared. But, you know, the example again in our community with Thompson, we shared some of that information, but their request and ask was for a different approach that they were looking at developing in relationship with the communities in their region. So it didn't have the same built-in plan for sustainability, and specifically, you know, nothing that showed, that contained anything about an ongoing relationship. So although we may have some of that a little bit, and Nancy may be able to speak again to that because she tends to be working in that region and has some of those ongoing relationships potentially, but from my perspective, it had a very different kind of outcome in terms of sustainability.