

United in Health: A New Path Forward

Nishnawbe Aski Nation
Health Summit

Killarney Mountain Lodge
Killarney, ON
June 3 & 4, 2025



Nishnawbe Aski Nation
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Table of Contents

1. Executive Summary	1
2. Purpose and Guiding Vision	3
3. Day 1 – Healing, Trauma, and Safe Spaces	5
4. Day 2 – Transforming Health Systems Together	8
5. Key Insights and Teachings	12
6. Key Recommendations and Calls to Action.....	15
8. Conclusion	25

1. Executive Summary

From June 3–4, 2025, the Health Policy and Advocacy (HPA) Department of Nishnawbe Aski Nation (NAN) hosted the ***United in Health: A New Path Forward Summit*** at Killarney Mountain Lodge. The gathering convened Elders, Health Directors, advocates, youth, and community leaders from across NAN territory to continue the shared journey toward a First Nations-led health system.

Over two days, delegates explored the interconnections between personal healing, cultural renewal, and systemic transformation. Building on the momentum of the 2024 ***Roots of Wellness Summit: Honouring Our Strengths Within***, this event deepened dialogue around trauma, safety, and health governance — weaving together personal experiences, community insights, and the foundational principles of NAN Health Transformation.

The Summit opened with ceremony and prayer, grounding participants in respect, humility, and shared purpose. Elders and Knowledge Keepers reminded participants that wellness begins with the land, language, and family. The first day focused on understanding trauma and creating culturally safe environments. Through interactive workshops and reflection circles, participants identified how colonial legacies, systemic racism, and loss of cultural continuity have shaped experiences of pain and disconnection — and how returning to traditional teachings, parenting roles, and land-based practices can restore balance.

The second day turned toward transformation and governance. Delegates reflected on the meaning of true health sovereignty — emphasizing that Health Transformation must not be the transfer of a broken system, but the rebuilding of one grounded in self-determination and community control. Open dialogues explored accountability, the role of Tribal Councils and Health Authorities, and the importance of designing systems that reflect the diversity of First Nations realities.

Powerful teachings were shared throughout. Elder Teri Fiddler spoke about reclaiming traditional roles and ceremonies as vital acts of healing and responsibility, while participants discussed the urgency of addressing unresolved grief, including the impacts of COVID-19 and the proposal for community-wide feasts to honour those lost. Sessions on the Non-Insured Health Benefits (NIHB) program highlighted systemic barriers to medical transportation and access, with calls for reform that would enable communities to manage travel and referrals directly.

Across both days, one message resonated clearly: the path to health must be rooted in culture, guided by community, and accountable to the people. *United in Health* reaffirmed that the answers to wellness already exist within the Nation — in its languages, ceremonies, and relationships. The role of Health Transformation is to nurture these roots, ensuring that policies, standards, and systems reflect the values of Mino Bimaadiziwin (living a good life).

By the closing ceremony, participants expressed collective commitment to carry the work forward. The Summit concluded with renewed unity and determination to build a future where every First Nation has the authority, capacity, and cultural foundation to define and deliver its own vision of health and wellness.



2. Purpose and Guiding Vision

The *United in Health: A New Path Forward Summit* was created as a gathering place for communities, leaders, Elders, youth, and health professionals to come together in dialogue about the next phase of NAN's Health Transformation. Building upon the 2024 *Roots of Wellness* gathering, this Summit advanced the conversation from healing to action — from recognizing trauma to defining the systems, standards, and relationships that will sustain a healthier future for all NAN First Nations.

Purpose

The purpose of the Summit was threefold:

1. To Honour Lived Experience and Knowledge.

The Summit created a safe space for open and honest conversations about mental, physical, emotional, and spiritual health. Delegates reflected on what has changed, what remains, and what still needs to be done to ensure every community can access care that is culturally safe, equitable, and responsive

2. To Strengthen Collective Vision and Governance.

Participants examined the meaning of true self-determination in health. Discussions on Health Transformation reaffirmed that NAN's goal is not to assume responsibility for a colonial system but to rebuild one that reflects First Nations values, languages, and laws. Each First Nation must define its own path within a collective vision of Mino Bimaadiziwin — living a good life grounded in balance, kinship, and accountability.

3. To Bridge Generations and Reclaim Roles.

Youth, Elders, caregivers, and knowledge holders sat together to rebuild the intergenerational relationships that sustain well-being. This bridge between generations — between traditional teachings and modern systems — was identified as central to any meaningful transformation.

Guiding Vision

At the heart of *United in Health* lies a vision of wellness defined by the people themselves. Health is not seen as the absence of illness, but as the presence of balance — between land and spirit, self and community, past and future.

Guided by the teachings of the *Charter of Relationship Principles* (Resolution 17/21) and the *Resolution 19/10 on Health Self-Determination*, the Summit reaffirmed NAN's commitment to creating a First Nations-led health system built upon respect, partnership, and mutual accountability. This vision recognizes that:

- Healing begins in the home and community, not in institutions alone.
- Culture and ceremony are not supplementary — they are essential medicine.
- Every Nation holds the sovereign right to design and govern the health services that reflect its own realities.
- Transformation must be guided by community voices, from the grassroots to the negotiating tables with Canada and Ontario.

Elders reminded participants that “we are planting seeds in soil that must be made healthy again.” This teaching encapsulated the guiding spirit of the Summit — that no amount of policy reform can heal what has been spiritually and culturally eroded. True transformation requires restoring the foundations of connection, trust, and belonging.

The *United in Health* Summit thus became more than an event: it was a continuation of a movement. Each conversation, teaching, and reflection contributed to a growing collective vision — a vision of a future where health systems across Nishnawbe Aski Nation are built from the ground up, rooted in culture, sustained by community, and accountable to the people they serve.



3. Day 1 – Healing, Trauma, and Safe Spaces

Theme: Understanding Trauma and Reclaiming Safety Through Culture

Day One of the *United in Health: A New Path Forward Summit* opened in ceremony — with the beat of the drum, the scent of smudge, and prayers offered for strength, openness, and collective purpose. Participants from across Nishnawbe Aski Nation gathered in the main lodge overlooking the water, ready to continue the journey of healing that began with the Roots of Wellness Summit a year earlier. The day's focus was on deepening understanding of trauma and reclaiming community safety through cultural teachings and relationships.

Morning Sessions: The Weight of Trauma and the Power of Awareness

The morning began with **Lisa Wesley's presentation on trauma and post-traumatic stress**, tracing how traumatic experiences — from colonization, residential schools, and cultural suppression to family loss, abuse, and major life events — become embedded in the body and spirit. Participants explored how trauma manifests through physical symptoms, emotional triggers, and behavioural patterns that can last decades if unaddressed.

Lisa emphasized that trauma is not only psychological but physiological and spiritual: it affects breathing, sleep, digestion, and energy. She guided participants through grounding and breathing exercises, inviting them to say aloud, "I am no longer in that trauma; I am in a safe place." This practice became a powerful moment of collective release, allowing delegates to reflect on how safety is not just a setting, but a state of being nurtured through community and connection.

Elders reminded participants that long before the term "trauma" existed, communities understood imbalance in spirit and body and used ceremony, song, and land to restore wellness. "We always had medicine for the heart," one Elder noted, "but colonization taught us to forget where to find it."

Afternoon Sessions: Peer Support, Safety, and Cultural Responsibility

After lunch, delegates joined small-group **Peer Support Workshops** where they reflected on the morning teachings and shared their own stories of resilience. Many spoke of how trauma is carried intergenerationally and how healing requires both acknowledgment and action.

The afternoon moved into a plenary on **Community-Based Mental Health Planning**, facilitated by HPA staff. Participants were invited to define what “safe spaces” mean within their communities, not only in clinical settings, but in homes, schools, and land-based gatherings.

Discussions revealed a common concern: that the language of “safety” has, in some contexts, become bureaucratic or even fear-based, creating barriers to open communication. Delegates asked, “*What is a safe conversation?*” and “*Who decides when it’s safe to speak?*” In response, Elders and youth emphasized that true safety cannot be legislated (it must be built through trust, respect, and relationship).

One participant reflected that their sense of safety was rooted in traditional family and community structures:

“When I was taken to Residential School, my grandfather told me not to lose my language. At night we would whisper our words to each other. That was safety — having our language.”

Others noted that reclaiming matriarchal and patriarchal roles, and returning to traditional parenting and mentorship practices, are essential to rebuilding those safe spaces.

Teachings and Reflections

Several key teachings emerged from Day One:

- **Safety is Cultural, Not Clinical.** Safety grows from relationships, ceremony, and language — not policies alone.
- **Trauma Is Generational but Healing Is Collective.** Communities carry the pain of past harms, but collective healing practices like ceremony, storytelling, and mentorship break those cycles.
- **Reviving Roles and Responsibilities.** Elders called for the re-establishment of traditional caregiver roles — the aunties, uncles, and grandparents who once ensured that every child was cared for.
- **Balance Between Healing and Action.** Participants stressed that while recognizing trauma is important, communities must also focus on rebuilding hope and confidence through programs that celebrate strength.



Deputy Grand Chief Anna Betty Achneepineskum addressed the gathering, reminding participants that this work represents more than a conference — it is a continuation of healing across generations:

“We are on the right path. Healing must come from you — from your communities, your families, your lands. You know your own strengths. Let’s use them to build the system we want.”

Closing of Day One

The day concluded with reflection, a collective breathing exercise led by Lisa Wesley, and a closing prayer accompanied by the drum. As the sound filled the room, participants were reminded that the heartbeat of the Nation — its people, languages, and songs — continues to guide the journey forward.

Delegates left the lodge that evening carrying both the heaviness of shared truths and the comfort of renewed solidarity. Day One had laid the foundation: before transforming systems, the people must first restore balance within themselves and within each other.

4. Day 2 – Transforming Health Systems Together

Theme: Building Bridges and Reclaiming Responsibility

The second day of the *United in Health Summit* began with prayer and the rhythmic pulse of the drum, symbolizing connection, renewal, and collective strength. The day's discussions shifted from individual and community healing toward systemic transformation — asking what a truly First Nations-led health system should look like, and how communities can work together to reclaim control over health and wellness.

Participants entered this dialogue grounded in the understanding that transformation cannot simply mean transferring colonial systems into Indigenous hands. Instead, it must mean rebuilding the very foundations of those systems — rooted in self-determination, respect for diversity, and the sovereignty of every Nation.

Morning Reflections: Healing Relationships and Intergenerational Dialogue

The morning opened with heartfelt reflections that underscored the human cost of inequitable healthcare. Delegates spoke of loved ones lost to **misdiagnosis and neglect**, and of how compassion and empathy must once again become guiding principles in care.

One participant shared:

“People go to the doctor in good spirits but come home in worse health, sometimes not at all. How do we start transforming health with all our differences and experiences?”

This question led to an honest conversation about relationships — between youth and Elders, between communities and systems, between tradition and modern care.

A younger delegate described a recent moment when they reached out to an Elder but felt dismissed, and how that pain nearly silenced them. Instead, it sparked a group reflection on **trust, compassion, and the responsibility of listening**. Elders responded by affirming that intergenerational dialogue must be reciprocal — young people must be given space to speak, and Elders must be supported to teach without judgment. As one Elder noted, *“We can’t talk about health if we don’t feel safe with each other.”*

This exchange reminded everyone that before transforming governance structures, there must be healing in relationships — the foundation of any health system grounded in community care.

Mid-Morning Session: Understanding Health Transformation

The next session, **“United in Transforming Health,”** invited participants to explore what Health Transformation (HT) truly means in practice. Facilitators emphasized that HT is **not about transferring a broken system**, but about asserting First Nations sovereignty in designing one that reflects community values.

Participants discussed how this process must unfold in partnership with communities, not imposed by NAN or any central body. Direction, they agreed, must come from the First Nations themselves — with NAN serving as a facilitator and advocate.

A key message emerged:

“Health Transformation is self-determination in action.”

Community representatives debated how governance could balance local autonomy with shared accountability. Questions arose around the role of Tribal Councils and Health Authorities, whether funds should flow directly to communities or through existing regional structures. The consensus was clear: wherever possible, funding and authority should go directly to First Nations, with Tribal Councils and regional partners filling gaps rather than directing priorities.

This model (First Nation first, Tribal Council second, Health Authority third) reflects a fundamental shift toward restoring control and ensuring that decisions about health services are made closest to the people they affect.

Afternoon Session 1: Reclaiming Roles and Responsibilities

Elder Teri Fiddler delivered one of the most powerful teachings of the Summit, grounding systemic reform in ancestral practice. She spoke of growing up on the land — learning from her mother and grandmother about midwifery, medicines, and ceremony — and how those teachings still guide her work today.

She reminded participants that traditional caregiving roles once ensured community well-being: mothers, fathers, aunties, uncles, and grandparents all shared responsibility for each other’s children. She reflected on how colonization and residential schools disrupted these systems, yet the teachings endure. Her story of learning from her grandmother — harvesting spruce bark to heal burns, preparing wild rice, fasting for health, and maintaining ceremonies for women — illustrated that the foundations of health and medicine already exist within communities.

Elder Fiddler also addressed contemporary challenges, including unresolved grief from the COVID-19 pandemic. She shared how many families were unable to properly honour their loved ones due to travel restrictions and isolation, leaving communities spiritually unbalanced. She proposed that each First Nation choose **one day each year for simultaneous community feasts** to honour those lost during the pandemic — a return to collective grieving and remembrance that strengthens community bonds.

She also cautioned about the impending expansion of **Medical Assistance in Dying (MAiD)** to youth with mental-health challenges, urging leaders to focus on prevention, compassion, and the protection of young life.

Her message resonated deeply: transformation must include **healing the heart of the community**, not just its systems.

Afternoon Session 2: NIHB – Charting a Future That Works

The later session turned to practical reform through the lens of **Non-Insured Health Benefits (NIHB)** and **medical transportation**. Delegates shared experiences of systemic barriers, frustration, and inequity in access to essential care.

Community representatives from Peawanuck, Matawa, and KO territories described recurring challenges: limited flights, rigid referral systems, bureaucratic restrictions, and the emotional toll of travel for patients.

One Health Director shared:

“We’ve been working on our own medical transportation for years, but we’re told we can’t arrange travel because we’re not government employees. It’s unacceptable — our people deserve control over how they reach care.”

Proposed solutions included:

- Allowing communities or regional health co-ops to manage NIHB travel directly;
- Providing up-front funds for transportation to avoid reimbursement delays;
- Recognizing community-based doctors as referral providers;
- Ensuring access to food during long travel days, especially for Elders and children; and
- Expanding flight schedules to meet community demand.

Participants affirmed that reforming NIHB is a **critical test of Health Transformation**; a tangible way to prove that self-determination can lead to better, fairer outcomes.

Closing Reflections: Culture as Governance

The day concluded with closing prayers, reflections from facilitators, and a powerful teaching linking cultural identity to governance. Elders spoke of the clan system and the responsibilities each clan carries — the wolf as the caller of the people, the bear as the leader, the eagle as the keeper of vision. Together, these roles represent balance and collective responsibility.

Delegates reflected that this teaching mirrors the principles of Health Transformation itself: every role, every voice, every Nation is needed to restore balance and accountability.

As the drums closed the Summit, the message was clear: the path forward must be **steeped in culture, strengthened by unity, and guided by community sovereignty**.

Transformation will not happen in policy alone — it will happen through the daily acts of care, teaching, and relationship that honour who the people of Nishnawbe Aski Nation have always been.



5. Key Insights and Teachings

Across the two days of the *United in Health: A New Path Forward Summit*, participants shared stories, reflections, and teachings that reached beyond policy or planning. What emerged was a collective understanding that transformation must begin with people — in relationships, in culture, and in the spirit of caring for one another.

The teachings shared throughout the Summit reflected a deep, shared truth: **health is not a program — it is a way of life.**

Healing Begins with Relationships

A central message echoed throughout the gathering: before systems can change, relationships must be repaired. Delegates spoke of the need to rebuild trust — between youth and Elders, between leadership and community, and between people and the institutions meant to serve them.

Many participants described the emotional distance that exists in current systems of care — how fear, bureaucracy, and judgment have replaced the compassion that once guided healing. One youth participant said, *“We can’t talk about health if we don’t feel safe.”*

The Summit reaffirmed that health transformation begins when people can once again look to one another with understanding and empathy. Healing is not about perfection, but connection — creating spaces where honesty, forgiveness, and compassion can coexist.

Culture as the Foundation of Wellness

Culture was not treated as a separate “pillar” of wellness but as its very root. Participants repeatedly emphasized that traditional knowledge, ceremony, and language are not cultural “add-ons,” but **medicine in themselves.**

Elders reminded delegates that teachings about land, food, and spirituality are health teachings. The land provides medicine; the drum restores rhythm to the heart; and language shapes identity and belonging. These are not symbolic — they are tangible expressions of health.

Through ceremony and storytelling, participants explored how reclaiming these practices not only heals individuals but strengthens entire systems. As one Elder reflected, *“When we sing, when we speak our language, when we feed each other — that is public health.”*

Intergenerational Healing and Shared Responsibility

Another key insight was the need for **intergenerational collaboration** in rebuilding wellness. Youth called for spaces where they could lead with the guidance of Elders, and Elders reaffirmed their responsibility to pass down knowledge.

The dialogue that unfolded on Day Two demonstrated that healing must involve all generations — each carrying a role and a responsibility. Young people bring energy, innovation, and urgency; Elders bring grounding, memory, and continuity.

This principle was captured in the teaching that “the circle of care must include every generation.” When all voices — youth, adults, and Elders — are valued, communities thrive.

Healing the Soil: Addressing Root Causes

Building on teachings from the Roots of Wellness Summit, participants revisited the metaphor that “we are seeds planted in poisoned soil.” This Summit deepened that reflection by emphasizing that soil — the environment in which people grow — includes housing, food security, clean water, and safety.

Communities cannot heal if their foundations remain unstable. Poverty, overcrowding, racism, and isolation continue to harm physical and mental health. Delegates reaffirmed that true prevention means healing the conditions that harm people before they reach crisis.

These conversations connected directly to systemic reform: transforming health systems means transforming the environments in which people live, love, and raise their families.

Self-Determination as Medicine

Perhaps the most powerful insight of the Summit was that **self-determination itself is a form of healing**.

When communities are trusted to make their own decisions, manage their own resources, and define their own visions of health, hope and confidence begin to return. As one Health Director noted, *“Every time we take control over our programs, our people get stronger. It’s not just administration — it’s empowerment.”*

Health Transformation, then, is not only a governance process — it is an act of collective healing. It acknowledges the pain of disconnection and works to rebuild systems of care that reflect trust, dignity, and balance.

Accountability and Collective Healing

Participants also discussed the importance of **accountability** — to one another and to the generations yet to come. Grand Chief Alvin Fiddler’s message from the previous Roots of Wellness gathering was invoked again: *“Ask me what’s changed since we gathered here. Hold me accountable.”*

Delegates expressed that transformation will only have meaning if it results in visible, measurable change — better health outcomes, increased local control, and systems that honour community priorities.

At the same time, participants emphasized that accountability must be shared, not imposed. Transformation is everyone’s responsibility — leaders, families, service providers, and governments all have a role to play.

As one Elder summarized,

“Healing is not the work of one person — it is what we do for each other, every day.”

A Circle, Not a Hierarchy

Finally, the Summit reaffirmed that the path forward is not linear or hierarchical — it is circular. The circle represents continuity, equality, and unity. Every voice in that circle carries wisdom. Every teaching is connected to another.

Transformation, in this sense, is not a destination but an ongoing process — one that will continue to evolve through gathering, dialogue, and shared responsibility.

In essence, the teachings of the United in Health Summit remind us that transformation is not only about systems — it is about spirit.

Healing begins with restoring relationships, reviving culture, and reaffirming sovereignty. When the soil of community is nourished, the people — and the systems that serve them — can finally begin to thrive.

6. Key Recommendations and Calls to Action

Throughout the *United in Health: A New Path Forward Summit*, delegates moved from reflection to action — identifying practical, community-driven steps to advance Health Transformation. The recommendations that emerged are rooted in lived experience and cultural knowledge. Together, they form a collective roadmap for building a system that reflects the sovereignty, strengths, and shared priorities of Nishnawbe Aski Nation First Nations.

These calls to action are not abstract policy ideas — they are grounded in the realities of the communities and the urgency of change. They reaffirm that transformation must be driven by the people and sustained by collective accountability.

Invest in Land-Based and Culture-Based Healing

Participants overwhelmingly emphasized that land-based healing is essential, not optional.

Delegates spoke of the profound connection between land, ceremony, and mental wellness — and how these approaches remain underfunded compared to Western clinical models.

Communities called for long-term, stable funding for culture-based programs, including:

- Seasonal healing camps led by Elders and Knowledge Keepers;
- Youth–Elder mentorship gatherings;
- Language and ceremony revitalization initiatives; and
- Integration of land-based practices into public health and primary care.

These investments are viewed not only as prevention strategies, but as restorative justice — addressing the historical and ongoing impacts of colonization by reconnecting people to the sources of identity, belonging, and medicine.

“The land holds our medicine and our teachings. When we return to it, we begin to heal.” — Summit Elder

Strengthen Community-Controlled Health Governance

Delegates reaffirmed that communities must hold the decision-making authority in their own health systems. Transformation cannot be a transfer of colonial structures — it must be the creation of new systems built from community knowledge outward.

Participants called for:

- Direct funding to First Nations wherever possible, with Tribal Councils and regional authorities serving in supportive, gap-filling roles;
- Capacity-building for Health Directors, community planners, and program managers;
- Development of community-specific health plans aligned with the broader NAN Health Transformation framework; and
- Clear, transparent accountability mechanisms ensuring community voice at every governance level.

By ensuring that direction flows from the grassroots upward, communities can reclaim ownership of their health systems and redefine accountability as a relationship of trust rather than surveillance.

Reform the Non-Insured Health Benefits (NIHB) Program

One of the most urgent themes of the Summit was the need to reform NIHB and **medical transportation** systems. Participants shared consistent frustrations with bureaucratic processes that create barriers to timely care and undermine patient dignity.

Communities called for:

- Local or regional management of NIHB travel to reduce delays and cancellations;
- Upfront funding for transportation to prevent financial hardship and dependency on reimbursement models;
- Recognition of community-based physicians and nurse practitioners as referral providers;
- Better coordination for connecting patients to care across distances (including culturally safe supports during travel); and

- Structural reforms that recognize the sovereignty of First Nations to oversee their own health-benefit delivery.

These recommendations reflect a wider call for **health equity** — that remote and fly-in communities deserve access to care that is timely, compassionate, and community-directed.

“We shouldn’t have to fight for the right to get to the doctor. Health access is a treaty right, not a privilege.”

Address the Root Causes of Illness and Inequity

Delegates emphasized that improving health outcomes requires tackling the social and structural determinants of health — housing, food security, water safety, and education.

Participants identified that:

- Overcrowded and unsafe housing continues to drive illness and mental distress;
- Food insecurity remains widespread, particularly in remote communities where costs are highest;
- Access to clean water is a foundational right that must be upheld as a health priority; and
- Education systems must promote Indigenous language, pride, and belonging to strengthen mental wellness.

Communities called for cross-sector collaboration — where housing, education, and infrastructure are recognized as health issues. Transformation, they said, must be holistic: **healthy systems begin with healthy environments.**

Reclaim and Revitalize Traditional Roles and Responsibilities

A consistent teaching from Elders and participants was that health begins with knowing one’s role and responsibility within the community. The Summit called for deliberate efforts to rebuild these traditional systems of care — grounded in matriarchal, patriarchal, and clan-based roles.

Actions identified include:

- Creating mentorship and knowledge-transfer opportunities between Elders and youth;
- Supporting cultural education on traditional caregiving, midwifery, and medicine;
- Encouraging men's healing and caregiving circles to restore balance in gender roles; and
- Honouring the contributions of women and caregivers as central to the Nation's wellness.

These recommendations reflect a return to ancestral governance — a system where health was ensured through shared responsibility, rather than delegated authority.

Honour Grief and Promote Collective Healing

Communities continue to carry the weight of unresolved grief — from suicide, addiction, and the loss of ceremony during the COVID-19 pandemic. Participants called for structured, collective opportunities to grieve and heal together.

Elder Teri Fiddler's proposal for **annual, simultaneous community feasts** to honour those lost during the pandemic resonated deeply with delegates. Many expressed support for formalizing this as an annual NAN-led event, symbolizing unity, remembrance, and renewal.

These gatherings would also serve as opportunities for ceremony, storytelling, and reconnection — strengthening the social fabric that supports long-term mental wellness.

“When we feast together, we remind each other that we are still here — and that we carry our ancestors forward with us.”

Empower Youth Leadership and Engagement

Youth were active, vocal participants in the Summit — sharing their experiences, frustrations, and hopes for the future. They called for more space to lead, create, and guide community solutions.

Key actions include:

- Supporting youth councils or advisory circles linked directly to NAN's Health Transformation tables;
- Funding youth-led healing and recreation programs that blend cultural expression with mental health support;
- Creating pathways for youth to engage in policy development, advocacy, and research.

Elders reinforced that youth are not only “the future” — they are part of the present. Empowering them to take ownership of this transformation ensures continuity and renewal of leadership grounded in community values.

Ensure Transparency and Accountability in Health Transformation

Participants echoed Grand Chief Alvin Fiddler's earlier call for **accountability through action**. The Summit affirmed that transformation will only hold meaning if the words shared in gatherings translate into measurable change.

Recommendations include:

- Establishing a clear mechanism for tracking the implementation of Summit recommendations;
- Requiring regular reporting to communities and Chiefs-in-Assembly on Health Transformation progress;
- Maintaining open lines of communication between the NAN Executive, Chiefs Council on Health Transformation, and community Health Directors; and
- Embedding accountability principles — transparency, respect, and reciprocity — into all future agreements with federal and provincial partners.

“Transformation isn't a project — it's a promise. We must hold each other to it.”

Collective Call to Action

The *United in Health Summit* concluded with a unified understanding: transformation is not a policy exercise — it is an act of collective healing.

Delegates left Killarney with renewed purpose and responsibility to ensure that every teaching, recommendation, and commitment shared over those two days continues to grow.

The path forward is clear:

- Invest in culture and land.
- Return decision-making to the communities.
- Reform systems that harm and replace them with those that heal.
- Walk together — youth, Elders, leaders, and families — in restoring the balance that defines Mino Bimaadiziwin.



7. Alignment with NAN Health Transformation

The United in Health: A New Path Forward Summit represented more than a two-day gathering — it was a pivotal step in the ongoing evolution of Nishnawbe Aski Nation's Health Transformation initiative. Building on the foundational work of the *Charter of Relationship Principles* (Resolution 17/21) and the *Agreement-in-Principle on Health System Design* under development, the Summit served as a living demonstration of what transformation looks like in practice: communities defining the vision, setting the priorities, and guiding the path forward.

A Continuum of Healing and Systemic Change

The *United in Health Summit* built directly upon the momentum of the 2024 *Roots of Wellness Summit: Honouring Our Strengths Within*, which focused on understanding trauma and re-establishing cultural foundations of care. While *Roots of Wellness* centred on individual and community healing, *United in Health* moved the conversation to the systems level — exploring how those same teachings can shape governance, funding, and policy reform.

This continuum reflects the natural progression of NAN's Health Transformation journey:

- **From Healing to System Design:** grounding system reform in the voices and experiences of community members.
- **From Wellness to Governance:** embedding culture and ceremony into the structures that will govern future health systems.
- **From Consultation to Co-Creation:** ensuring that every recommendation from community gatherings directly informs policy, standards, and agreements with Canada and Ontario.

By integrating these dialogues into the Trilateral Health Transformation Tables, NAN ensures that change flows upward — from the community to the negotiation table — rather than the reverse.

Guiding Policy and Service Standards Development

The insights gathered from the Summit are now shaping the development of several critical Health Transformation workstreams:

- 1. Mental Health and Wellness Service Standards** – defining what culturally safe and trauma-informed care means across NAN territory, ensuring that services reflect land-based healing, traditional knowledge, and local control.
- 2. Primary Care and NIHB Reform** – informing NAN's advocacy for a new model of care and benefits administration that is equitable, accessible, and led by First Nations.
- 3. Public Health and Community Wellness Frameworks** – embedding prevention, crisis response, and health promotion within culturally grounded systems rather than external colonial frameworks.
- 4. Governance and Accountability Structures** – advancing the creation of a new First Nations-led health entity and finance/administration body that reflect the principles of transparency, reciprocity, and community direction.

Each of these streams draws directly from the voices of Summit participants — transforming lived experience into measurable policy direction.

Reinforcing the Role of the Health Policy & Advocacy Department

For NAN's **Health Policy and Advocacy (HPA) Department**, the Summit reaffirmed the importance of **community engagement as the foundation of system design**. The discussions, teachings, and recommendations gathered at Killarney will guide:

- The ongoing development of NAN's **Mental Health Strategy**,
- Evidence-informed submissions to the **Trilateral Negotiation Tables** with Indigenous Services Canada (ISC) and the Ontario Ministry of Health (MOH), and
- Future rounds of engagement leading up to the signing of the **Framework Agreement** on Health Transformation.

The HPA team continues to act as the bridge between community knowledge and government systems — ensuring that the spiritual, cultural, and relational foundations of wellness are reflected in every policy document, agreement, and funding model.

Embedding Cultural Governance Principles

The Summit also advanced NAN's commitment to embedding cultural governance principles into all aspects of the new health system. Participants identified key principles that now inform Health Transformation's evolving governance model:

- **Respect for Sovereignty:** Each Nation directs its own path while contributing to collective structures.
- **Relational Accountability:** Decision-making based on trust, reciprocity, and shared responsibility.
- **Transparency and Communication:** Continuous feedback between community, leadership, and system partners.
- **Cultural Legitimacy:** Systems must derive their authority not from external legislation alone but from the teachings, ceremonies, and values of the people they serve.

By grounding governance in these principles, NAN ensures that transformation is not just administrative — it is cultural, ethical, and spiritual.

Strengthening the Trilateral Partnership

The discussions at the Summit will directly inform NAN's ongoing negotiations with ISC and the MOH. Delegates' recommendations — particularly around NIHB reform, community-controlled funding, and culturally safe service standards — will be presented through the Trilateral Health Transformation Tables as concrete evidence of community priorities.

This approach strengthens NAN's position in trilateral discussions by demonstrating that transformation is both community-mandated and evidence-based. Each story, recommendation, and teaching shared at the Summit represents a data point in a living system of Indigenous governance — one that values narrative truth alongside quantitative measures.

Ensuring Community Voice in Every Stage

A recurring message throughout the Summit was that **Health Transformation must always remain accountable to the people**. Participants urged that engagement must not end once agreements are signed or structures established. Ongoing validation sessions, community visits, and gatherings — like United in Health — must continue to serve as feedback loops between the evolving system and the communities it represents.

This ensures that transformation remains dynamic, responsive, and grounded in lived experience.

“If transformation is to mean anything,” one participant said, “it must always sound like the voices we heard in that room.”

Toward a New Health System

Ultimately, the United in Health Summit demonstrated that Health Transformation is both a process and a promise:

- A process of listening, co-designing, and building together;
- And a promise that the new health system will reflect the sovereignty, languages, and laws of Nishnawbe Aski Nation First Nations.

The Summit's outcomes reaffirmed that the work ahead — from finalizing the Framework Agreement to piloting new governance and service models — must continue to honour the principles shared in Killarney: unity, accountability, and Mino Bimaadiziwin.

Through the voices of its people, NAN is defining what transformation truly means — not a transfer of responsibility, but a reclamation of health, dignity, and self-determination.

8. Conclusion

The *United in Health: A New Path Forward Summit* marked a defining moment in the journey toward a First Nations-led health system within Nishnawbe Aski Nation. Held at Killarney Mountain Lodge, the gathering served as both a reflection of how far communities have come and a declaration of what remains to be done. Over two days, delegates transformed dialogue into direction — transforming pain into purpose, and reaffirming that healing and governance are inseparable.

The Summit reminded all who attended that **health transformation is not a single event or agreement — it is a living process rooted in the people.** Healing begins at home, in ceremony, in language, and on the land; and it continues through the systems communities build for themselves.

Across every discussion, a consistent truth emerged:

“The answers we seek are already here — in our teachings, in our Elders, in our children, and in our lands.”

Elders’ teachings grounded the gathering in the values of Mino Bimaadiziwin — living a good life guided by respect, balance, and humility. Youth carried forward visions of innovation and courage, showing that transformation requires not only wisdom of the past but hope for the future. Together, these voices formed a circle of continuity — one generation teaching the next how to care, how to lead, and how to heal.

Through sessions on trauma, safety, roles, and systemic reform, participants reaffirmed that transformation cannot succeed without **cultural grounding and relational accountability.** Culture is not an element to be added to health systems — it is the foundation upon which those systems must stand. Likewise, accountability must not flow only upward to governments but outward and inward — to the communities, the families, and the spirits that sustain them.

The call to reform the **Non-Insured Health Benefits (NIHB)** program and medical transportation systems symbolizes a broader demand: to replace colonial inefficiencies with systems of care that reflect Indigenous dignity and autonomy. The proposal for **annual, simultaneous community feasts** to honour those lost during the pandemic speaks to the same vision — health as collective ceremony, not merely service delivery.

By the closing ceremony, participants understood that the Summit's success would be measured not by the words spoken in the lodge, but by the actions that follow. Each teaching and recommendation now carries a responsibility: to be transformed into policy, practice, and sustained partnership through NAN's Health Transformation framework.

The path ahead will be challenging, but it is also illuminated. The work undertaken through *United in Health* has shown that transformation is already happening — in every act of reclamation, in every youth voice rising beside an Elder's song, and in every community choosing to lead rather than be led.

