Editorial

Welcome to this two-part guest edition of the *International Journal of Indigenous Health* (IJIH), produced by the First Nations Health Authority (FNHA) in the province of British Columbia (BC), Canada. As guest co-editors, we are pleased to present to you this collection of research, promising and wise practices, innovations, and Indigenous Knowledge on health and wellness. These papers constitute a substantive contribution to, as our call for submissions framed it, “Health Systems Innovation: Privileging Indigenous Knowledge, Ensuring Respectful Care, and Ending Racism toward Indigenous Peoples in Service Delivery.”

This guest edition received a significant number of excellent submissions, a reflection of the innovative work being done by Indigenous communities and their allies and partners in BC, across Canada, and around the globe. In total, 39 papers were accepted for publication. We are pleased to present volume 16, issues 1 and 2: “Honouring the Sacred Fire: Ending Systemic Racism toward Indigenous Peoples” and “Wisdom of the Elders: Honouring Spiritual Laws in Indigenous Knowledge.” These linked issues provide distinct and complementary views of transformative change at systemic, community, and Nation levels that will lead to safer and better care for Indigenous Peoples.

“Honouring the Sacred Fire: Ending Systemic Racism toward Indigenous Peoples”

encompasses themes of cultural safety, humility, and ending racism toward Indigenous people in the health system. Indigenous and allied voices share evidence of ongoing harms resulting from anti-Indigenous racism, offer lessons learned from emerging promising practices, and reflect on the good relationships that are possible when Indigenous rights and self-determination are respected. Papers explore improving primary care, including emergency department care for Indigenous people in a rural northern Canadian community and the transformation of primary care in Manitoba First Nations communities. Several authors write about programs designed to enhance the cultural safety capacities of medical students, researchers, and health care staff, and to expand the number of Indigenous health faculty and leaders in the health system. Authors share learnings about revising resources to be culturally relevant and safe for specific Indigenous populations in areas of serious illness and dementia care. Ethnobotany and decolonizing therapeutic approaches are described in the context of cultural and political resurgence. Researchers discuss Indigenous intimate partner violence toward men and a promising practice for a culturally adapted, trauma-informed yoga program for Indigenous adolescent girls. Recommendations are shared for improving culturally safe care for Nuuchahnulth Elders as well as for immediate government action to end the forced and coerced sterilization of Indigenous women in Canada. Manifestations of anti-Indigenous racism in adult education environments are discussed, as are ways to address institutional racism against Indigenous Peoples in Australia’s health care sector. Finally, the role of truth, reconciliation, and Indigenous Rights in the BC health system is explored.

“Wisdom of the Elders: Honouring Spiritual Laws in Indigenous Knowledge” focuses on Indigenous health innovations that reflect Indigenous perspectives; programs rooted in Indigenous knowledge, culture, and land; and Indigenous health leadership. While these articles are often written by Indigenous scholars sharing knowledge with other Indigenous readers, the mainstream health system has much to learn about culturally safe health system transformation from this dialogue. In this issue, researchers present findings from initiatives for Indigenous-centred perinatal care for mothers and families and from studies of Indigenous women’s experiences of stress and postnatal depression. Researchers from New Zealand discuss the process of Hā Ora, a co-designed research project underpinned by a kaupapa Māori approach. Results from land-based well-being and healing initiatives are shared, as well as from urban projects supporting Indigenous men experiencing homelessness and Indigenous youth in foster or away-from-home care. Two new research methods are detailed: the Developer/Adapter method and a new process of data contemplation using Indigenous methodologies. Research findings about traditional Haudenosaunee foods are shared, and the meaning of land, water, and territory for Stó:lō people is discussed in the context of the development of a wellness indicator. Other innovative practices include the role of end-of-life doulas in supporting Indigenous people in their journey to the spirit world, a new strategy to reduce the harms of polypharmacy, and a public health intervention used in the first ever *Vibrio cholerae* outbreak in coastal BC. Evaluation findings from an Indigenous harm reduction training program are shared, and Cowichan Tribes describe a collaborative, in-person research ethics review process that took place in their territory. Researchers provide insights on how criminalization of HIV shapes the experiences of Indigenous women living with HIV and on improving effectiveness of tobacco cessation resources by moving from a pan-Indigenous to an Inuit-specific approach. Lastly, leaders in the BC health system share how they built an overdose surveillance system to measure overdose events among First Nations Peoples in BC, focusing on data stewardship and governance.

This edition was produced and edited at the FNHA’s offices on the traditional territories of the Squamish (Sḵwx̱wú7mesh Úxwumixw), Tsleil-Waututh (səlilwətaʔ), and Musqueam (xwməθkwəyəm) Nations, otherwise known as Vancouver. The call for papers invited submissions from across the globe, but because the FNHA’s mandate is to deliver First Nations health programs in BC, submissions from within the province were especially welcomed. In particular, authors affiliated with the FNHA generated a high number of submissions. For these papers, Dr. Ted Mala, External Associate Editor, was invited to lead the editorial process to ensure they met the high standard expected of articles published in IJIH and to avoid actual and perceived conflict of interest. These submissions underwent the same rigorous intake and peer review process as all submissions.

In the IJIH peer review process, for each paper, two expert peer reviewers are invited, one who is university-based and one based in community. Every effort is made to find Indigenous peer

reviewers and reviewers who reside in the region where the work took place. In this edition, over 100 peer reviewers, nearly 80% of whom are Indigenous, made publication recommendations. We are grateful for the scholars, health professionals, and community members who graciously volunteered their time.

The role of peer reviewer is voluntary. This can be especially challenging for Indigenous community-based researchers, practitioners, and Knowledge Holders who are not in roles where peer review is considered part of their responsibility, as it is in academia. There is a clear need to support the knowledge and contributions to health research of Indigenous Peoples. And there is a need for additional government funding and compensation models for community-based peer reviewers to ensure their significant contributions to knowledge exchange and creation are supported. This will ensure that Indigenous journals and open access resources are able to thrive, increasing Indigenous Peoples' access to, and their knowledge being privileged in, publications that aim to improve their lives.

Producing the FNHA guest edition would not have been possible without the contributions of our editorial staff: Alexa Norton and Namaste Marsden, Managing Editors; Kate Jongbloed and Kira Pavagadhi, Editorial Assistants; Katie Bauder, Jennifer Murray, Riley Bizzotto, and Sara Argumedo Gomez, Editorial Support Staff; Jessica Humchitt, Elena Szefer, Leena Hasan, Frederick Langshaw, Mathew Dueck, and Ersin Asliturk, members of the FNHA's Research and Knowledge Exchange team; John Moody and Amelia Nezil, Communications Staff; and Dawn Loewen and Audrey McClellan, Copy Editors. We raise our hands to you.

We wish to extend our gratitude to those who made this edition possible: the expert peer reviewers, the FNHA editorial staff, and most of all, the authors. It is no small feat to produce a peer-reviewed journal at the best of times, and particularly amid the co-occurring global public health threats of COVID-19, opioid overdose, and systemic racism against communities and populations. We raise our hands in thanks to the authors, reviewers, and staff who were understanding and patient, and supported this publication to its fruition.

We also wish to recognize the essential contributions and support of the IJIH, published by the Waakebiness-Bryce Institute for Indigenous Health at the Dalla Lana School of Public Health at the University of Toronto. In particular, we give thanks to the IJIH editorial team, Dr. Suzanne Stewart, Editor; Harrison Mair, Journal Co-Manager; and Kira Pavagadhi, Journal Co-Manager, who joined the FNHA editorial team to work on this guest edition. We also wish to acknowledge the support of Angela Mashford-Pringle, former co-editor of IJIH and one of the founders of the *Turtle Island Journal of Indigenous Health*.

As guest editors, we wish to make some contextual comments about this edition. It is imperative to note that the submissions were developed prior to the global pandemic of COVID-19 that has,

at the time of this publication, officially claimed over 2.4 million lives around the world. While we do not know with certainty the extent of the impact of COVID-19 on Indigenous Peoples globally, we know that socio-economic factors, including lack of appropriate housing, have impacted viral transmission. For isolated communities with reduced access to primary care, there is an ongoing assertion of jurisdiction to protect residents—in particular, to protect Elders as the holders of traditional knowledge, language, and oral history. In BC, the unintended consequences of COVID-19 public health measures have tragically included an increase in overdose deaths, disproportionately experienced by Indigenous people who use drugs.

The release of this edition comes at a pivotal time. In Canada, increased attention is being paid to the systemic racism that undermines, devalues, and all too often results in the loss of Indigenous lives. Discussion on race relations and racial progress continues to evolve rapidly in the United States. Uprisings against racism in Canada, the United States, and worldwide have ignited scholarship, advocacy, and systemic change to improve the lives, safety, health, and wellness of Indigenous people more than ever before. However, there is more work to do. This guest edition is one contribution in these collective efforts.

In BC and elsewhere, Indigenous people have worked for recognition and respect for their human rights in their own lands and territories since colonization began—in the face of systemic racism. In 2020, in BC, the *In Plain Sight* report was released, detailing widespread Indigenous-specific racism and discrimination in BC's health care system. However, BC is also the first Canadian province to legislatively adopt the principles of the United Nations Declaration on the Rights of Indigenous Peoples. The FNHA and its health partners are committed to improving cultural safety and humility in the health system. The evidence of when we have achieved cultural safety and humility is seen most plainly in day-to-day care: where our people access services to save their life, bring a life into the world, take care of our health, prevent and treat disease, and be with loved ones at the end of their life journey. We will know we have achieved cultural safety when First Nations and Indigenous people say we have. This metric will be the only one that will demonstrate our success. In our work, we uphold and embed this motto: “Nothing about us, without us.”

We invite a wide variety of readers to engage with this unique collection of papers: Indigenous and allied students, researchers, health providers, and health leaders. We believe that the lessons shared cannot help but compel us to envision and undertake tangible action toward creating health ecosystems that honour and reinforce the self-determination of First Peoples in their lands.

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