



Native Plants and First Nations: How can we create research that is equitable, sustainable and beneficial to all?

Workshop Proceedings and Report
Royal Roads University, Victoria, BC
January 24 and 25, 2005



ROYAL ROADS
UNIVERSITY

The Centre for Non-Timber Resources

In partnership with

British Columbia Institute of Technology and
Community Health Associates of BC.

Funded by

Natural Health Products Research Program, Health Canada

Native Plants and First Nations:
How can we create research that is
equitable, sustainable and beneficial to all?

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Amanda Howe (Compiler)



Natural Health Products DIRECTORATE



This workshop was funded by the Natural Health Products Directorate of Health Canada as part of the Natural Health Products Research Program (NHPRP). The aim of the NHPRP is to germinate interest in natural health product research by supporting research and related activities that address the following objectives:

- The need to build research capacity;
- The commitment to conduct research of the highest quality;
- The importance of developing community infrastructure and partnerships; and/or
- The need to enhance knowledge transfer and information retrieval.

The Natural Health Product Research Program has been developed to reflect the diverse nature of the Natural Health Product research community. During their nationwide consultations the Natural Health Products Research Program identified indigenous medicinal plants and Aboriginal contributions and approaches to alternative health care as research priorities.

Acknowledgements and Thanks

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Thanks and acknowledgement to all the participants of this workshop.

Thanks and acknowledgement to everyone for so actively participating in discussions that were open, respectful and helped to create better understanding for all.

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PARTNERS

Royal Roads University Centre for Non-Timber Resources (CNTR)

The CNTR was established in 2003 to lead the university's program of research, education and capacity building, and advocacy in the sustainable utilization and conservation of non-timber resources, principally botanical and mycological species known as "non-timber forest products".

<http://www.royalroads.ca/cntr>

Community Health Associates of British Columbia (CHA)

Community Health Associates, established in 1993, is a First Nations organization that represents 250 community health workers who work in First Nation reserve communities in the province. These community health workers are band members who address the myriad of health issues faced by Aboriginal people; as such they are knowledgeable about natural health products being used in their community.

<http://www.cha-bc.org>

Herbal Evaluation and Analysis Laboratory (HEAL), British Columbia Institute of Technology.

Research conducted in BCIT's Herbal Evaluation and Analysis Laboratory involves investigations into a variety of areas concerning herbal medicines including the determination of toxic components & contaminants, the quantification of active and marker compounds, and the identification and quantification of constituents in medicinal preparations to assist in clinical studies.

<http://www.bcit.ca/appliedresearch/nhp/>

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WORKSHOP PARTICIPANTS

Allison McCutcheon	Ethnopharmacologist. Research Associate UBC and BCIT. President, Natural Health Products Research Society.
Amanda Howe	Workshop Co-ordinator. Research Assistant, Royal Roads CNTR. Herbalist. Director, Canadian Council of Herbalists Associations.
Lus Chiim, (Arvid Charlie)	Cultural Advisor, Cowichan Tribes.
Bertha Thomas	Saik'uz Nation Traditional Healer.
Darcy Mitchell	Director, Centre for Non-Timber Resources. Royal Roads University.
Don Ollsin	Herbalist. Victoria, B.C.
Evelyn Camille	Traditional Healer. Councillor, Heritage and Culture, Kamloops Indian Band.
Fred Sampson	Chief, Siska Indian Band. Founder of Siska Traditions Ethical Picking Practices.
Gerald Amos	Director, Na Na Kila Institute, Haisla Nation.
Gillian Leverkus	Herbalist. Expert Advisory Committee to Health Canada's Natural Health Products Directorate. Vice President Canadian Council of Herbalists Associations.
Jammi Kumar	Ministry of Agriculture, Aboriginal Agriculture, Prince George.
Jeanne Paul	Traditional Healer, Naturopathic Doctor. Coast Salish First Nation, Sliammon Band.
Kathleen Skinner	Research Development Coordinator Office of Research, Royal Roads University.
Mabel Louie	Health Director, Carrier Sekani Family Services.
Mary Bernard	Director of Research and Professor, Royal Roads University.
Minnie Thomas	Traditional Healer, Saik'uz Nation.
Nancy Turner	Ethnobotanist, University of Victoria.
Paula Brown	Natural Health Products Researcher, HEAL Laboratory, British Columbia Institute of Technology.
Robert Prins	Ministry of Agriculture.
Ron Bordessa	Vice President Academic and Provost, Royal Roads University.
Semir Omar	Head of Traditional Products, Natural Health Products Directorate, Health Canada.
Sonja Charlie	Cowichan Tribes Member.
Susan Rowe	Herbal product manufacturer.
Tim Brigham	Coordinator Education and Capacity Building, Centre for Non-Timber Resources, Royal Roads University.
Tina Marie Christian	Consultant, First Nations community development. Okanagan Nation.
Tom Hobby	Centre for Non-Timber Resources, Royal Roads University.

Trevor Lantz	Plant Ecologist, University of British Columbia
Wayne Christian	Executive Director, Community Health Associates of BC.
Wedlidi Speck	Cross Cultural Facilitator.
Wendy Cocksedge	Coordinator Research and Extension Centre for Non-Timber Resources, Royal Roads University.
Wendy Rowe	Professor and Academic Lead, Royal Roads University.

Background

In response to the research priorities identified by the Natural Health Products Research Program, a small invitational workshop was held by Royal Roads University's Centre for Non-Timber Resources in partnership with Community Health Associates of British Columbia and the British Columbia Institute of Technology. It was designed to bring together Aboriginal and Non-Aboriginal participants to initiate dialogue about research into indigenous medicinal plants and Aboriginal contributions and approaches to alternative health care.

There is an opportunity in Canada for unique and important research into indigenous medicinal plants and into Aboriginal health care using medicinal plants. However, a number of issues that affect Aboriginal people and the resource of indigenous plants need to be addressed before this can happen in an equitable and sustainable way. The workshop discussions identified and expanded upon a number of these issues.

Workshop participants included natural health product researchers, First Nations traditional healers and elders, health care providers, herbalists, plant specialists, a number of government agencies, plant ecologists, ethnobotanists, those involved in managing the resource, and the Natural Health Products Directorate of Health Canada.

The aim of the workshop was to build relationships, research capacity and networks between disciplines, areas of expertise, and sectors and also to contribute to awareness raising and capacity building within each participant's community and professional network so that equitable and sustainable research may proceed. It was also intended to initiate dialogue that is respectful, cognizant of the issues, open, transparent and beneficial to all between Health Canada Natural Health Products Directorate, First Nations researchers, health care providers and herbalists/plant specialists, those involved in managing the resource and NHP researchers. The workshop constituted the initial dialogue across disciplines about these issues and identified issues and long-term objectives that are important to the participants. Its purpose was to create an inclusive network of all the stakeholders in an atmosphere of openness and transparency in order to form the basis for discussions concerning research and commercialisation of indigenous plants, and research into indigenous plants in First Nations health care issues. As such the workshop was a first step in a long-term plan for research and capacity building to address a wide variety of issues and opportunities in the interwoven fields of indigenous medicinal plants and Aboriginal health care.

Research into traditional indigenous medicinal plants and First Nations contributions to health care include research areas covering aboriginal health care, traditional knowledge of medicinal plants, ethnopharmacology, plant ecology, sustainable harvesting, and cultural and spiritual values. These diverse disciplines become interwoven in this multi-faceted area of research.

Workshop Outcomes

The participants shared a common interest in indigenous medicinal plants, but they each came to this interest from different areas of expertise and different perspectives. A facilitator with skills in inter-disciplinary and cross-cultural dialogue guided the workshop sessions to help ensure effective and respectful communications and created an environment that effectively encouraged open dialogue.

Participants discussed four case studies that were designed to focus discussion on issues related to commercialization of, and research into traditional indigenous medicinal plants and First Nations contributions to health care. The discussions then led to the identification of priorities and next steps to be taken.

The points raised in the discussions of the case studies follow below in Section One.

There were four overarching themes; these were commonly agreed upon threads throughout the discussions at the workshop. They were:

- The importance of spirituality and respect for culture.
- Protection of the wild plant population and the environment – the inter-relatedness/interconnectedness of environment and health. Sustainable use of the resource.
- Capacity must be built so that First Nations can lead research. Project development, research, production and manufacturing should take place within First Nations Communities and by First Nations People. Consultation is not enough.
- Benefit sharing with communities must take place.

Details of the discussions and priorities can be found below in Sections One and Two of the workshop proceedings.

The following projects and ideas were the generally agreed upon “next steps” that were the outcome of the discussions of the case studies and subsequent identification of the priorities.

- 1) Participants to take the ideas and priorities identified in the workshop back to their communities, agencies, departments, and colleagues for further discussion.
- 2) Development of protocols for research. These protocols could be developed through a case study researching the use of a medicinal plant used within a traditional framework taking into account the spiritual, cultural and environmental concerns identified in the workshop.
- 3) Need for a gathering of elders and traditional healers with regional representation from all over BC to talk about the ideas and issues raised at the workshop.

- 4) Create a clearinghouse for information and networking. Protocols and networks could be accessed and used widely through a clearinghouse.
- 5) Research into wild plant populations and the impact of commercial harvesting that takes place to meet market demands. Education of commercial buyers and wild crafters re: sustainability issues and product quality.
- 6) There must be real consultation that involves First Nations people. First Nations people must control and lead the research.
- 7) Workshop discussions and priorities to be presented at the Natural Health Products Research Society Conference in Vancouver on February 11th, 12th and 13th, 2005.

Post Workshop dialogue and desire for outcomes from the discussions

Following the workshop there was an opportunity to apply for CIHR/NHPD funding for research into natural health products and health research related to natural health products. A number of participants who had been at the workshop stepped forward to participate in an application to CIHR/NHPD. There was interest in proceeding with one of the projects identified as a next step at the workshop. An application was submitted for research into the development of protocols through a case study looking at the use of devil's club (*Oplopanax horridus*) in diabetes.

The initial dialogue and networking at the workshop made support from both First Nations and Non-First Nations applicants and collaborators in this research application possible. This research will not only create much needed protocols but will build on the existing relationships and networks initiated at the workshop, and will build capacity both in the First Nations communities and between the First Nations and Non-First Nations collaborators and Health Canada.


Natural Health Product Research Society of Canada Conference, Vancouver February 2005.

The 2nd Annual NHP Research Conference "Integrating Basic and Clinical Research" provided insights into future market directions, cutting edge technologies in research and development, manufacturing, and product quality. The conference drew participants from around the world providing an excellent opportunity to explore the latest research advances and to meet people from around the globe who are involved in natural health product research.

The proceedings and recommendations from the workshop were presented for further discussion and dissemination in the Traditional Medicines session chaired by Nancy Turner. Chief Fred Sampson gave a PowerPoint presentation of the issues and ideas that were raised at the workshop. This generated discussion amongst the conference delegates who were interested in the idea of the creation of protocols for research. Chief Sampson was approached by a number of delegates at the conference who were interested in partnering in research. Chief Sampson said that this further demonstrated the need for research protocols in this area to be developed before the many research ideas could proceed.

Aboriginal Health Research Ethics, UBC – First Nations House of Learning
Vancouver, March 2005.

The project coordinator and the Director of the CNTR attended this one day workshop to identify common issues and priorities in research on indigenous medicines and Aboriginal health research more generally, and to further develop networks with researchers and Aboriginal communities. Useful connections were made with researchers and communities particularly in regard to diabetes prevention and treatment.



WORKSHOP PROCEEDINGS

Dr. Richard Skinner, President of Royal Roads University, welcomed workshop participants.

Lus Chiim (Arvid Charlie), Cultural Advisor with the Cowichan Tribes led a Welcoming Prayer.

Dr. Keith Martin, M. P. for Esquimalt – Juan de Fuca welcomed participants on behalf of Minister of Health, The Honourable Ujjal Dosanjh and voiced his support for the aims of the workshop and the importance of traditional medicine research.

Workshop participants discussed four case studies that addressed different areas of research into and commercialisation of indigenous plants and research into aboriginal approaches to health care using medicinal plants. The proceedings from these discussions follow:

Section One Discussion of the four case studies in both small groups and plenary sessions.

Section Two Prioritization of the concerns, issues, and ideas arising from discussions.

Section Three Next Steps identified.

Discussion was open, respectful and engaging.

The Four Case Studies.

Case Study A

A First Nations Herbalist would like to start selling her own brand of herbal products in local stores and over the Internet. Some of these products are traditional remedies that have been handed down through her family and some of them are remedies she has learned from other people. She intends to apply to Health Canada's NHPD for licensing.

Case Study B

A local small herbal shop sells a number of proprietary herbal products. They are now required to obtain a license for these from Health Canada's Natural Health Products Directorate. In order to prove safety and efficacy of the herbal product Health Canada will accept traditional knowledge to support the licensing application. There are First Nations claims for the herbs in the literature that Health Canada would accept and the shop would like to use these claims.

Case Study C

A large BC herbal nutraceutical company has a product that includes Pipsissewa (*Chimaphila umbellata*). The Pipsissewa leaves that will be used to meet the demand from marketing of this product will be harvested in the wild, as there is no Pipsissewa grown commercially. It is unknown how the plant responds to harvesting or what the wild populations of the plant are.

Case Study D

A community health representative has noticed that a number of people in her community are using devil's club to treat their diabetes. She would like to further research this and find out exactly what effect the devil's club is having on peoples blood sugar levels over the long term, how the plant is being prepared for use, and what, if any, long term benefits or side effects there are from using this herb.

Participants were asked how they would approach each of these cases as if the case applied to them personally.

SECTION ONE

Discussion of the four case studies.

This section details the ideas, comments, and questions raised by the participants and does not represent consensus. The discussions covered a wide spectrum of topics. The issues, ideas and questions fell mainly into the following three broad areas:

- 1) Research into indigenous traditional medicinal plants and traditional uses.
- 2) Harvesting and Production of wild indigenous traditional medicinal plants.
- 3) Commercialization of indigenous traditional medicinal plants and traditional knowledge.

Overarching Principles

The following overarching principles were repeated throughout the discussions of all four of the case studies.

- The importance of spirituality and respect for culture.
- Protection of the wild plant population and the environment – the inter-relatedness/interconnectedness of environment and health. Sustainable use of the resource.
- Capacity must be built so that First Nations can lead research. Project development, research, production and manufacturing should take place within First Nations Communities and by First Nations People. Consultation is not enough.
- Benefit sharing with communities must take place.

1) Research into traditional indigenous medicinal plants:

- Research could help to provide information that will encourage the younger generation to use medicinal plants in health care, and to facilitate ongoing use of medicinal plants thus avoiding the loss of the knowledge through diminishing use of plants as medicines.
- There is a need for guidelines and protocols to be developed before research is undertaken.
- The research must be done within spiritual and cultural frameworks that respect the culture in which the research is being carried out.
- What are the impacts of disclosing information about medicinal plants and traditional approaches to health care for First Nations people? If this is not clear to people they will be unwilling to share knowledge. There must be a very clear description of the research and how it will affect everyone involved and how information will be used once the research is complete.
- Knowledge about medicinal plants is sacred and it is not always appropriate to share it.
- Traditionally plants might only be used by a traditional healer following a “consultation” with the person who is unwell; how can research incorporate this important element of the way in which medicinal plants are used? Investigation of the plant often misses this completely and thus misses a vital element of traditional health care using medicinal plants.
- It is not possible to separate foods and medicines in a traditional health care approach.
- Absolute need to protect the medicinal plants and the environment when considering the impact of research, or the impact of publicizing the results of research.
- Outside experts need to assist with, not lead, the research. The holders of the knowledge about the plants and healing traditions are the experts and should have lead roles in the research.
- Need to build capacity for research within First Nations communities so that First Nations communities can lead the research.

- Build community based knowledge to decrease dependency on external sources to undertake research.
- How can doctors and researchers be best educated about First Nations knowledge base and practices?
- First Nations communities need to create positive connections with outside researchers who are interested in helping with First Nations led research into medicinal use of plants.
- Non First Nations researchers do not always find it easy to make ‘connections’ with communities.
- Research should be kept small scale in order to retain control of how the research proceeds and how the knowledge is disseminated. However, large-scale research can be of financial benefit to the community.
- There must be a clear benefit to the community from the research.
- Who owns the research?

2) Production and Harvesting:

Factors affecting efficacy and quality of traditional medicinal herbs:

- Some participants stated their belief that sharing knowledge about traditional uses too widely can dilute the potency of the medicine made from the plant.
- Quality control must be in place –harvesting, drying and manufacture. Poor handling and processing will affect the end product.
- Pollution of growing sites pesticides/heavy metals/industrial pollutants will affect quality and safety of medicines/products made from medicinal plants. Areas where wild plants are harvested must be checked for pollutants to ensure that contaminated sites are not used for harvesting.
- Medicinal plants must be harvested properly to ensure high quality medicine from the plant.
- Medicinal plants must be prepared for medicinal use correctly e.g. medicinal plants should not be encapsulated if the traditional preparation is decoction (i.e. boiling).
- The same plant species growing in different geographical areas will have different actions; this will affect expected medicinal action.
- The spirit of the plant is an important part of the medicine and there is a loss of the spirit of the plant if it has not been harvested or prepared in the right way. Cultural traditions must be respected when using medicinal plants in a traditional way.
- Traditional medicines made from medicinal plants may not work at all if they are not prepared in the traditional spiritual way by a traditional healer.
- Changing health conditions, diet and environment may mean that a plant that used to be effective for a certain condition is no longer useful for that condition.
- Medicinal plants are often used carefully in unique combinations and specific dosages. Some may be poisonous if used incorrectly.

Harvesting concerns – sustainability

- Harvesting protocols needed.

- Health Canada could put a requirement into the licensing application that companies must prove that herbs are from a sustainable source.
- Traditional aboriginal harvesting methods and non-aboriginal harvesting methods must both be researched. Do traditional methods of harvest ensure sustainability?
- It may not be possible to create a single harvesting protocol for a particular plant, as the plants response to harvesting differs according to the geoclimatic area.
- Certification and Education of Harvesters – harvesters of wild medicinals need to be educated about how to harvest the herbs so that the wild populations are not negatively impacted. They also need to be educated about correct identification of plant, correct part of the plant to harvest, correct time of year to harvest and correct drying/processing techniques once the plant has been harvested.
- Companies buying wild harvested plants must be educated to ensure they understand the implications of how they source their herbs and to try to ensure that they buy from a sustainable source.
- Mapping and inventory of plants is required in order to know how much can be harvested sustainably without negatively impacting the overall plant population in a given area. Research needed.
- Long term monitoring program of wild medicinal plants is needed.
- Improper harvesting will negatively impact the sustainability of harvest.
- Permission should be required to harvest wild plants on private or reserve land.
- Traditional laws must be respected when harvesting on First Nations territory and permission must be obtained.
- Does cultivation of a medicinal plant negatively affect the potency and efficacy of the plant when compared with a plant that has been grown in its natural habitat?
- Certain species are disappearing due to the impact of sprawling development. These plants are an important part of First Nations culture and loss of certain species within a traditional territory will have a negative impact on First Nations cultural traditions.
- Loss of species in an area indicates degradation of the environment.
- International, particularly European markets, are increasingly more educated about sourcing herbs that have been sustainably harvested so there is a demand for herbs that are certified as being from a sustainable source.

Production/Manufacturing of herbal medicines using indigenous traditional plants:

- Many traditional healers believe medicines should not be commercially produced and sold, but are to be shared as a gift.
- Local production should be developed to create value added businesses rather than shipping out raw herbs.
- Technical capacity for production within First Nations communities must be developed.
- How is the success of a project determined? Example: The “Siska Traditions Ethical Picking Practices” (STEPP) has health, honorability, cultural and spiritual values, sustainability and economic diversity as indicators of success. Profit is not the most important thing.
- Branding products by region can add value locally and recognize regional knowledge.

- New commercial herbal medicine products should be developed from traditional knowledge that already exists in the public domain.
- Commercial production plans should include benefit sharing.
- Production and development must include a clear agreement regarding such things as Intellectual Property issues and patents.
- Production of medicine is usually a unique process that includes a spiritual aspect - from harvesting to preparation to the giving of the medicine to someone. Some believe that this is not compatible with commercialization.

3) Commercialization of traditional medicinal plants and knowledge:

- Some participants stated that traditional medicines are sacred and should not be commercialized at all.
- Others stated that commercial production of traditional indigenous medicinal plants in a respectful way would perhaps safeguard the plants, the ecosystem and the knowledge by highlighting their importance. And could also bring economic diversity to communities, and rejuvenation of the use of traditional health care approaches in the younger generations.

There are different value systems. How can these value systems be reconciled?

- Plants harvested in the wild for commercial production must be protected from over harvesting or poor harvesting practices that threaten survival of the plant.
- Commercial production of traditional medicinal products should be carried out within the community in which the knowledge lies.
- Plants that have been, or are currently, used for sacred/spiritual purposes should not be commercialized.
- Profit should not be the most important driving factor in commercial projects, community health and respect for the environment are more important.
- Will there be overall loss of potency of the medicinal plant medicine if the plant is used improperly by large numbers of people – as in some modern medicines?
- Great spirit is connected to all things. If this is disregarded the soul of the plant will leave.
- Some of the medicinal plants can be poisonous in large quantities (can be lethal) but in the right mix and quantities can be quite useful when used by a traditional healer, therefore the traditional healers should be allowed to use plants that might not be suitable for commercialisation.
- Concerns were expressed about potential values being compromised as commercialization takes over.

Traditional use of a medicinal plant can be used as evidence of efficacy and safety in licensing applications to Health Canada; the following issues, questions and ideas were discussed:

- Permission should be sought from First Nations people in order to use traditional claims even if the knowledge is in the public domain.
- Benefit sharing - there should be a sharing of benefits by the manufacturer with the community whose claim has been used.
- Health Canada could request that the manufacturer includes proof of benefit sharing as part of the licensing application process if a traditional claim is used.
- The commercially prepared plant should be prepared in the same way as the plant is prepared in the traditional claim that is being used to support evidence of efficacy and safety.
- Medicines may not work if they are not prepared in the traditional spiritual way, so a traditional use may not be effective for a commercially produced product.
- Medicines may not work if they are not prepared by a traditional healer specifically for the patient.
- A traditional healer would need to 'see' [have a consultation with] the person she/he is treating; how do you describe this and account for it as part of 'evidence' in substantiating a 'claim' in a licensing application.
- The plant may have different medicinal action than anticipated if it is used in conjunction with modern medicine.
- The health problems for which a plant was used in the past may have changed in nature over time and the plant is no longer useful.
- There is an obligation to the community whose knowledge is used to promote the product commercially or if knowledge is used in a licensing application.
- Who owns the knowledge? Who should be approached for permission to use a claim?

- Who decides what is a traditional claim? Traditional First Nations healers must be consulted in the process of licensing using traditional First Nations claims?
- Traditional First Nations healers have adopted knowledge from other places/countries about introduced non-indigenous medicinal plants. This knowledge cannot be claimed as First Nations knowledge for which there is an obligation to share benefits from commercialization.
- There are two types knowledge about traditional medicines that are in the public domain. 1) Common use. 2) Use guided by a healer. The latter is not suitable for widespread commercial use.

“Fighting for the right of the land is fighting for the right to be responsible.” – Gerald Amos, NaNaKila Institute, Haisla First Nation.

SECTION TWO

Priority Areas of Concern.

Section two lists the priorities that were outlined following the discussion arising from the four case studies above. The participants generally agreed upon the priorities.

1) Need for integrated protocols to be developed that take into account and respect the following concerns that all need to be addressed in research into traditional indigenous medicinal plants and aboriginal contributions to health care.

- Cultural traditions
- Spiritual beliefs
- Environmental concerns
- The approach used by traditional healers is integral to First Nations use of traditional indigenous medicinal plants
- Environmentally sustainable harvesting practices
- Quality control
- Preparation of product according to traditional practices
- Holistic approach
- Certification of harvesters, processors etc
- Licensing
- Benefit sharing

Some of these protocols will vary by region. Who will develop them? There is an assumption of cohesiveness of values within communities and this is not always the case, which makes the process of developing protocols and guidelines more challenging.

2) Research is needed in the following areas:

- Impact and extent of current wild harvesting of indigenous medicinals, inventories of wild plant populations so that sustainable harvesting levels can be established. Impact of different harvesting techniques on plant recovery and survival. Ecological research.

- Look at how plant medicines work when used within a traditional context by a traditional healer using an approach that includes cultural, spiritual and lifestyle aspects.
- Look at active compounds of the plants (i.e. toxicology, drug interaction)
- Socio-economic research (market development, looking at community infrastructure needed to be able to develop NHP businesses etc.)
- Impact of environmental toxins on indigenous medicinal plant resource
- Impact of global warming on indigenous medicinal plants,
- Impact of development on indigenous medicinal plant resource.
- Literature search of national and international protocols is needed.
- Literature search of national and international approaches used elsewhere to address the priorities identified.

Ensure these research projects lead to real community benefits.

3) Education:

- Encourage First Nations people to use traditional medicines.
- First Nations people living in the city need access to and information about traditional medicines and traditional healers.
- Education about how to develop businesses relating to Natural Health Products in First Nations communities.
- Education about the licensing process and Health Canada regulations as they apply to indigenous plants and traditional healers.
- Programs such as the Sitka Ethical Picking Practices (STEPP) program (Chief Fred Sampson) can be used as examples to help develop educational resources.
- Educate companies that are buying wild indigenous medicinal plants about sustainability and ethical picking practices.
- Educate wild harvesters and make training available.
- Educate policy makers about issues and cross-cultural awareness.
- Need for cross-cultural education in networks and partnerships.
- Integrated education between First Nations and non-First Nations researchers to improve dialogue and working opportunities.
- Spiritual education must be part of the education about traditional medicinal plants and aboriginal approaches to health care.
- Share the knowledge gained from discussions such as at this workshop as widely as possible.
- A clearinghouse for information is needed, and a place where people can connect and make arrangements to work together. This could be locally or provincially based. Examples: Ecotrust, Borderlands Ecological Knowledge Co-op. It could include information to teach people about the issues and to advocate for policy change. Could house research protocols, harvesting guidelines, training information, education for businesses/manufacturers etc.
- Books and videos on traditional medicine could educate people and proceeds could go to a foundation to be used for benefit of communities.

- Consultation. What does this really mean? To First Nations, to scientists, to business, and to government? Dissatisfaction voiced at current consultative approaches taken.

4) Recognition of Traditional Healers:

- How we can encourage Health Canada to recognize
 - broader health practices
 - traditional First Nations healers as the experts on traditional use of indigenous medicinal plants.

5) Exploration of commercial opportunities:

- Local, regional and international markets to be explored
- Explore opportunities for communities to work together and pool resources to develop businesses based on medicinal plant harvest or production (i.e. joint ventures).
- Cooperation with external agencies and businesses.
- Value added businesses such as natural health product processing.
- Co-op model could be used for business to share resources and costs.

6) Advocacy:

- Take a proactive approach to policy development
- Participate actively in the decision-making
- Include NTFP's in Forestry agreements e.g. The Siska Band has included NTFP's in Forest and Range Agreement.

SECTION THREE
Next Steps Identified.

The following projects and initial ideas arose from discussion of the priorities and were generally agreed upon by all the participants as important next steps.

- 1) Participants to take the ideas and priorities identified in the workshop back to their communities, agencies, departments, and colleagues for further discussion.
- 2) Development of protocols for research. These protocols could be developed through a case study researching the use of a medicinal plant used within a traditional framework taking into account the spiritual, cultural and environmental concerns identified in the workshop.
- 3) Need for a gathering of elders and traditional healers with regional representation from all over BC to talk about the ideas and issues raised at the workshop.
- 4) Create a clearinghouse for information and networking. Protocols and networks could be accessed and used widely through a clearinghouse.
- 5) Research into wild plant populations and the impact of commercial harvesting to meet market demands. Education of commercial buyers and wild crafters re: sustainability issues.
- 6) There must be real consultation that involves First Nations people. First Nations people must control and lead the research.
- 7) Workshop discussions and priorities to be presented at the Natural Health Products Research Society Conference in Vancouver on February 11th, 12th and 13th, 2005.

The workshop was closed with a prayer led by Lus Chiim.

Appendix - Workshop Agenda



ROYAL ROADS UNIVERSITY

2005 Sooke Road, Victoria, BC, Canada V9B 5Y2

Native Plants and First Nations

How can we create research that is equitable, sustainable and beneficial to all?

The format of this workshop will be roundtable discussions, and the exploration of issues, solutions and research opportunities for native plants and health care. Case study scenarios will be used to assist with the discussion.

Day One		
8:30	9:00	Registration
9:00	9:30	Welcome and Introductions Dr. Richard Skinner, President of Royal Roads University Welcoming prayer led by Lus Chiim (Arvid Charlie), Cultural Advisor with the Cowichan Tribes Dr. Keith Martin, M. P. Dr. Darcy Mitchell and Ms Amanda Howe
9:30	10:30	Small group discussion: first case study Return to large group for debrief of first case study
10:30	10:45	Break
10:45	12:30	Small group discussion: four more case studies
12:30	1:30	Lunch
1:30	3:00	Large group session: collate results of small group discussions
3:00	3:15	Break
3:15	4:00	Small group discussion: prioritise issues based on case-study results
4:00	4:30	Large group session: create a list of the priority areas in which more information or research is required
4:30	4:45	Wrap up the day
Dinner		
6:00	8:30	Refreshments and Dinner in Hatley Castle (first floor)
Day Two		
9:00	9:15	Review of day one. Distribute list of priorities identified
9:15	10:30	Break into two groups and identify possible solutions to priorities listed
10:30	11:30	Small group discussion: in-depth discussion of possible solutions
11:30	12:00	Debrief in large group session
12:00	1:00	Lunch
1:00	2:00	Large group session: identify research opportunities arising from the discussion of possible solutions
2:00	3:15	Identify next steps including working groups, Natural Health Products Research Society Conference in Vancouver Feb 11 th – 13 th 2005, etc. Wrap up and Conclusion
3:15	3:30	Close of Workshop led by Lus Chiim (Arvid Charlie), Cultural Advisor with the Cowichan Tribes.