



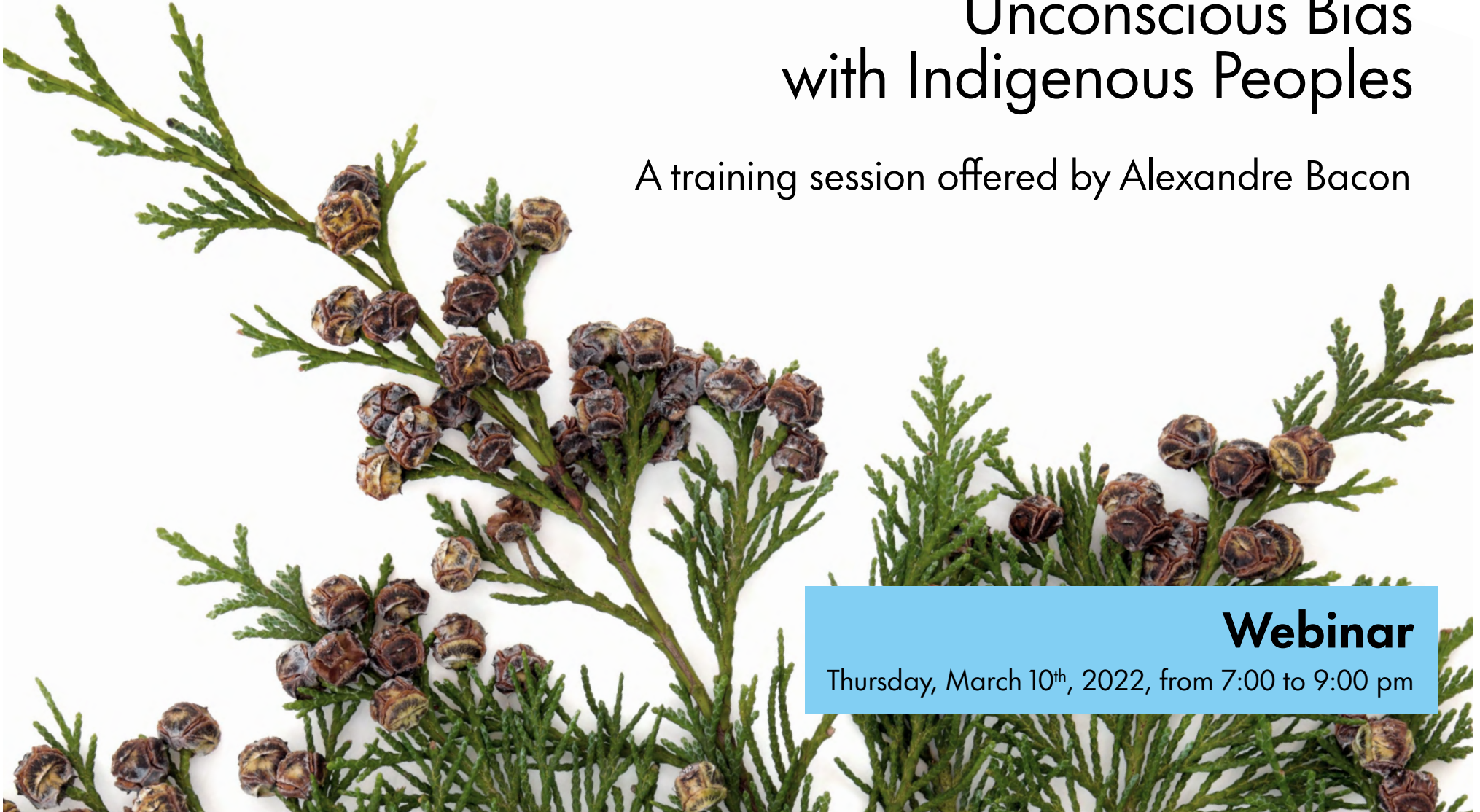
Canadian Medical Association

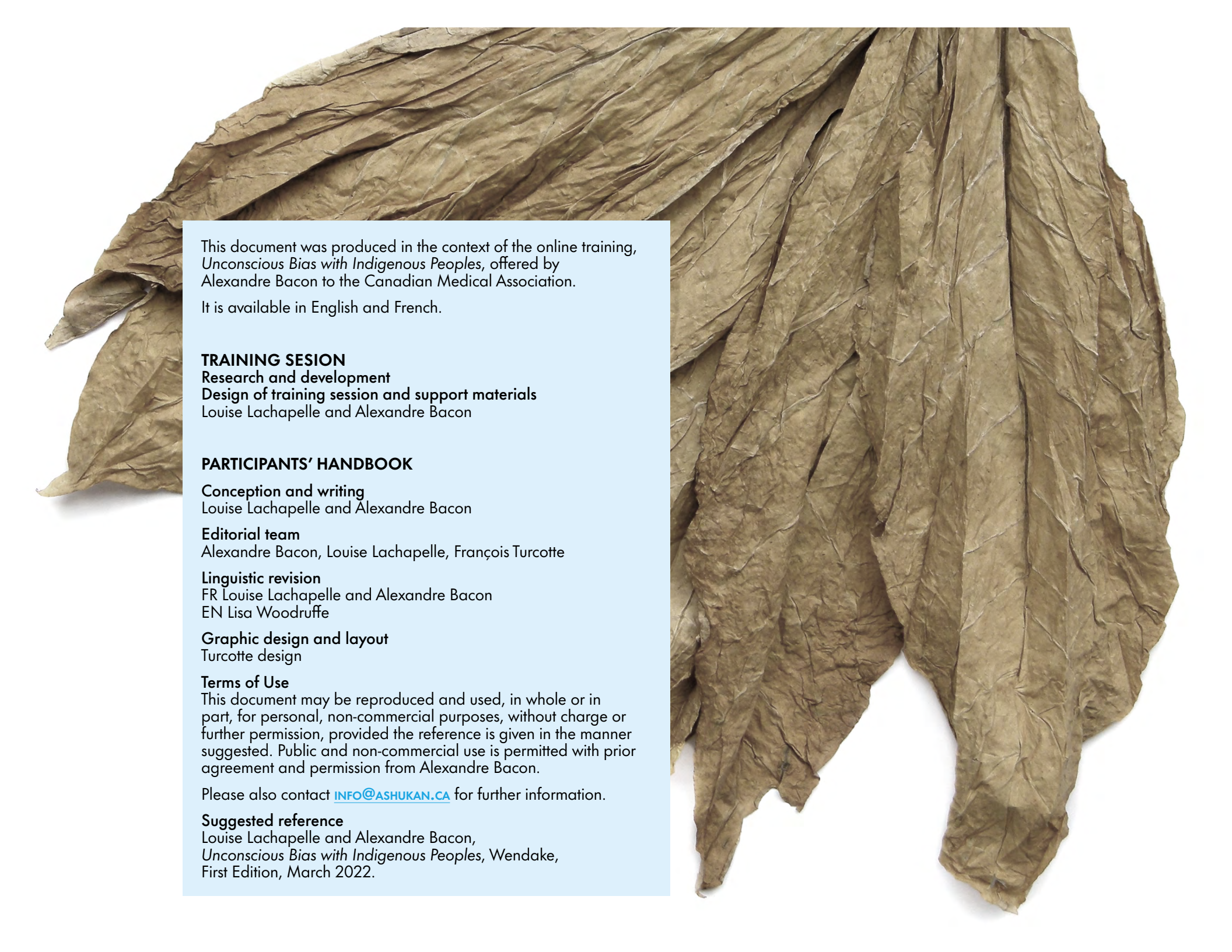
Unconscious Bias with Indigenous Peoples

A training session offered by Alexandre Bacon

Webinar

Thursday, March 10th, 2022, from 7:00 to 9:00 pm





This document was produced in the context of the online training, *Unconscious Bias with Indigenous Peoples*, offered by Alexandre Bacon to the Canadian Medical Association.

It is available in English and French.

TRAINING SESSION

Research and development

Design of training session and support materials

Louise Lachapelle and Alexandre Bacon

PARTICIPANTS' HANDBOOK

Conception and writing

Louise Lachapelle and Alexandre Bacon

Editorial team

Alexandre Bacon, Louise Lachapelle, François Turcotte

Linguistic revision

FR Louise Lachapelle and Alexandre Bacon

EN Lisa Woodruffe

Graphic design and layout

Turcotte design

Terms of Use

This document may be reproduced and used, in whole or in part, for personal, non-commercial purposes, without charge or further permission, provided the reference is given in the manner suggested. Public and non-commercial use is permitted with prior agreement and permission from Alexandre Bacon.

Please also contact INFO@ASHUKAN.CA for further information.

Suggested reference

Louise Lachapelle and Alexandre Bacon,
Unconscious Bias with Indigenous Peoples, Wendake,
First Edition, March 2022.

Summary

This handbook is a support tool prior to the webinar and as it unfolds.

It also aims to support a continuous learning process and the implementation of sustainable changes.

This presentation of the training session is intended to be representative of the themes and issues addressed, as well as the challenges and opportunities that lie ahead.

Our choice of images is an expression of the importance given to plants in the healing process by First Peoples.

Welcome	4
Why this unconscious bias training session with Indigenous peoples?	5
What are the main objectives of this training session?	6
What approach guides our process?	7
How can I prepare myself?	8
Warning	9
Along with the hospital, that made four	10
Webinar Process	11
Learning, a lifelong process of transformation	12
Among some of the most common bias	13
References to underline the complexity of Indigenous health realities	15
And other explorations	19
ASHUKAN Training sessions	20

Welcome

Kuei! Hello!

It is with great pleasure that we are sending you this handbook, in preparation for the upcoming training session on unconscious bias.

This tool will allow you to start thinking about biases and to have a variety of resources at your disposal in order to go further in your understanding of some important issues concerning relations with First Peoples in Canada.

We hope that this training session will inspire each of you to think differently as you come into contact with First Peoples and as you provide your care to Indigenous people, regardless of their life journey.

I would like to thank the Canadian Medical Association, which is hosting this webinar, and especially Mark Woods and Jenny Kaser, for their support throughout this process.

This training session has benefited greatly from the collaboration with Louise Lachapelle, and the graphic work of François Turcotte.

We recognize the diversity of knowledge and experience from which the ideas, information, approaches and practices that form the basis of this training are drawn, as well as the relationships that nourish our work.

Ashukan is a word widely shared in Algonquian languages to designate the notion of “bridge”.

Let’s hope that this training session allows us to borrow some of these invisible bridges that we must sometimes learn to travel, to cross unexpected distances between healthcare providers and Indigenous peoples.

May the next few pages be helpful in your journey. See you soon,
Alexandre Bacon



Why this unconscious bias training session with Indigenous peoples?

We use the feminine to value gender diversity, often dear to Indigenous peoples, and to lighten the text. This choice is an explicit bias.

As surprising as it may seem, as a health care practitioner, developing the ability to identify and challenge unconscious bias can save lives. Indeed, it has been shown that certain cognitive mechanisms can distort our interpretation of the specific realities of the patient's experience before us.

Preferences, prejudices and beliefs that we are not always aware of affect our judgments, attitudes and behaviours, as well as our decision-making, at the risk of causing errors and sometimes aggravating the problems of the suffering people who seek wellness coming to us.

Although it is difficult to fully protect ourselves against the influence of these involuntary biases, there are various ways to become more aware of the risks and dangers associated with these biased cognitive responses in order to minimize their negative impacts in the

context of a care relationship whose effectiveness depends on listening, mutual trust, benevolence and respect.

Based on the realities and cultural specificities of Indigenous populations, and placing the care relationship at the heart of the issues addressed, this training session focuses on unconscious bias and the risky situations they can trigger in a context of practice with Indigenous peoples, particularly during the medical encounter.

What are the main objectives of this training session?

This training session invites each health practitioner to become more vigilant about her own implicit biases, as well as the biased social constructions conveyed towards Indigenous individuals and groups.

It proposes various self-reflexive and preventive strategies to guard against unconscious biases in the context of practice with Indigenous people. It allows for a better understanding of a relational context, which will be considered from a reciprocal perspective, and of a relationship, which is still variously affected by the historical experience of colonization, as well as by persistent colonialism and systemic racism. Hence it is all the more important to create and consolidate bonds of trust.

Together with best practices that emphasize personal and cultural safety, this training session emphasizes the importance of continuing to develop intercultural knowledge and skills, and the need to transform one's professional interventions in a manner that is adapted to and respectful of the diversity of realities specific to Indigenous individuals and peoples. It thus aims to support the implementation of the right to a real accessibility and equality in terms of care and services for Indigenous peoples.

What approach guides our process?

Disclosure of the critical positioning and approach that guides our process and our choices in the context of this training session.

The approach favoured by this training session is part of a process of decolonization of our relationships, our practices and our environments, a social justice process that is currently affecting many spheres of civil society. Based on accountability rather than guilt, this critical and creative approach is called to transform, for the benefit of all, Canada's public services.

Our approach supports the autonomy and self-determination of First Nations, Inuit and Métis.

We consider the calls to action of the Truth and Reconciliation Commission of Canada (TRC, 2015), as well as the forward-looking vision provided in the most recent annual report of the Chief Public Health Officer of Canada, who affirms that "The promotion and protection of health and well-being among First Nations, Inuit, and Métis Peoples is an essential component of a strong and transformed public health system." (PHAC, 2021 and 2022)



How can I prepare myself?

By way of self-reflexive prompts, we suggest you consider the following questions:

- What do you know about the Indigenous people you treat in the context of your professional practice?
- What do you know about the Indigenous, First Nations, Inuit and Métis communities served by the care settings in which you work?

- How does this knowledge inform your interactions with Indigenous people?
- How does this knowledge inform your professional practice with Indigenous people?

- Where did you get this knowledge or information?
- What value do you place on this information and these sources?



Warning

The content of this training session and the topics covered may cause some discomfort, bring up unexpected emotions or trigger uncomfortable feelings.

This training session is intended for health practitioners who wish to work for the well-being of patients.

The learning objectives are based on a better knowledge of Indigenous peoples' realities and, more specifically, on taking into account the discriminatory or dangerous experiences of care lived by Indigenous people within the Canadian public health system.

We are concerned with preventing discomfort and helping you to deal with it, by adopting a posture and language that is safe and inclusive. Our intention is to create the conditions for you to engage in personal reflection on your practice and your professional environment.

However, we will address issues that can be difficult, some of which may arouse emotions or discomfort.

If you feel the need, we invite you to contact the following resources, provided by the Canadian Medical Association:

Wellness Support Line

<https://www.cma.ca/supportline>

Physician Wellness Hub

<https://www.cma.ca/physician-wellness-hub>

Along with the hospital, that made four

“Kauapishit ka itenitak tshimut tshetshi ushteshitutuk, nishtam katshishkutamatsheutshuapinu niminikuti. Kauapishit ka ui tshishkutamuimit utinniun e inniuat, miam nishtuait ishinakuannipan ukatshishkutamatsheutshuap : peik^u eukuan Kakusseshiu-katshishkutamatsheutshuap, nish^u eukuan Kaminnanut, nisht^u eukuan Kamakunueshiutshuap. Neunipani mamu Akushiutshuap.”

Eukuan nin matshi-manitu innushkueu
An Antane Kapesh, Innu, Matimekush-Lac John

“When the White man thought to become my brother without my knowledge, the first thing he gave me was the School. When he wanted to teach us his culture, to us the Indians, he had three kinds of Schools: the first was the School Board, the second, was the Bar, and the third, the Prison.
Along with the Hospital, that made four.”

I Am a Damn Savage (Free translation from French)
An Antane Kapesh, Innu from Matimekush-Lac John

« Quand le Blanc a songé à devenir mon frère à mon insu, il m’a avant tout donné l’École. Quand il a voulu nous enseigner sa culture, à nous les Indiens, il avait trois sortes d’Écoles : la première, c’était celle de la Commission scolaire, la deuxième, c’était le Bar et la troisième, la Prison.
Avec l’Hôpital, ça faisait quatre. »

Je suis une maudite Sauvagesse
An Antane Kapesh, Innu from Matimekush-Lac John

“leaving no one behind, no one outside”

A Global Call for Action

Global action plan of the International Decade of Indigenous Languages (2022-2032)

Webinar Process

WELCOME AND OPENING

Presentation
Approach and progress
Limits and bias of the training session

1 SETTING THE CONTEXT

1.1_Unconscious bias

Understand the role and functioning of these implicit cognitive processes

Anticipate the impacts and recognize the risks associated with bias

1.2_Historical relationships with First Nations, Inuit and Métis

Another perspective on Canadian history

1.3_Contemporary relationships with First Nations, Inuit and Métis

Persistent Colonialism and Systemic Racism in Canadian Health Care

2 THE MEDICAL ENCOUNTER, A CARE-BASED RELATIONSHIP OR A RISK OF AGGRAVATION?

2.1_Unconscious bias, healthcare practitioners and Indigenous patient

How can we recognize our own biases in health care settings and in the context of our practice involving Indigenous individuals and communities?

2.2_Crossed views on the medical encounter

How can we anticipate and defuse risky situations that may be triggered by each person's bias during interactions between health practitioners and Indigenous patients?

3 CREATE AND CONSOLIDATE RELATIONSHIPS OF MUTUAL TRUST

3.1_Critical thinking

What can we do as citizens and as health practitioners to deconstruct our own biases?

3.2_Personal and cultural safety

How can we improve our ability to respond appropriately to the realities of Indigenous patients?

ACKNOWLEDGEMENTS AND CLOSING REMARKS

Learning, a lifelong process of transformation

“Here, Shuni, time is shaped like a circle. It evolves continuously. Everyone follows the circle of his or her life. As the seasons follow one another, resemble each other. Revealing hidden parts that no one suspected.

[...]

Perhaps when we accept our circle, we also accept the certainty that allows us to build the future, what is called prosperity.

The circle is different from a linear system of time in which life is a race from point A, birth, to point B, death. In between, education, career, partnership, home, family, retirement. In that order.

How many times a day do I have to remind myself of this?

Life is not a race.

[...]

The reassuring thing about the circle is that you can come back to the same place as many times as you need to. Go back to school, a job that is too demanding, a broken relationship. To come back and be convinced that this moon will be the good one.”

SHUNI Ce que tu dois savoir Julie (Free translation from French)
Naomi Fontaine, Innu from Uashat

Among some of the most common bias

The definitions below are based on excerpts from [SHORTCUTS. A handy guide to cognitive biases.](#)

BELIEF BIAS

“If it corresponds to my knowledge and beliefs, it must be true.”

“Belief bias refers to our tendency to rely on our pre-existing beliefs to evaluate a conclusion. This leads us to overestimate the validity of a credible conclusion, independently of its true logical validity. This is one of the most studied and demonstrated phenomena in the field of reasoning. The tendency is accentuated when we are obliged to reason quickly.”

BLIND SPOT BIAS

“Other people are more biased than I.”

“While it may seem easy to identify bias in others, it is different when it comes to assessing one’s own abilities to think impartially. Indeed, it is difficult for individuals to notice and identify the biases that mark their own decisions, judgments, beliefs or perceptions: this is the blind spot bias. In other words, we believe ourselves to be better able than our peers to perceive reality as it is and to reason in a neutral and objective manner. This belief persists even when we know of the existence of cognitive biases.”

Among some of the most common bias

ESSENTIALISM BIAS

I predict a lot of things “about an individual simply by their membership in a social group.”

To facilitate our understanding of the social universe and our processing of complex information about social groups, we rely on categories we perceive as having an essential and unchanging underlying nature.

“This bias leads to overestimating the extent to which a person is defined by the social category to which they belong. In other words, it leads to thinking that a lot of information can be deduced about an individual simply by their membership in a social group. This is a general tendency that has been demonstrated at all ages and in various cultures.” “This gives us the impression that we can more easily predict the characteristics of group members and understand their essential characteristics.”

“This bias is associated with the endorsement of stereotypes and prejudices against groups (e.g. as in sexism, racism, and ageism). Moreover, it can also lead to the justification of social injustice.”

CONFIRMATION BIAS

“I favour information that supports my hypothesis and ignore information that contradicts it.”

“Confirmation bias is a tendency, often unconscious, to be overly supportive of information that confirms a hypothesis, to the detriment of information that contradicts it. This bias can occur in different ways. When information conforms to our hypothesis, it can be remembered more easily or given more weight than information that contradicts it. Sources of information that support the hypothesis may also come under less critical scrutiny. This bias can occur in a context where we are dealing with a subject related to emotions, opinions or beliefs, but also in a neutral context where these factors are not at play.”

References to underline the complexity of Indigenous health realities



- The criteria that guided this selection include the following:
- Information resources produced by First Nations, Inuit and Métis
 - Resource materials produced in collaboration with and for First Nations, Inuit and Métis
 - Resources available in both colonial languages (English and French)
 - Some relevant documents available in one language only
- Categories for grouping references are, for the most part, mutually inclusive.

SOME BASIC INFORMATION

Government of Canada
(L.R.C. 1985, ch. I-5). [Indian Act](#).

Public Inquiry Commission on relations between Indigenous Peoples and certain public services in Québec
(2019). [Public Inquiry Commission on relations between Indigenous Peoples and certain public services in Québec: listening, reconciliation and progress. Summary Report](#).

UNESCO
(2021). [Global action plan of the International Decade of Indigenous Languages \(IDIL 2022-2032\)](#).

National Inquiry into Missing and Murdered Indigenous Women and Girls
(2019). [Reclaiming power and place. The final report of the National inquiry into missing and murdered indigenous women and girls: Volume 1a & Volume 1b](#)

(2019). [Reclaiming power and place: Volume 2. A supplementary report of the National inquiry into missing and murdered indigenous women and girls. Kepek-Quebec](#).

Truth and Reconciliation Commission of Canada
(2015). [Canada's residential schools : the final report of the Truth and Reconciliation Commission of Canada. : IR4-9/2015E-PDF](#)
(2015). [Honouring the truth, reconciling for the future. Summary of the final report of the Truth and Reconciliation Commission of Canada](#).
(2015). [Truth and Reconciliation Commission of Canada: Calls to Action](#).

United Nations
(2007) [United Nations Declaration on the Rights of Indigenous Peoples](#)

Aboriginal Healing Foundation
(2006). [Final Report of the Aboriginal Healing Foundation, Volume 1. A Healing Journey: Reclaiming Wellness](#).

Prepared by Marlene Brant Castellano

Royal Commission on Aboriginal Peoples
(1996). [Report of the Royal Commission on Aboriginal Peoples](#).

Government of Canada
[Jordan's Principle](#).
[Inuit Child First Initiative](#).

Samir Shaheen-Hussain (About the #aHand2Hold campaign)
(2020). [Fighting for A Hand to Hold: Confronting Medical Colonialism against Indigenous Children in Canada](#).

Atikamekw Nehirowisiw
(2020). [Principe de Joyce. Mémoire présenté par le Conseil des Atikamekw de Manawan et le Conseil de la Nation Atikamekw au Gouvernement du Canada et au Gouvernement du Québec](#).
(In French only)

RECOMMENDED TOOLKITS

Canadian Medical Association (CMA)
(2021). [The Unforgotten toolkit: An educational guide to learn about, reflect on and dismantle anti-indigenous racism in health care.](#)

Amnistie internationale and Mikana
(2019). [Tu n'as pas l'air autochtone. Et autres préjugés.](#) (In French only)

Commission des droits de la personne et des droits de la jeunesse and Institut Tshakapesh
(2019). [Aboriginal Peoples: Fact and Fiction.](#)
Prepared by Pierre Lepage.

Montreal Indigenous Community NETWORK
(2019). [Indigenous Ally Toolkit](#)

EQUIP Health Care
(2018). [Equity Walk-Through.](#)

Amélie Lamont
(2016). [Guide to Allyship: An open source starter guide to help you become a more thoughtful and effective ally.](#)

Dr. Lynn Gehl
(2011). [Ally Bill of Responsibilities.](#)

UNCONSCIOUS BIAS

Émilie Gagnon St-Pierre, Cloé Gratton, Eric M. Muszynski, Gaëtan Béghin (Editors)
(2021). [Shortcuts. A handy guide to cognitive biases.](#)

Dimitri Girier
(2019). [Conférence sur les biais inconscients : L'impact des préjugés sur notre prise de décisions.](#) (In French only)

IVADO, International Observatory on the Societal Impacts of AI and Digital Technology, Université de Montréal, Quebec Equity Diversity Inclusion Network.
(2020). [Unconscious Bias And Recruiting.](#)

HEALTH

Public health agency of Canada (PHAC)
(2022). [Generating Knowledge to Inform Public Health System Transformation.](#)
(2021). [A Vision to Transform Canada's Public Health System.](#) Chief Public Health Officer's Report on the State of Public Health in Canada 2021.

National Collaborating Centre for Indigenous Health (NCCIH)
(2021). [Visioning the Future: First nations, Inuit, & Métis Population and Public Health.](#)

Pascale Breault, Jessie Nault, Michèle Audette, Sandro Échaquan, Jolianne Ottawa, Olga Szafran, Neil R. Bell, James A. Dickinson, Roland Grad, Guylène Thériault, Harminder Singh and Earle Waugh
(2021). [Improving preventive screening with Indigenous peoples.](#)

Pascale Breault, Jessie Nault, Michèle Audette, Sandro Échaquan and Jolianne Ottawa
(2021). [Reflections on Indigenous health care: Building trust.](#)

First Nations Health Authority (FNHA)
(2019). [Cultural Safety and Humility: Case Study Report](#)
Prepared by Marcia Nickerson
(2016). [Cultural Safety and Humility.](#)
(s.d.) [#itstartswithme: Creating a Climate for Change](#)



RACISM AND DISCRIMINATION

Inuit Tapiriit Kanatami

(2021). [Systemic Discrimination in the Provision of Healthcare in Inuit Nunangat. A Brief Discussion Paper.](#)

Assembly of First Nations in Quebec and Labrador (AFNQL)

(2020). [AFNQL Action Plan on Racism and Discrimination: Engaging with First Nations Against Racism and Discrimination.](#)

Institut de recherche et d'informations socioéconomiques (IRIS), Julia Posca et Wissam Mansour

(2020). [Qu'est-ce que le racisme systémique?](#) (In French only)

Ligue des droits et libertés

(2017). [Le racisme systémique... Parlons-en!](#) (In French only)

Lloy Wylie, Stephanie McConkey

(2017). [Insider's Insight: Discrimination against Indigenous Peoples through the Eyes of Health Care Professionals.](#)

The College of Family Physicians of Canada – Indigenous Health Working Group

(2016). [Health and Health Care Implications of Systemic Racism on Indigenous Peoples in Canada.](#)

National Collaborating Centre for Aboriginal Health (NCCAHA)

(2015). [Webinar : Anti-Aboriginal Racisme in Canada : A Social Determinant of Health.](#)
(2014). [Aboriginal Experiences with Racism and its Impacts.](#)

Ontario Human Rights Commission

(n.d.). [Racism and racial discrimination: Systemic discrimination](#)

CULTURAL SAFETY

Indigenous cultural safety (ICS)

[Collaborative learning series.](#)

San'yas Indigenous Cultural Safety Training Program and consultation services

[SAN'YAS Anti-racism Indigenous Cultural Safety Training Program](#)

Manitoba Trauma Information and Education Centre (MTIEC)

(s.d). [Role of the Elder.](#)

Ministère de la Santé et des services sociaux, Gouvernement du Québec

(2021). [La sécurisation culturelle en santé et en services sociaux - Vers des soins et des services culturellement sécurisants pour les Premières Nations et les Inuit](#) (In French only)

Royal College of Physicians and Surgeons of Canada and Indigenous Health Committee (IHC)

(2021). [Indigenous Health: What you should know about being culturally safe physician.](#)

(2019). [What does it mean to provide culturally safe care for Indigenous patients?](#)

Lindsay Allen, Andrey Hatala, Sabina Ijaz, Elder David Courchene Hon, Elder Burma Bushie

(2020). [Indigenous-led health care partnerships in Canada.](#)

Margo Greenwood, National Collaborating Centre for Aboriginal Health

(2018). [Modelling change and cultural safety: A case study in northern British Columbia health system transformation.](#)

HealthcareCAN, Lisa Richardson and Tracy Murphy, with HealthcareCAN Indigenous Health Steering Committee

(2018). [Bringing Reconciliation to Healthcare in Canada – Wise Practices for Healthcare Leaders.](#)

Anne-Marie Leclerc, Kévin Vézeau-Beaulieu, Marie-Claude Rivard and Paul Miquelon.

(2018). [Sécurisation culturelle en santé : un concept émergent. Pistes d'application auprès des communautés autochtones.](#) (In French only)

Carole Lévesque

(2017). [La sécurisation culturelle : moteur de changement social.](#) Présentation à la Commission Écoute Réconciliation Progrès. (In French only)

Carole Lévesque, Ioana Radu, Mélissa Sokotoff

(2014). [Projet Abinodjic. Fiche d'information. Le concept de sécurisation culturelle : origine et portée.](#) Montréal : Institut national de la recherche scientifique. (In French only)

National Collaborating Centre for Aboriginal Health (NCCAHA), Lauren Baba

(2013). [Cultural safety in First Nations, Inuit and Métis Public Health : Environmental Scan of Cultural Competency and Safety in Education, Training and Health Services.](#)

Health Council of Canada

(2012). [Empathy, dignity, and respect. Creating cultural safety for Aboriginal people in urban health care.](#)

David Puaud

(2012). ["L'empathie méthodologique" en travail social.](#) (In French only)

PROTOCOLS AND GUIDELINES

First Nations Information Governance Center (FNIGC)

[OCAP® and Information Governance](#)

Stephanie Russo Carroll, Edit Herczog, Maui Hudson, Keith Russell and Shelley Stall

(2021). [Operationalizing the CARE and FAIR Principles for Indigenous data futures.](#)

Karine Gentelet et Alexandra Bahary-Dionne
(2021). [Stratégies des Premiers Peuples au Canada concernant les données numériques : décolonisation et souveraineté.](#) (In French only)

First Nations of Quebec and Labrador Health and Social Services (FNQLHSSC)

(2019). [Cadre de référence sur la gouvernance de l'information des Premières Nations au Québec.](#) (In French only)

Suzy Basile, Nancy Gros-Louis Mchugh, Karine Gentelet (editorial Committee)

(2021). [Toolbox of research principles in an aboriginal context: ethics, respect, fairness, reciprocity, collaboration and culture..](#)

First Nations of Quebec and Labrador Health and Social Services (FNQLHSSC), Université de Québec en Abitibi-Témiscamingue, Université du Québec en Outaouais et Réseau DIALOG.

Indigenous Directions Leadership Group Concordia University

(2019). [Indigenous Elder and Community Protocols: Guidelines for Acknowledging Territory: Protocols for Working with Elders, Knowledge Keepers, and Community Members](#)

Assembly of First Nations in Québec and Labrador (AFNQL)

(2019). [First Nations in Quebec and Labrador's Research Protocol Companion Guide.](#)

(2014). [First Nations in Quebec and Labrador's Research Protocol.](#)

**Government of Canada
Canadian Institutes of Health Research,
Natural Sciences and Engineering Research
Council of Canada, Social Sciences and
Humanities Research Council**

(2018). [Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans \(TCPS 2\) – Chapter 9: Research Involving the First Nations, Inuit and Métis Peoples of Canada.](#)

Quebec Native Women (QNW)

(2012). [Guidelines for Research with Aboriginal Women.](#)

Inuit Tapiriit Kanatami & Nunavut Research Institute. Scot Nickels, Jamal Shirley, Gita Laidler (ed.)

(2007). [Negotiating Research Relationships with Inuit Communities: A Guide for Researchers.](#)

Ontario Federation of Indigenous Friendship Centres (OFFIC)

(2016). [USAI: Utility, Self-voicing, Access, Inter-relatedity. Research Framework](#)

Mi'kmaw Ethics Watch

[Mi'kmaw research principles and protocols conducting research with and/or among Mi'kmaw people.](#)



And other explorations

LITERARY WORKS (In alphabetical order according to the authors' first names)

An Antane Kapesh.

(1976 and 1979; reedition 2020). [I Am a Damn Savage; What Have You Done to My Country? / Eukuan nin matshi-manitu innushkueu; Tanite nene etutamin nitassi?](#) Translation by Sarah Henzi.

Drew Hayden Taylor

(2015). [The best of Funny, you don't look like one.](#)

Joséphine Bacon

(2018). [Ueish – Quelques part.](#) (Innu-aimun, with French translation)

Leanne Betasamosake Simpson

(2011). [Dancing on our Turtle's back: Stories of Nishnaabeg re-creation resurgence and a new emergence.](#)

Lee Maracle

([1993] 2017). [Ravensong.](#)

Ma-Nee Chacaby, with Mary Louisa Plummer

(2016). [A Two-Spirit Journey. The Autobiography of a Lesbian Ojibwa-Cree Elder.](#)

Naomi Fontaine

(2019). [SHUNI Ce que tu dois savoir, Julie](#) (In French only)
([2011] 2013). [Kuessipan.](#)

Rita Joe

(1999). [We are the Dreamers: Recent and Early Poetry.](#)

Sheila Watt-Cloutier

(2017). [The Right to Be Cold. One Woman's Story of Protecting Her Culture, the Arctic and the Whole Planet.](#)

Thomas King

(2013). [The Inconvenient Indian. A Curious Account of Native People in North America](#)
([2003] 2008). [Truth about Stories. A Native Narrative.](#)

Wab Kinew.

(2017). [The Reason You Walk, A Memoir.](#)

Zebedee Nungak

(2017). [Wrestling with Colonialism on Steroids. Quebec Inuit Fight for Their Homeland.](#)

FILMS, DOCUMENTARIES AND BALADOS

(In alphabetical order according to the directors' first names)

Alanis Obomsawin

(2019) [Jordan River Anderson, the Messenger.](#)
(1993) [Kanehsatake, 270 Years of Resistance.](#)

Alethea Arnaquq-Baril

(2016). [Angry Inuk](#)

BUILD. Films and Networked Health, with Canadian Medical Association

(2021). [The Unforgotten.](#)

Femmes autochtones du Québec (FAQ)

(2018) [Notre histoire passée et présente.](#) (In French only)

Kim O'Bomsawin

(2018). [Quiet Killing](#)

Marie-Andrée Gill and Isabelle Picard

(2020). [Laissez-nous raconter : L'histoire crochie.](#)

Mark Sandifor

(2006) [Qallunaat! Why White People are Funny](#)

Neil Diamond, Catherine Bainbridge and Jeremiah Hayes

(2010). [Reel Injun: On the trail of the Hollywood Indian.](#)

Tim Wolochatiuk

(2012) [We Were Children.](#)



ASHUKAN Training sessions

An online training tool to better know and understand Indigenous realities

Over the past few years, the issues surrounding Indigenous peoples have come to the forefront. If it is often difficult to get a concise idea of them, it is because they are surprisingly complex and few resources exist to facilitate a global understanding. In any case, many actors agree that there are systemic dimensions to the problems raised by Indigenous issues.

To better understand the origins of some of these problems in Canada and to consider concrete solutions, **ASHUKAN** trainings sessions propose to delve deeper into recent history and to explain some of the logic that prevails when we wish to work with Indigenous peoples.

ASHUKAN offers professional trainings sessions on many themes related to the First Peoples living in Quebec, Ontario and the Maritimes, such as the different Indigenous cultures, languages and values, the terminologies to use or avoid, the historical and socio-political issues, the intercultural approaches and the individual and collective steps to progress on the road to reconciliation.

ASHUKAN training sessions are in the form of video vignettes and include presentations by the trainer, images, animations, quotes and maps, and end with an evaluation of the knowledge acquired.

Visit ASHUKAN.CO for more information.

