
Treaty 8 First Nations: Protocols for Health Research Report



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Cover Image: *Acorus calamus* Family Acoraceae [Rat Root]. Original book source: Prof. Dr. Otto Wilhelm Thomé *Flora von Deutschland, Österreich und der Schweiz* 1885, Gera, Germany. Image online at:
http://en.wikipedia.org/wiki/Acorus_calamus#/media/File:Illustration_Acorus_calamus0.jpg

PART I: BACKGROUND AND OVERVIEW

1. INTRODUCTION

For many years, members of Treaty 8 First Nations (T8FNs) in northeast British Columbia (NEBC) have been discussing the need for an inclusive third space that can be used for healing – from unexpected illnesses like cancer to socially induced health conditions, such as addiction. The T8FNs have also been concerned about the lack of knowledge and respect for the distinct Indigenous cultures in the region, which consists of people of Dane-zaa, Slavey, Saulteau, Cree, Tse’Kene, Iroquois and Métis descent.

The Northern Health Authority (NHA), with encouragement from First Nations Health Authority (FNHA), has also recognized the importance for their frontline health practitioners to understand the individual T8FNs’ protocols and histories in NEBC. FNHA requested this study as the first phase in documenting the historical conditions and cultural practices that are relevant for developing a locally-specific cultural resource tool for First Nation communities that can be used to educate and promote awareness.

This project builds on community strengths and knowledge of six (5) First Nations communities – Fort Nelson, Prophet River, Blueberry, Doig River, Saulteau and West Moberly First Nations. Halfway River First Nation, Kelly Lake First Nation and McLeod Lake Indian Band were not able to participate in the March 2015 focus groups.

The project also aims to further the application of cultural safety principles (see section 2) in its methodology and recommendations.

This report is divided into six parts. Part one describes the project background (introduction), cultural safety; purpose; study limitations; and methodology. Part two provides the historical context of the region and the Treaty 8 First Nation (T8FNs), including how the T8FNs were impacted by the fur trade, gold rush, Treaty no. 8, the Alaska Highway construction, and resource development. Part three focuses on Indigenous health, giving a general description of the T8FNs’ historical context for health that includes gender roles and specific practices of the past; the T8FNs and Health Today; and a summary of what was learnt in focus groups sessions. Part four outlines what we can learn from the focus group sessions on health. The fifth part includes the T8FNs’ principles and protocols related to health. And the final section, Part six, is the conclusion and recommendations. Sprinkled throughout this report are quotes from focus group participants.

2. CULTURAL SAFETY IN HEALTH AND WELLNESS

Cultural Safety in Health and Wellness is a “Cross-cultural approach that merges Western clinical practices with Aboriginal cultural dimensions as an appropriate strategy to further the healing journey of Aboriginal people” (Brascoupé, 2009: 5). It is less about benefits and more about the risks associated with the absence of culturally safe practices. Four principles of Cultural Safety in Health and Wellness are:

- Protocols – respect for cultural forms of engagement;
- Personal Knowledge – understanding cultural identity and sharing information to create a sense of equity and trust;
- Process – mutual learning and check up to ensure cultural safety is present; and
- Partnerships – recipients become powerful players in relationship.

3. PURPOSE

Following the principles outlined for Cultural Safety in Health and Wellness, this research project is focused on gathering historical and contemporary data related to the Treaty 8 First Nations' history and protocols for health, including:

- Protocol for approaching community and elders;
- Protocol for approaching spiritual advisors & drummers;
- Protocol for smudge;
- Protocol pertaining to death & dying;
- Protocol for birthing; and
- Protocols for prevention and healthy living practices.

4. LIMITATIONS

The following factors limited the scope of the work and the analysis of the information.

- The project was planned and executed in five weeks, and all focus groups were limited to a four-day period.
- Halfway River First Nation, Kelly Lake Cree Nation and McLeod Lake First Nation were not able to participate in this project.
- The project's research phase was limited to two days of desk-top research; this research focused on online sources and ethnographic and historical books and articles about Treaty 8 territory accessed through the personal libraries of Karen Aird and Julie Harris. Reliable ethnographic accounts have value as secondary sources, but none of the sources consulted, such as Hugh Brody's *Maps and Dreams*, was focused on health practices. Further secondary and primary research would certainly lead to a more in-depth product.
- No primary sources, other than the focus group interviews, were used due to time restrictions. Relevant primary sources would include oral histories from T8FNs collected for other projects; archival records; and interviews with medical practitioners (retired and active).
- A review of current health perspectives, conditions and issues for the T8FNs is not included in this report.
- The authors are aware that researchers are examining similar topics in other parts of BC and Canada. As one example, Dr. Yvonne Boyer, Brandon University, is currently conducting oral history interviews on health practices with Indigenous women in Alberta and Saskatchewan. Sharing and comparing methodologies could be very useful.
- The participants were not selected at random from a specific demographic category or according to personal characteristics. As a result, the groups are not necessarily representative of the people with the T8FNs that should be encouraged to share their stories.
- Males are under-represented in the focus groups; only 9 of the 32 participants were men.
- Focus groups were short in length. Some topics could not be covered in the interviews.
- Time was not available to transfer the raw data in hand-written form into a typed synopsis.¹

¹ A majority of raw data is in written form and copies and will be provided to the T8TA Treaty and Aboriginal Rights Archives for storage.

5. METHODOLOGY

The major steps undertaken to complete this research project are as follows:

- Determination of the most appropriate methodologies for undertaking the research and focus groups;
- Establishment of the framework for setting up focus groups, including necessary qualifications for interviewers and key principles to be referenced when conducting focus groups;
- Preparation of a list of key objectives, themes and questions for focus groups and consent forms for participants;
- Determination of the most appropriate method by which to conduct focus group sessions;
- A basic desk top analysis to extract relevant information and to determine gaps in existing information;
- Contact relevant health care staff and individuals in the T8FNs to prepare for interviews;
- A review of the results of focus groups; and
- Preparation of the draft report of the study findings.

SOURCES

Both primary and secondary sources were collected from a combination of published and online sources. Primary research material was restricted to the focus group sessions and one-on-one interviews with T8FN community members.

Information in this report was assembled using a consistent approach to data collection (historical and focus group data), analysis and verification. To address research questions, specific information was collected to gain a deeper understanding of the history of the T8FNs in relation to health practices and issues. All raw data from the interviews and focus groups was recorded in field notes by the researchers for analysis. This data provides foundational information that is the baseline of this research.

FOCUS GROUPS PARTICIPANTS

Facilitators Julie Harris, Karen Aird and Garry Oker spoke to 28 people in groups of three (3) or four (4), and four (4) people as well as individuals in West Moberly and Kamloops. Everyone who participated in the focus groups had interest in and knowledge of cultural practices and health protocols in their communities and cultures. Most of the participants were between the ages of 50 and 75; one participant was 90; a few participants were in their 40s; and nine (9) of the 32 participants were men.

CULTURAL BACKGROUNDS

Based on ancestry, childhood experiences and present-day lifestyles, the participants described themselves as belonging to either the First Nation communities where they lived or their language groups. Some participants identified themselves as belonging to overlapping groups, such as Dane-zaa/Cree. Many of the Saulteau participants referred to themselves as Cree, and/or Saulteau/Cree.

(Someone's grandma) She couldn't get out of bed, so the doctors and nurses put her on the floor. They decried her as a drunk. I spoke slavey to her because (she couldn't speak English very well and) was always moaning. There was no one to help her. The nurse didn't like when I helped her.

(Focus Group Participant # 17)

STRENGTHS OF THE APPROACH

- Conversations between participants often led to more complete descriptions of historical events and cultural practices.
- The group format allowed individuals to move in and out of the discussion without feeling compelled to speak.
- Some groups were divided by gender. The segregated groups made it easier for the facilitators to focus on specific health protocols, histories and perspectives.

6. FOCUS GROUP AND INTERVIEW SESSIONS

Place / Facilitators	Date and Time	Focus Group Representation
Charlie Lake Cave Site (Tse'K'wa) house Garry Oker and Julie Harris (Karen Aird in attendance in the afternoon)	Monday, March 23 – 9:30 am to 3:30 pm	Halfway River First Nations, Blueberry River First Nations, Doig River First Nation
West Moberly First Nations Offices Karen Aird and Julie Harris	Tuesday, March 24 - morning	Individual interviews with two members of West Moberly First Nations
Saulteau First Nations Health Centre Karen Aird and Julie Harris	Tuesday, March 24 - afternoon	Saulteau First Nation (Individual interview with one member of SFN)
LNG Conference: FSJ, Polmeroy Hotel Karen Aird and Julie Harris	Wednesday, March 25 th	Prophet River First Nation, Fort Nelson First Nation, West Moberly First Nations
LNG Conference: FSJ Karen Aird and Julie Harris	Thursday, March 26	Prophet River First Nation, Fort Nelson First Nation, West Moberly First Nations
Kamloops Karen Aird	Monday, March 30	Individual interviews with 1 person from SFN and with 1 person who is Metis, but from the Peace River Region and living in Kamloops.

PART II: HISTORICAL CONTEXT

7. ABOUT TREATY 8 TERRITORY

ECOLOGY

Understanding the Treaty 8 territory in northeastern British Columbia (NEBC) includes an appreciation of its ecological and geological diversity. The Treaty 8 territory in BC has a continental climate, with long, cold winters and mild, short summer. The territory includes three ecological regions: the Boreal Plains (Dawson Creek to south of Fort Nelson), the Taiga Plains (the Fort Nelson area), and a small portion of the Northern Boreal Mountains (on the western portion of the territory).

The Boreal Plains eco-region consists of plateaus and lowlands, mostly forested with large patches of muskeg. The Peace River tributaries crisscross it. Near Fort Nelson, the territory dips into the Taiga Plains eco-region, a lowland plateau bisected by the Liard River watershed and its tributaries, including the Fort Nelson and Petitot rivers. The Northern Boreal Mountain area crosses mountains, valleys and lowlands. First Nations developed strategies for living in each of these areas, which differentiated cultural practices even if they shared languages and beliefs.

ARCHAEOLOGY

Archaeological evidence shows that people have lived in NEBC for at least 11,000 years. The Peace River lies within the “Ice Free Corridor”, the area of western Canada thought to be free of ice from the late Wisconsin period advance and retreat. One theory claims that Early People in North America travelled through the Ice Free Corridor on their way to South America (Goebel, et al., 2008). As the Laurentide ice sheet retreated at some point after 22,000 BP, water levels dropped and small dammed-up lakes, such as Glacial Lake Peace that stretched from the Rocky Mt. Foothills of BC and across the border to Alberta, were formed. A second coalescence of Laurentide and Cordilleran ice sheets occurred between 15,180 and 13,970 BP (Hartman and Claque). Glacial Lake Peace inundated most locations in the northeast except for a small location near the south end of Charlie Lake and Fish Creek - Tse’K’wa, or the Charlie Lake cave site.



Image: [Dane-zaa] women at Moberly Lake, BC, n.d. Source: Glenbow Archives, NA-2211-48

Evidence found at Tse’K’wa indicated that it was inhabited much too late, likely due to Glacial Lake Peace’s extensive breadth, to have corresponded with the ice-free corridor migration and the populating of North America theory. Furthermore, flora, fauna, and a fluted point excavated at the lowest and oldest stratified level of Tse’K’wa affirms that Early People at this site were travelling south to north following prehistoric bison, applying technologies similar to those found in early prehistoric archaeological sites in central USA (Driver, 1996).

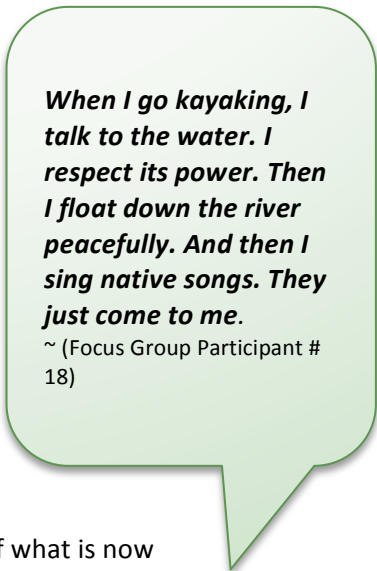
8. THE TREATY 8 FIRST NATIONS

DANE-ZAA

Dane-zaa means the “Real People” in the Athabaskan (Dene) language. Traditionally, the Dane-zaa lived in small groups of 25 to 34 people and occupied a territory stretching across the Peace River to Dunvegan and Hay River, Alberta, and along the eastern base of the Rocky Mountains in British Columbia (Goddard, 1916). They followed a seasonal round pattern that required an intimate knowledge of the terrain, weather and animals for survival. Summers were busy, with families stockpiling food and wood for winter. To keep food fresh during the summer, some families buried it in muskeg. Winter housing usually consisted of log shelters or A-framed lean-tos that housed two families. Conical tents covered in moose hide were used for housing in summer. Before trade with Europeans and Americans was established, all tools and possessions were crafted from stone, bone, antler, horn, wood bark, spruce roots, animal skin and sinew. Travel was largely done on foot, on water by canoe, or, in the winter, by toboggan, and snowshoe. Good hunting and fishing places, rather than permanent villages, became the nuclei of travel rounds.

The first direct contact with Europeans was not until 1786, but they experienced the indirect influence of Europeans prior with items such as guns achieved through trade much earlier. According to Alexander Mackenzie, the first European explorer to pass through the region in 1793, the Dane-zaa first received guns in 1782. Within a decade, observers noted that bows and arrows were seldom used.

Even before the arrival of European explorers and traders, Indigenous peoples of what is now the Peace River valley of British Columbia and Alberta had developed extensive trade networks. Mackenzie reported that the Dane-zaa had obtained European articles that predated 1780s from the Knistenaux² [Cree] and Chipewyan who brought them from Fort Churchill. It was also recorded that the Tse’Kene had iron tools acquired from trade with Carrier and Gitksan people. Extensive Cree and Dane-zaa travel and trade corridors are well known in oral histories and further evidenced by archaeological sites near the Peace River. Prehistoric tools, such as obsidian blades and scrapers that predate European contact are commonly found in sites around the Peace River. These artifacts were either gathered or traded from Mt. Edziza or an eastern quarry, as there are no obsidian quarries recorded in the Peace River region.³



When I go kayaking, I talk to the water. I respect its power. Then I float down the river peacefully. And then I sing native songs. They just come to me.

~ (Focus Group Participant # 18)

² Knistenaux is used interchangeably to refer to Cree in early explorer journals. The name was derived from the legendary ‘Berry woman’s’ youngest son, a shaman-guide named Kristinow. After his death, his followers called themselves the “Sons of Kristinow.” When the white men encountered them, they identified themselves by that name, which by the changes in pronunciation, from French to English became *Kristeneaux*, eventually shortened to “Cree” (as cited in Calverley 1983: 01-018).

³ For more information on archaeological sites in the Peace River, see texts and reports by archaeologists Knud Fladmark and Keary Walde, of Heritage North Consulting.

TSE'KENE

The Tse'Kene (also spelled Sikani and Tsé-kéh-ne) were accustomed to hunting and traveling in the mountain areas on the western side of what is now Treaty 8 territory when explorers reached the Peace River region. By that time, Dane-zaa were moving further west and displacing Tse'Kene or mixing with them. Early trading posts near Hudson's Hope and McLeod Lake were located in Tse'Kene territory, but were intended for use by all groups, including Dane-zaa. To reduce conflicts, a new post was set up at the Beatton River to expand trade with Dane-zaa. (Dolmage, 2010: 43). When posts were merged following the Hudson's Bay Company (HBC) monopoly in 1821, Dane-zaa traders were effectively cut out from a newly consolidated post as Fort d'Epinette, which had replaced Fort St. John and other posts. The resulting conflict included the killing of trading staff, which led to over-reaction by the HBC and the end of trade in the region for the next 40 years. (Dolmage, 2010: 43). The impact was severe, leading to many years of hardship for the Tse'Kene and Dane-zaa, as well as on the livelihoods of voyageurs, Métis, Iroquois and Cree who had moved into the area as part of the expansion of the fur trade.

The Finlay River basin, which has been impounded since the building of the WAC Bennett Dam, is the heart of Tsek'ene country, but groups originally moved freely up and down the Rocky Mountain Trench from McLeod Lake to south of the Liard River in what is now the Yukon. In their own words, the Tsek'ene:

“Relied on our land and our knowledge of it to provide food and shelter for our families. Later, in the 1800's and 1900's, as Hudson's Bay Company built trading posts up the Finlay River at Finlay Forks, Fort Grahame, and Fort Ware, Tsek'ene families began to make small villages nearby... Through intermarriage from north, south, east, and west, families formed that became the foundation of the Kwadacha Tsek'ene: Seymour, McCook, Abou, Charlie, Bob, Massettoe, Porter, Izony, Van Somer, Poole, Pierre, Tomah, Egnell, Hunter, and Davie. We also honor and remember our Tsek'ene ancestors who came before, such as Tsigazi, a skillful hunter and provider from long ago.”

The building of the Williston reservoir for the WAC Bennett Dam had enormous impacts on the lives of Tse'Kene people in Treaty 8 territory. Two communities were flooded and related groups, the Kwadacha Tsek'ene and more southerly Tsek'ene people near McLeod Lake, became physically separated by the lake's expanse and dangerous conditions.

DENE-THA (SLAVEY)

The Dene-Tha occupy a territory that stretches from the just south of Fort Nelson along the Fort Nelson River and then north and east into parts of Alberta and the Northwest Territories into an area that was connected by water routes to the Slave River and Great Slave Lake. Their dialect, preferred hunting areas and social customs provide a foundation for differentiation from other Athapaskan-speaking groups occupying the same or adjacent territories. (Asch, 1981: 338). In Treaty 8 territory, they are associated with Fort Nelson. In 1974, some families from Fort Nelson were administratively divided into the Prophet River, which identified itself as primarily Tse'Kene or Dane-zaa. (Asch 1981: 339). The Dene-tha territory appears from historical records to have been sparsely populated, with small groups hunting together and occupying a zone near a lake or river. It was common for local groups to gather together, especially at Great Slave Lake, during the summer months.

Dene-tha traded with Cree and Chipewyan middlemen by the mid 18th century, but sustained European contact began in 1796 with the North West Company on the Mackenzie River downstream from Great Slave Lake. During the early trading period dogs were also used for packing and sledding. Short-lived trading posts were found along the Mackenzie and Liard rivers, with permanent Hudson's Bay Company

posts arriving in the mid 1800s, with some staying in place until the 1960s. Anglican and Roman Catholic missionaries came into the area in the 1850s, with the Roman Catholics being more successful in retaining missionaries and converting Dene-Tha.

The Dene-tha at Fort Nelson joined Treaty No. 8 in 1911, years after the first Dene-tha groups signed at Fort Resolution and Fort Vermilion in 1900. In the meantime, with the drawing of new provincial boundaries, the groups were split between British Columbia, Alberta and the Northwest Territories, which put them under different game law jurisdictions. At Fort Nelson the regional game warden employed by the Province exercised many policing powers as the single representative of the provincial government in the region.

The fur trade was profitable in the first two decades of the 20th century but dropped dramatically in value during the Depression. The Dene-tha in the territory experienced hardship even before this date, however, due to the increasing number of non-Indigenous trappers in the area. The building of the Alaska Highway in 1942 brought many new people into the area temporarily. Negative impacts, including over-hunting by soldiers and contractors, including new diseases and disruptions in seasonal cycles. One of the very few benefits was access to a clinic run by the American military at the Fort Nelson air base. Trapping continued after the war, however, as both a primary means of income as well as a supplement for some families to universal government allowance programs, primarily Family Allowance and Old Age Pensions.

CREE

Based on Alexander Mackenzie journals, scholars predict that sometime prior to the 1770s, the Cree had encroached from the east, armed with rifles obtained from European fur traders, and forced the Dane-zaa from the Athabasca River Basin back to the Peace River Valley (Ives, 1990). Over the years, conflicts between the Athapaskan and Cree groups, and even among Athapaskan themselves, resulted in shifts in areas of occupancy as each group sought access to avenues for trade. One such example is the Dane-zaa displacing the Sekani, who at one time had dwelled to the east of the forks of the Peace and Smoky Rivers (Ives, 1990). The number of conflicts subsided once a larger network of trading posts moved further north and west.

By the time Mackenzie arrived at the Peace River in May of 1793, he recorded that there were “several encampments of the “Knistenaux” along the river, which must have been formed by them on a war excursion” (Bowes, 1963: 25). Alexander Mackenzie claimed that only after the Dane-zaa obtained access to guns did an uneasy peace reign with the Cree (Mackenzie, 1971).

What is known is that at some time prior to 1780, as indicated by Mackenzie, the Cree and Dane-zaa convened at a northerly location known as *Tsadu* or Beaver Point, later to be called Peace Point on the lower Peace River upstream from Lake Athabasca, and agreed to a precarious truce (Leonard, 1995). *Wachegee* is a Dane-zaa term for the peace pact, in which the Cree and Dane-zaa reconciled and determined how they would share the territory.⁴

The Peace River is named for the point on its banks where the Dane-zaa and Cree declared a truce. In some First Nations communities today, such as Saulteau, West Moberly and McLeod Lake First Nations, Cree families with European, Dane-Zaa and Dene-Thaa ancestors and relations, are wholly integrated as part of the nation. As was noted in one of the focus groups, however, the potential for integration was only fully realized with Bill C-31 that ended gender discrimination and gave First Nations more control over

⁴ Information pertaining to the Dane-zaa term *Wachegee* and its usage is from Verena Hoffman at the Treaty 8 Tribal Association, TARR office.

identifying members.⁵

IROQUOIS

In the early 1700s, Iroquois (with some Cree) people were continuously traveling across Canada to carry out raiding parties, prospect new hunting and trapping territories, build and reinforce marriage ties, or act as guides for representatives of the Crown of England, the Northwest Trading Company and, eventually, the Hudson's Bay Company. Without the skill of these indigenous people, settlers would have perished under the harsh Canadian winters.

The Iroquois people, who were well reputed as exceptional guides and marksmen, were able to quickly build ties with other tribes. Such is the case with the ancestral connections to the Kelly Lake Cree Nation, which were established by Iroquois Mohawk and Cree families who migrated westward from Lac Ste. Ann near Edmonton, Assiniboine Valley and Caughnawaga, Quebec.

When first arriving in north-eastern British Columbia in the 1700s, these Iroquois and Cree families quickly intermarried with local Dane-zaa and Saulteau people, and then settled around Kelly Lake. By the 1880s, the Federal Government was desperate to claim an interest in undiscovered natural resources in north-eastern BC, and forestall possible conflicts between settlers and local Indigenous nations.⁶ This was one of the factors in the decision to proceed with Treaty No. 8.

SAULTEAU (CREE)

Historical records indicate that the Saulteau had migrated into British Columbia at some time between 1870 and 1890 (Duff, 2000). Elder Alex Janvier from Cold Lake, Alberta, whose grandmother was a Saulteau and remained in Cold Lake after the migrating Saulteau spent two winters in the area, talked about the Saulteau (then Annishnabbe) leaving Manitoulin Island located on Lake Huron in Northern Ontario, after the American/English war of 1812-13, due to a lack of food sources in the area and a vision by a medicine man and leader, *Kahkhagooguns* (Aird, Napoleon and Christie, 2010).⁷ During his vision quest, *Kahkhagooguns* prophesized of two sacred snow-tipped mountains, resting side-by-side, that would provide abundant food, shelter and other resources and a place of refuge during dangerous times (Whiten, 1992). It is important to note that *Kahkhagooguns*' vision of the sacred peaks was achieved through ceremonies, fasting and visions (dreaming) that happened over several days. Janvier mentioned that during this ceremony, *Kahkhagooguns* passed on, to another realm, and was transformed into various animals, which allowed him to determine the most plausible travel route to the two Mountain peaks (Aird et al, 2010). Throughout the long migration, *Kahkhagooguns* continued to transform into animals in order to select routes and make decisions.

Janvier stated that the group left Manitoulin Island with several followers, including the *Kahkhagooguns*' sons (Aird et al, 2010). At some point in the journey, the medicine man *Kahkhagooguns* died and his three

⁵ One of the First Nations participants in the focus groups was forced to live off reserve beginning in the 1970s when her marriage to a member of the reserve nation ended.

⁶ The Kelly Lake Cree Nation is also located in northeast BC, near Tumbler Rider and Dawson Creek, and is largely of Cree, Metis, Mohawk/Iroquois and Saulteau descent. Although Kelly Lake Cree Nation is not a signatory to Treaty no. 8, they have strong lineage ties to many of the communities mentioned above. Additional bands at Ingenika, Fort Ware, and Fort Liard are not covered in this report.

⁷ Interview with Alex Janvier as part of the Treaty 8 Governance Research Initiation, 2010. Possible names of the original leaders and medicine man may include, *ogima Kahkhagooguns* or *ogima Napaneegwan*. These names vary in spelling and pronunciation.

or four sons began (this is a general term and may not mean biological sons) to dispute the location of the prophesized mountain peaks. According to Janvier, near Elphinstone, Manitoba,⁸ the brothers separated and began independent journeys, each with their families or clans. Other oral testimonies suggest that the Saulteau left the prairies to escape persecution and confinement on reserves.

Saulteau elder Ken Cameron went on to say that one brother and his group ventured south into the USA, and settled near Montana, around the Rocky Boy Indian Reservation (Aird et al, 2010).⁹ This location has not been confirmed as of yet. Whereas a second brother and his followers continued travelling towards south-central Alberta and, after discovering the Rocky Mountains, settled with his group near Jasper House. The final brother and his group travelled north, into Saskatchewan and onto Cold Lake and Sturgeon Lake, Alberta, then to Moberly Lake, BC where they **found the sacred peaks (the Twin Sisters Mountains) around the 1890s – 1900s**. During their journey across Canada, the Saulteau intermarried into many tribes, such as the Cree,¹⁰ Mohawk, Iroquois and eventually the Dane-zaa.

One of the reasons, as suggested by Janvier and Cameron, why the Saulteau were able to navigate successfully through hostile territories was their expertise with medicines and skills as healers – enabling them to trade their medicines with, and offer their healing skills to, other First Nations. Janvier mentioned that during the long trek across Canada, well in advance of their arrival at a new territory/First Nation, information corroborating the Saulteau's ability with medicines and healing skills had spread across Canada enabling safe travel networks and facilitating integration into other tribes.

MÉTIS

Long-time Métis families in Treaty 8 territory in BC are generally descended from either the voyageurs or Métis who stayed in the region after the closing of the Fort de l'Épinière in 1821 or came into the area in the 1880s as settlement and resource exploration intensified in the Peace River area (Dolmage, 2010: 46) In 1894, the federal government resolved to enter agreements to extinguish the title of Métis, as well as First Nations, in the District of Athabasca. "Department officials feared that the Métis would use their influence with the Athabascans [the First Nations] to make a settlement extremely difficult". Missionaries, traders and others had made it known that many Indigenous people in the territory were of mixed ancestry, even if they were living on the land, and that it would be very difficult to distinguish between Métis and First Nations individuals (termed "Half-breeds" and "Indians" for the purposes of the *Indian Act*). Métis were given the option of signing on to Treaty No. 8, but due to British Columbia's constitutional powers over its own lands (including almost all BC lands covered by Treaty No. 8), they were not given scrip. As a result, Métis in the BC portions of Treaty No. 8 who agreed to sign the treaty were given the same treaty benefits as "Indians". Today, many people living at McLeod Lake, Moberly Lake and Saulteau are descendants of those who agreed to sign on to the Treaty. Other Métis were never given the option of signing on to the treaty; still others decided that they did not want to live under the restrictions imposed by the *Indian Act*.

⁸ For more information, see http://en.wikipedia.org/wiki/Elphinstone,_Manitoba.

⁹ For more information, see http://en.wikipedia.org/wiki/Rocky_Boy_Indian_Reservation.

¹⁰ Cree is commonly spoken in WMFN and SFN and is the second most common language (besides English) at SFNs.

9. KEY HISTORIC EVENTS IN TREATY 8 TERRITORY

THE QUEST FOR FUR, GOLD AND LAND

The early history (the period since written accounts first began) of Treaty 8 territory in BC is unevenly documented. Well into the 20th century, parts of the region were poorly mapped and governments (Canada and British Columbia) were uncertain about the number of people living in the area, their cultural affiliations, and whether they should be counted as residents of British Columbia, Yukon or the Northwest Territories. The Peace River area was the first section of the territory to be mapped and explored. The northern sections were the last.

Around 1798, the first trading post was established in mainland British Columbia, on the Peace River, about forty-five miles below what is now Hudson Hope, and given the name Rocky Mountain House. The rush for gold (1897 to 1898) in the Peace country did not last long and quickly led to confrontations between prospectors and First Nation people. According to Leonard, the arrival of Europeans seeking fur, gold and land may have contributed to the social [and political] breakdown among the [Dane-zaa], for the more dependent they became upon European goods, the less dependent they were upon each other (1995). The influence of operators for the Hudson's Bay and North West Companies also altered the political structures of the northern Indigenous communities. When conducting business, the trading post operators would address the best First Nation trappers as 'Chief'. Ray further explains the role of a leader or Chief as "... a married elder who was a superior hunter, a generous man and a skilled orator, or a good conciliator" (1996). In essence, there were many more qualifications and skills required for the leadership role.

What could be described as inharmonious, but often non-volatile, relations with fur traders cannot be said of the First Nations' interactions with gold rushers. There are numerous reports on strained and percolating conflicts between First Nations and people travelling through the region in search of gold. Charles Mair described the impact of gold rush on the First Nation people by stating:

"Some of these marauders, as was to be expected, exhibited on the way a congenital contempt for the Indians' right. At various places his [First Nation man's] horses were killed, his dogs shot, his bear-traps broken-up. An outcry arose in consequence, which inevitably would have led to reprisal and bloodshed had not the Government stepped in (Mair, 1999: 38)."

In the 1890s, the North West Mounted Police had begun making regular patrols through the region due to escalating conflicts between First Nations and settlers. According to Inspector J. D. Moodie of the North West Mounted Police, the influx of settlement in the area had caused a great decline in the game for hunting, which would inevitably lead to starvation for the Indians (Francis and Payne, 1993: 96). Reports from Bishop Isidore Clut, OMI, stated that "twenty-seven out of a band of thirty Indians died of starvation on the shore of the Peace River" (Fumoleau, 1973: 34), due to over-hunting by trappers and settlers of the First Nation peoples' main food source.

MISSIONARIES

Trading and its supply lines set out paths that were almost always followed by missionaries, who aimed to carve out their own territories. By the turn of the 20th century, most First Nations in the Alaska Highway Corridor were at least nominally converted to Christianity, almost always through Oblates of the Roman Catholic Church. Christian dogma and Indigenous beliefs clashed. Priests aimed to suppress numerous cultural concepts such as reincarnation, the power of non-human spirits, and the causes of illness. They also attacked important rituals, such as puberty seclusion, polygamy, burial practices, and shamanistic performances. A combination of the appeal of Christianity and the promotion of Christian beliefs through

schooling, medical services, trading customs and other means was relentless. Some Indigenous beliefs were accommodated, but most were ridiculed or forced to remain hidden. (McClellan 1981: 396). All types of schooling, including day schools and residential schools, were powerful means of teaching Christianity through the English language, bible reading and separation of children from their parents and grandparents. Through all of this, and in spite of potlatch laws, people retained spiritual knowledge and beliefs unique to their cultures and experiences.



Cree, Saulteaux and [Dane-zaa] arriving for church, Moberly Lake, British Columbia. 1940s. Image: Glenbow Museum, NA-5447-12

THE MAKING OF TREATY NO. 8

“You say we are brothers. I cannot understand how we are so. I live differently from you. I can only understand that Indians will benefit in a very small degree from what you offer.” –
Keenooshayo at the signing of Treaty # 8 in June 1899 (Leonard, 1995: 16).

During the early fur trade period, the HBC had provided health services and other social services to the Indigenous traders at the trade posts. (Madill, 1986: 3). Once the lands in the Northwest were formally transferred to the Dominion of Canada in 1870, the HBC stopped providing these social services, which led missionaries to push the federal government to enter treaty negotiations. The government agreed to provide some money for missions to provide relief, but it felt under no obligation to consider opening treaty negotiations until the land was needed for settlement or for economic mineral exploitation. In 1898, the Gold Rush, other mineral discoveries, increasing conflicts between prospectors and First Nations, and the quickening pace of farming settlement in the Peace River led officials and politicians to propose a quick

resolution to a proposed treaty. Indigenous people resisted because they were very aware that they needed to keep their connection to the land for their own well-being and for economic survival. With pressure from missionaries and from a deteriorating economic situation due to reduced trapping income and environmental changes, Treaty 8 groups began to sign on to the Treaty.

First to sign in BC were Dane-zaa and Cree around Fort St. John in 1900. People from Prophet River and Fort Nelson areas did not sign until 1910, while Dene-Tha in BC and the Northwest Territories signed in groups between 1911 and 1922. Reserves were established in Fort St. John in 1911, but were not created in Prophet River or Fort Nelson until the 1960s. Prophet River joined with the Fort Nelson Slave Band in 1957, but slip away in 1974. (Madill, 1986: 3). The final signatories to Treaty 8 were the Tse'Kene from McLeod Lake, who signed an adhesion in 2000.

I was raised by my grandmother. She spoke fluent Cree. I had to carry my grandmother's songs, they were 200 years old (at least). She said, "when you sing, you sing cause your heart is good, your Elders are good."

~ (Focus Group Participant # 22)

Treaty No. 8 is the most comprehensive Treaty in Canada, encompassing a landmass of approximately 840,000 square kilometers (324,900 square miles), and is home to 39 Treaty 8 First Nation communities. In its entirety, it covers sections of Northern Alberta, northwestern Saskatchewan, northeastern British Columbia, and the southwest portion of the Northwest Territories. Only a very small portion of the land covered by the territory of Treaty 8 was set aside specifically for "Indians" as reserves under the Indian Act. The reserve at Prophet River, for example, is limited to an area of 373.9 ha.

First Nations and government representatives involved in negotiating Treaty Eight had very different perceptions, expectations and priorities for the Treaty. Some leaders hoped to counteract the damage done to hunting areas and trap lines in resource development while also ensuring their right to hunt, fish and trap. However, these concerns were hardly mentioned in the actual treaty. Far more prominent were the government's priorities, namely, the ceding and extinguishing of native rights to the lands by setting out limits about the meaning of the activities and allowing resource development to destroy land- and water-based resources in the territory. The interpretation and intent of the Treaty is often debated according to oral testimony and documentary evidence, but for many of the Indigenous signatories it is considered a mutually agreed upon process for past and ongoing relationships and dialogues anchored by a shared commitment to that relationship based on mutual respect and trust. The Treaty opened the way for development from the south, including the construction of the Alaska Highway that remains a defining feature in the territory's landscape.

THE ALASKA HIGHWAY

The construction of the Alaska Highway in 1942 and improvements made in the 1960s has had a major impact on every community in Treaty 8 territory. The fur trade, the Klondike Gold Rush and the surveying of the Peace River region for farming served as catalysts for treaty negotiations and broke the territory's isolation, but the Alaska Highway changed the economic and social landscape permanently because it established a reliable, permanent means of connecting almost all Indigenous groups in the region to each other, allowed outsiders easy access to their territory, and drew people toward major and developing urban centres for work in the post-war years. Dawson Creek, Taylor, Fort St. John, and Fort Nelson were either created during the construction of the Alaska Highway or grew rapidly as hubs of the maintenance camps prior to their boom-times from resource development in the 1980s onwards.

During the Highway's construction, many First Nations and Métis men worked as guides, labourers or slashing brush ahead of the crews; some women cooked and sold clothing. (Cruikshank 1985: 178-80).

Many families decided to stay far away from construction sites because the seasonal summer work was incompatible with the need to hunt and prepare food supplies to last over the winter. They could also see that soldiers and construction workers brought infectious diseases, such as measles, influenza, dysentery, whooping cough, mumps and meningitis, with them. The infections were devastating. Infants and children were especially vulnerable, with mortality rates rising dramatically during the construction years. Tuberculosis soon became endemic in the Yukon and was likely prevalent in northern BC as well. (Coates 1985: 157-9). However, the highway also made it possible for people to get medical assistance in larger centres as far away as Edmonton, Alberta, and, for many years, at the medical clinic established by the US military and maintained into the Cold War at Fort Nelson.



View of the construction camp at Fort St. John for the building of the Alaska Highway. May 1942. Image: Glenbow Museum, NA-1796-1.

The Highway also gave the federal and provincial governments easier access to NEBC, which aided in the introduction of new social programs, such as social security benefits and schooling. The Royal Canadian Mounted Police (RCMP) added new detachments to supplement the limited policing offered by provincial game wardens. The ease of communications and new demands by government to get children into schools contributed to the increasing use of English in communities. In the late 1940s, ethnographic work done among the Kaska of northern BC by John Honigmann was conducted partially in English; by the 1980s, there were serious concerns about Indigenous languages being totally supplanted by English (Honigmann, 1981: 442).

The end of the war was also the effectively end of the fur trade as anything more than a supplement to other income, which left many families “less clear about their economic futures than ever before”, in spite of promises that construction would provide economic development to replace a largely subsistence economy (Cruikshank, 1985: 179).

RESOURCE DEVELOPMENT

WAC Bennett Dam

A second infrastructure legacy that continues to have a major impact on the lives of First Nations in Treaty 8 territory is the WAC Bennett Dam, opened in 1967, and its associated works, including the Peace River Dam. First Nations and Métis families were removed from ancestral lands for the building of the dam. The drowning of caribou herds in the flooding for the building of the dam and the rapid decline in caribou population from a “sea of caribou” to dispersed groups of 10 or 12 individuals is just one of the most dramatic results of these developments. (West Moberly First Nations, 2009: 29-31).

Williston reservoir flooded a large area of the Rocky Mountain Trench, covering the Tse’Kene communities of Fort Grahame and Finlay Forks. The large lake is too dangerous to cross by boat, which meant that it interrupted relations between the northern Kwadacha Tsek’ene and more southerly Tsek’ene people, especially those living near McLeod Lake. The Tsek’ene whose homes were flooded returned to the northern end of the lake and established the community of Tsay Keh Dene.

Oil and Gas

Other impacts include those associated with the oil and gas development. In the last sixty years, the Treaty 8 territory has undergone a remarkable transformation from an isolated frontier with an abundance of resources into a nucleus of intensive energy-extraction, with large-scale developments, and the creation of an expansive infrastructure (including a rapid rise in population) needed to support these activities. Today, thousands of wellsites and gas pipelines litter and transect the fatigued landscape, etching deep scars into the roots of the earth, as evident by the yearly increase in earth tremors. Critical habitats of species, which are integral to well-being of the T8FNs, are being destroyed and many of these species are contaminated from eating toxic vegetation. Added to this, there is a concern that gathering area for medicine and food plants (country foods) are also contaminated. Compounded to these issues, the noise generated from stationary or transportation sources has had an adverse influence on the T8FNs’ ability to access traditional gathering, hunting, trapping and ceremonial areas.

Image: LNG Conference, Fort St. John, March 26, 2015.



10. T8FNs TODAY

Northeast BC is the fastest growing region (outside of the Lower Mainland) with respect to jobs, population increase, economic growth and major projects. This rapid rise in resource-based activity has had a detrimental effect on the First Nations communities in the region. Some of the major adverse residual and cumulative effects of concern for many T8FN members include deteriorating air quality and long-term health effects; climate change which will contribute to changing ecosystems, vegetation and wildlife use patterns; contaminated ground water and soil from leaks and methane migration; perpetuation of a boom and bust economic cycle leading to employment instability and dead-end jobs; loss of use of traditional territory; disruption of calving areas and animal migration patterns with potential extirpation of endangered herds; opening access to areas previously inaccessible; shift in predator-prey ratios; potential adverse effects on harvested plants and other wild foods; disruption and alteration of land use patterns including trails and seasonal habitation sites; disruption of hunting, trapping and cultural activities; alteration and/or destruction of sacred sites and areas; destruction of archaeological resources and context; and increasing alienation from the changing cultural landscape.

While some of impacts have been positive, such as lower unemployment rates and increased household incomes, others have been highly disruptive and troublesome (Aird, Napoleon and Christie, 2010). The high economic growth has attracted First Nation people away from their communities, and educational goals, to focus on more lucrative, but often temporary or seasonal, opportunities. And as expected, there have always been certain individuals, or families, or factions that will benefit (and others who do not) from the opportunities presented by governments or companies.

Photo: Care of Diane
Abel, T8TA



PART III: INDIGENOUS HEALTH

11. CULTURAL PERSPECTIVES

This section includes a very brief overview at some cultural practices and beliefs that were fundamental to the well-being of the T8FNs for thousands of years. Some of the practices are still alive in their original or altered forms. An Indigenous worldview, in which humans are part of a unity with the natural world and where past, present and future collide, sits at the foundation of these practices in the past and in the present.

ROLES FOR MEN AND WOMEN

In written historic accounts, there were few mentions of the role and influence of Indigenous women in health care. Furthermore, healing skills that involved the female body were rarely elaborated on. More often than not, Indigenous women were depicted in historical accounts as ‘beasts of burden’, or as hard-working, submissive individuals with lascivious natures. Historian Sarah Carter has labelled this “historical amnesia” to be part of the undermining process of colonialism (Burnett, 2010: 47).

It is evident that Indigenous women possessed a great deal of knowledge about medicinal plants and midwifery, and that they were essential for the well-being and survival of both their own communities and the settlers arriving in Canada (Burnett, 2010). Newcomers to Canada, especially non-Indigenous women who lived in remote regions without doctors, were reliant on Indigenous women for medical care. And at times non-Indigenous women preferred to seek the medical advice of Indigenous women because of their close ties to the community and their success as midwives and healers.

My grandmother said, “When you have lots of weight (negativity), sing my girl.” I have passed on my songs, not all, to my daughter. My daughter is a dreamer.

~ (Focus Group Participant # 22)

Indigenous women’s knowledge of plants was particularly valuable when communities encountered new diseases. Plants were used to treat stomach aches, hemorrhaging, diarrhea, sore throats, cramps, swelling, headaches, heartburns, fevers, mental/spiritual illness, and so on. Willow bark was invaluable for treating bronchitis – the bark of a willow contains salicin, an active ingredient in aspirin that helps soothe pain (Burnett, 2010). Other remedies involved various herbs, roots and sap, which could be boiled, then made into poultices to treat sprains, ulcers and much more. The application of medicinal plants would usually be accompanied by healing ceremonies with strict rules of conduct partnered by singing, praying, dancing, smoking of plants (sweetgrass, sage, fungi, etc.) and/or using medicine bundles. Women were primarily responsible for gathering medicinal plants, but men and children often accompanied them and were taught protocols for gathering and using them.

Although historic data on women’s roles in ceremonies is narrowly limited, oral histories tell us that Indigenous women played an important role in ceremonies and rituals, and many owned medicine bundles (Burnett, 2010). Medicine bundles – which were objects wrapped together and used for ceremonies and healing – were often created as a result of a specific dream. These bundles were held for generations and could be passed down. Through dreams and ceremonies, individuals received the power to heal and the right to perform certain rituals and ceremonies.

Roles of Indigenous women changed immensely with the arrival of fur traders and settlers and with the introduction of the horse, at which time the male participation in hunting and ceremonial activities were

emphasized (Burnett, 2010). Regardless, to this day, women play a complementary and important role in the more public and performative ceremonial activities of men. It is now becoming more common to see women attend Sundances and to be recognized as pipe carriers, thus, being able to keep sweatlodges. Feasts for death are usually a balance of men and women participation. Women will be responsible for caring for or preparing the body, whereas, men will ‘tend the fires’, or hold the ceremonies that allow the spirit to transfer to another realm.

Although women were most often the attendants and advisors for pregnancies and childbirth, men could assist. Men were also important for naming ceremonies. Ceremonies for rites of passage (e.g., menstruation) are strictly conducted by the associated gender and could range for isolation to celebration, with specific teachings.

Indigenous men’s role in health has been widely documented and is often described in historic texts as acts of ‘conjuring’, or using ceremonies to heal and/or protect against physical and mental illnesses. Today, ceremonies, such as the Tea Dance, Dream-time Drumming, Sundance, Sweatlodge, Cleansing and Yuwipi, are often lead by men. These ceremonies can be communal events, or part of a smaller ritual - held for one or a few people. They represent ways of acknowledging the interconnectedness of Mother Earth.

DANE-ZAA (& TSE’KENE)

In the past, death was recognized as the loss of spirit or shadow (Vanstone, 1974). Whereas, the soul was seen as at least one separate entity existing within the body and it didn’t necessary pass on with death and it could also be absent or contaminated in life (Jefferson, 2008). Due to the nomadic nature of the Dane-zaa, many historical texts infer that they would simply abandon a sick or elderly person, but this was not the case. If someone was sick, there were strident efforts over long periods of time, through drumming, singing, ceremony, prayers and the infusion of plant medicines, to try to heal the ailing individual. When a sick person chose to remain behind, rather than travel with a group, it was both an individual and collective decision made with considerable deliberation.



Dane-zaa burial site at Hudson Hope, BC, 1927. Image: Canada Dept. of Mines and Technical Surveys. / Library and Archives Canada / PA-020160.

In death, for the Dane-zaa and many other First Nation groups, there were specific protocols for caring for the body. The corpse was usually be dressed in new clothing and the face may have been painted (Vanstone, 1974). Mourning often consisted of a series of rituals and taboos over a long period of time, which could be the braiding, or cutting or singing of hair; not returning to the deceased's homes for a time period; avoiding certain colours; prohibiting dancing or ceremonies with dancing; and much more. Plithy Goddard observed in 1913 that the Dane-zaa buried their dead by placing them on trees or on platforms; the bodies often rolled in birch bark before being disposed of in this way (1916). Deceased infants were sometimes placed in a sling of cloth supported by a board, and hung between two trees (Goddard, 1916). One of the reasons for platform burials was to protect the body from wild animals, and/or to provide a high vantage point where the souls of the dead could maintain a protective eye on their descendants. Another reason is that each soul has a spirit guide, who is often an avian species, and a platform burial enabled the soul to better access his/her spirit guide. Raised burial was also common amongst the Slavey (Vanstone, 1974: 85).

Another form of burial that was noted by Goddard involved the placement of a body on the ground with a small log house, or grave shelter, erected over the grave (1916:). A white Poplar tree limb was customarily placed on a grave, representing the "shaking of hands," or an expression of gratitude and the acknowledgement of the ending of a relationship. Food and important objects were often placed with the corpse.

The more that I go into the mountains, then I am energized. It is god's country and you can feel good.

~ (Focus Group Participant # 19)

During menstruation, there were several taboos, such as not handling a freshly killed animal, or participating in a hunt, or stepping or touching weapons, or attending certain ceremonies (Vanstone, 1974: 87). Many of these menstruation taboos are still held and taught today.

All of the First Nations in NEBC had mechanisms and protocols for protecting against disease. For example, when in hunting parties, First Nations would practice a form of quarantine after a disease struck, by dispersing into smaller groups. At locations where a body was buried, or at a site where several bodies were buried as a result of epidemic, it would be deemed as sacred ground. Once a body was buried, it was to be left to rest in peace and not removed.

DENE-THA (SLAVEY)

Dene-Tha relied heavily on moose for food, clothing and shelter. They traveled by canoe and foot in summer, and by snowshoe in winter. Dena-tha did not use clans or moieties. They traced relations through siblings and marriage links with living people. They have a strong sense of who their relations are and how family groups intersect. Hunting abilities, rather than lineage, determined who would be the leader of a group. A successful male hunter would often serve as the group's medicine man. (Asch 1981: 342.)

Before Christianity arrived, it appears that marriage, in the sense of a commitment made between a man and a woman to care for one another, was only solidified on the birth of the first child, at which time the new family would join the wife's family. (Ashe 344). Women tried to give birth without outbursts, which were considered to be harmful to babies. Following birth, the afterbirth and the moss blanket were burned or buried. The mother was kept away from the camp until she recovered, which was believed to minimize the "spiritual danger" to men. A variation on this practice was described during the focus groups. Participants explained that women are very powerful forces whose life-giving abilities can diminish a man's hunting success.

Ethnographers noted that the naming of babies occurred in the early years. Based on the participants in the

focus groups, the Christian practice of naming babies at baptism has been a common practice for a few generations.

Participants in the focus groups described the rituals they experienced during their first menses. As ethnographers reported in the mid 20th century from interviews with Elders, on the first menstrual flow a girl would be secluded for 10 days. Even after that, certain rituals would be observed to ensure that female power, which is at its height during menses, does not affect hunting. Women avoid touching, standing over or standing near guns, knives and other hunting gear.

Ethnographers have observed that the Dene-tha believed that at the moment of death, an individual possessed great spiritual power. (Asch 1981: 344). Any words spoken just before death were remembered. Participants did not mention this, but it may be due to the lack of a specific question.

Traditionally, after death, the corpse was interred or placed in a tree scaffold. Now the corpse is buried.

SAULTEAU/CREE

The Cree and Saulteau are not a homogenous people. They have distinct cultural groups, languages, values and traditions. Over the last 120 years, interrelations and adaptations of the Saulteau/Cree at Saulteau First Nation in NEBC have resulted in the sharing of cultural practices, histories and identities. Cree is now the predominant First Nation language, but Saulteau customs and values are widely practiced in the community.

The spiritual nature of the Saulteau/Cree world is clearly visible in their everyday material objects, with knife handles carved into animals and baskets decorated with plant patterns. Knowledge pertaining to medicine could be revealed to a Cree/Saulteau person in a dream or vision experience, and there was a recognized category of professional healers whose vocation was derived from the special character of their dreams and the instructions they received during their dreams (Brown and Brightman, 1988). For the Saulteau, there could be as many as four categories of healers (Brown and Brightman, 1988).

During a vision, the dreamers or his/her soul, could travel to many different places to seek advice on treating the sick, e.g., the conditions of a waterway (placid, turbulent) could be symbolic of a person's health and longevity (Brown and Brightman, 1988).

For both the Saulteau and Cree, tobacco was of particular importance for offering, as a way of honouring the creator and all the spirits who are bestowed in living things. Tobacco could also provide an aperture for communicating with the Creator and the ancestors (Brown and Brightman, 1988).

12. T8FNs & HEALTH TODAY

Many remote, isolated and northern First Nation communities face change and challenges to community cohesion that come with massive development and high, but erratic, seasonal incomes. The past two decades have seen unparalleled resource development in NEBC that has impacted wages, opportunities and the regional economy. Unfortunately, not all the benefits have been equitably distributed, even among Indigenous and non-Indigenous workers and communities in the region. At the same time, relentless developments have adversely impacted the traditional economy, eroded cultural connections to the land, destroyed previously intact ecosystems, polluted surface and ground waters, and decimated caribou herds and other species in the T8FN's territory. Important cultural sites and critical use areas have been drilled through, dug up, run over, crushed, and rendered unrecognizable in the pursuit of resources to be sold far away.

Harvesting and consuming country foods is a vital activity that creates deep cultural cohesion and

connections within a community. The importance of animal and other country food has been a foundation for healthy living, as mentioned by many participants of all First Nation cultures. In an ethnobotany study conducted in Prophet River in 2006, Mary Chipesia, an Elder, explained

“If I eat straight dry [moose] meat, you see me about a hundred year old, and never get old too. ... Straight meat, you can live on it. Moose eat them leaves, they eat medicine. They eat the top of the water lily and some kinds of roots. They eat leaves that are medicine, all the healthy stuff. Not like meat in stores, that makes you sick.”

The increasing fragmentation and alteration of the landscape from access routes and industrial activities has significant impacts on traditional food sources, and consequent repercussions for the mental, physical, and cultural health of the T8FNs’ people.

In addition to mental health issues arising from the industrial revolution in NEBC, there is also anecdotal evidence of rising rates of cancer, sexually transmitted diseases (STD), diabetes and substance abuse, but no baseline studies have been undertaken to confirm underlying qualitative or quantitative details. A recent study in BC indicates that youth in the oil patch are at higher risk of STDs due to the large transient workforce and camp culture (Goldberg 2008). The spiritual health of the community is also under threat as cultural connections, language, and traditional knowledge is lost with the passing of each Elder.

Changes in the ecology have made finding the places (to gather wild foods) difficult. For example, rat root grows at the bottom of a lake, but (lots of) lakes drained so rat root doesn't grow.

~ (Focus Group Participant # 20)

13. HEALTH SERVICES

Access to health care services is fragmented for T8FNs’ members. Some limited services are available on-reserve but, for the most part, members must travel to neighbouring towns for medical attention. This poses some problems for Elders and other individuals and families without transportation. Some communities have shuttle vans to help transport members to appointments and, for longer trips; there is help through the Health Hub at Treaty 8 Tribal Association to arrange medical transportation to Vancouver or Prince George.

PART IV: WHAT WE CAN LEARN

All First Nations of Treaty 8 hold the spiritual values of their ancestors, even if there are individual and collective variations in outward signs of the practices associated with those values. To understand more about what was heard in the focus groups, we have organized some of the key points into the question categories.

14. THE MEANING OF HEALTH

- Land, sky, air and waters are more than elements of the environment: they are the containers within which life is experienced in the present and beyond. The connection between people and the land, sky and water is metaphysical. This is a reflection of health. (Dane-zaa/Cree/Saulteau/Dene participants).

15. BIRTH

- The umbilical cord of a newborn girl was preserved and sewn into clothing, then saved for the child. (Slavey/Cree, Saulteau and Dane-zaa participants).
- Children did not attend births in most cases, but men could attend if there wasn't a midwife to assist. (Saulteau/Cree and Slavey participants).
- Women did not have to work for a long time after giving birth – maybe up to 10 days. People helped them, so they could rest and heal, not like nowadays (they kick you out and no one teaches new moms). After the baby is born, the mom was given Labrador tea and root tea to stop contractions. A binder was placed around the stomach to stop contractions. (Saulteau/Cree participant).
- When I was nursing, they boiled moose bone and gave me the marrow for calcium. Everyone was aware that new moms need lots of calcium and iron. (Dane-zaa/Saulteau/Cree participant).
- It wasn't until the 1950s that we were told by doctors to start using formula, no more nursing. (Saulteau/Cree participant).

16. DEATH AND DYING

- The concept of soul was mentioned in one focus group, in which the participant said his grandfather, a well-known healer and knowledge keeper, told him that there is a little bird that rests to the left side of the heart, near the shoulder (the bird is like the soul). Consequently, the bird/soul can be harmed or stolen, or simply fly away. A lost soul could result in illness, derangement and eventual death. (Dane-zaa participant).
- Several focus group participants discussed the use of singing, drumming, smudging, burning and presenting tobacco and prayer during death and after. Singing was a common way to help the soul move on to the next realm. (Cree/Saulteau/Dene participants).
- Smudging was a way of sending prayers up to the creator and for ritual cleansing. The smoke carries the prayer. Tobacco is presented as a form of thanks, or for giving prayers to the mother earth, or to the person (elder/knowledge holder) who is giving the prayer. Sometimes it is given in the left hand because it represents the heart. (Saulteau/Cree Participant).
- Traditionally, when someone died, they were buried in moose hide and their eyes closed. For a

medicine man, everything he owned would go with him. Sometimes spirit houses were built over the buried bodies. Timing of the burial (mid day often) and placement of the head (e.g., in the direction of the rising sun) was another consideration. (Slavey/Cree/Dene participants).

- After someone passes, there are up to three feasts. One feast was immediately after the person passes, in which close family and friends attend. Another feast is held on the day of the funeral, then a third feast is held on a birthday or a year later for remembering. (Saulteau/Cree/Dene participants).
- When it was someone important, sometimes a little piece of the Dane-zaa dreamer's map was placed with the body before burial. Not all spirits die, and the map would help the spirit move on. (Dane-zaa participant).

17. LIFE STAGES

- The number four is sacred and meaningful. There are four elements that sustain life (rock, fire, wind and water); four components of the universe – sun, earth, moon and stars; four people; four sacred medicines - tobacco, sage, cedar and sweetgrass; four directions; and four stages of life (birth, adolescents, adulthood and death); four human elements (physical, mental, spiritual and emotional); and four seasons. (Dane-zaa –as well as many other First Nations participants mentioned this).
- Traditionally, there were rites of passage for First Nation adolescents, such as: seclusion, fasting, feasts, and other teachings. Menstruation marks the transition from childhood to womanhood. The menstruation rites teach about the body, the roles and responsibilities in adulthood and in relationships, and to ways of obtaining spiritual grounding. (Mentioned by a majority of First Nation participants).
- A Dane-zaa participant experienced extensive teaching during her first menstruation, when various women whom she considered 'aunties' took turns over the week to teach the power of the moon and menstruation; to discuss some of the challenges she may face when transitioning into womanhood; and to share the importance of respecting her body. (Dane-zaa/Cree/Saulteau participants).
- When a woman started her moon, she would be fed berries because they represent life giving. One participant stated, "I had to eat berries and fresh meat because they were brand new, like me." (Dane-zaa/Cree/Saulteau participant).
- When you have your cycle, you cannot touch wild meat, or go near guns. Also, you cannot go near water because the water spirits are too powerful. (Dane-zaa participant).
- Baby clothes cannot be lying around all over the house because all baby things are sacred and should be taken care of. (Dane-zaa participant).
- Everyone has an animal spirit that guides him or her. It is god's power and helps someone to communicate with the Creator. It is your own sacred animal, and you can never harm it. It can come to you in a dream or when doing ceremony alone in the bush. You need to work and understand your animal (Dane-zaa participant).
- Boys experienced a rite of passage for the first hunt; when receiving their first drum; and when connecting with their animal guide. Every hunter has at least one animal spirit who guides and protects him. While on a hunt, animal guides will acknowledge their alliance with the hunter by granting the foresight of where to hunt and by the auspicious offering, or sacrifice, of an animal. In turn, hunters are expected to reciprocate this gift by abjuring any harmful actions toward this animal, while at the same time, carrying out reverential ceremonies, e.g., a tobacco offering. (Dane-zaa/Cree/Saulteau participants).

18. NUTRITION AND HEALTH

- All the T8FNs share a respect for the intelligence of animals and the world that people share with animals. They believe that animals give up their lives in the hunt, which means that the hunter and his/her family must be thankful to the animal. This gratitude is expressed through ceremonies, smudging, song and prayer. (Mentioned by a majority of First Nation participants).
- Animal species are not only valued for nutrition and medicine, such as bear grease and bone marrow, but animals, as either narrators or actors, play a central role in First Nation oral histories that recount: major events that led to geological changes in the land (e.g., floods, glaciation and creation); societal roles and responsibilities; ways of dealing with conflict and moral decisions; and caretaking practices for Mother Earth. (Mentioned by a majority of First Nation participants).
- Plants that have healing properties are protected. This means that some healers will never tell anyone else, even family members, where the plants can be found and how they should be used. The healers wait patiently until another person in the community is identified as having potential to be a healer. (Mentioned by a majority of First Nation participants).

19. BUILDING RELATIONSHIPS

- Trust and sharing, which is highly valued for Indigenous cultures, are part of relationship building. People will share what they have when they trust. Invitations to participate in events or ceremonies usually indicate acceptance and trust. (Mentioned by a majority of First Nation participants).
- Empathy is part of developing trust. This requires removing judgments, e.g., racism and prejudice, and trying to understand what it feels like to be in a person or cultural groups situation. (Mentioned by a majority of First Nation participants).

20. HEALING PLACES

- Freedom and seasonality of movement is fundamental to Indigenous perspectives of time, place and an understanding of a life well-lived. When a place is spiritually or physically dirty, people will avoid it. When sustenance is not available in one place, people, as well as animals, will look for food elsewhere. Conceptual maps provide guidance about where people are now and where they would be happiest in the future. (Mentioned by a majority of First Nation participants).
- Many participants stated, “Elders should have a home where they can visit and be cared for. A place that is safe and quiet, like the bush”.
- Sweatlodges could be both cleansing and healing. Someone has to be a pipecarrier to perform a sweatlodge – that means he/she should have attended four Sundances and received his/her pipe and instructions. Pipecarrier can never tell someone to attend a sweatlodge. A person who is attending a sweatlodge must come on his/her own free will. Anyone can attend a sweatlodge; they shouldn’t be scared. (Saulteau/Cree/Dane-zaa and a Saulteau/Cree participant).

21. CAREGIVERS

- Women and men have different powers to achieve balance in a family and in the community and providing care. (Mentioned by a majority of First Nation participants).
- Attention is paid to growth and creating awareness to all children. Abuse was never tolerated in any form. (Mentioned by a majority of First Nation participants).
- When travelling/hunting in the past, babies were kept busy in many different ways, e.g., babies were given spruce gum, which they would play with for a long time. (Saulteau/Cree/Dane-zaa participant).

22. CULTURAL EMPLOYMENT IN HEALTH

- There is a need for recognition and validity of traditional knowledge. (Mentioned by a majority of First Nation participants).
- Environmental monitors are too young to understand the health of the land and animals; they don't know what to look for. Monitoring has to be a combination of traditional and western science, with youth and elders working together. (Mentioned by a majority of First Nation participants).
- Indigenous knowledge about medicinal and food plants [ethnobotany/ethnobiology] is critical to the health of the people. This needs to be part of health care. (Mentioned by a majority of First Nation participants).

My grandmother never drank. When my dad was drinking, she would send him to his room – away from us kids. He had to stay there and feel shame. (He quit drinking eventually).

(Focus Group Participant # 22)

PART V: PRINCIPLES AND PROTOCOLS

23. APPLYING PROTOCOLS

Health-related protocols vary among the Treaty 8 First Nation communities and must be built on respectful relationships that incorporate culturally appropriate ethical standards. Further study of protocol approaches in other Indigenous communities and guidance from Treaty 8 members will be required to extend and refine the principles and protocols presented here. Provided below are a series of steps, based on various protocols and principles, that can help guide relations and interactions between health care practitioners and Treaty 8 communities.

STEP 1: GAIN AN UNDERSTANDING OF T8FNs

Health care practitioners planning to engage with the Treaty 8 First Nations must first have a deep awareness of the diversity present in the communities due to differences in culture, language and history. The practitioners should also be aware that each community has its own strengths and challenges. Media-based learning through books, articles, videos and reports, such as the report presented here, can help bridge gaps in understanding, but direct learning through cultural competency workshops by members of the First Nation communities is the most appropriate and effective way for individuals to gain lasting insight.

Based on their work to date, the authors of this report recommend that all health practitioners working in or planning to work in Treaty 8 communities be provided with cultural competency workshops that would serve learning goals and strengthen contacts between the health practitioners and First Nations people who are trusted within their communities to facilitate dialogues and share cultural knowledge. These workshops should not be one-off training sessions; rather, they should be developed and offered as a continuous learning program that could be adapted to meet the training needs and availability of presenters and attendees.

After understanding and acknowledging historic truths and past actions/inactions, health care practitioners and First Nations can mutually design and implement mechanisms that will prevent further harm and help achieve a balance of control.

STEP 2: ATTEND A CULTURAL COMPETENCY WORKSHOP

The purpose of cultural competence is to encourage healthier relationships that engage and transcend culture and support responsive and respectful care. Cultural competence goes beyond awareness, sensitivity, knowledge and skills to the application of relational capacity. A trusting relationship helps to allay fears and assists the care provider with learning more about the individual or family that he/she is working with. In return, that relational space allows the First Nation person an opportunity to know the health care practitioner, his/her role and more about the service agency and system represented.

A basic level of knowledge about the Treaty 8 First Nations groups, including the history of colonization, acculturation, residential schools, the 60s scoop (e.g., the placing children in non-First Nations families), impacts from developments (especially the Alaska Highway and resource exploration and extraction), and related intergenerational effects is needed, but it is not enough to support culturally competent service provision.

Once practitioners have attended the training sessions, they may begin engaging directly with the First

Nation communities.

STEP 3: APPROACH COMMUNITIES

To gain permission to work with a Treaty 8 community, health care practitioners should receive consent through a written agreement, which is acceptable to all parties. Approvals may be letters of support from Chief and Council, or, alternatively, they may be granted informally/formally through an established advisory committee of knowledge keepers. Any established advisory committee should have a Terms of Reference.

Some First Nation communities may not authorize their political government (Band) leaders to make decisions on health issues. It is recommended that health care practitioners seek guidance on this matter directly from each community's health lead.

The next step, through continued community engagement, would be to work with role models, mentors and cultural advisors to further develop and refine communication and relational skills based on self-awareness, understanding and respect.

STEP 4: CONTINUE COMMUNITY ENGAGEMENT

Each Treaty 8 community holds periodic band general and family meetings to discuss community issues and solutions. Health staff and health care practitioners may be asked to participate in these meetings to provide background information on or insights into specific issues.

Protocols for Meetings

While developing relationships with Treaty 8 First Nation members, healthcare practitioners should be prepared to spend time getting to know community members before discussing business. Rushing is viewed as being disrespectful and pushy – take the time to visit first and gently ease into business.

In public forums hosted by any groups, it is important to acknowledge the traditional territory where you are. This acknowledgement is confirming recognition of and respect for the first people of the region, and will be appreciated by all.

When starting a meeting, never leave anyone out - wait until everyone is there. It will be evident when the time has come to move from casual conversation to business.

For a scheduled meeting, which requires travel to one of the Treaty 8 First Nation communities, it is best to reconfirm the meeting at least a week before hand, and on the day of the meeting, via e-mail and telephone. It is recommended that the health care practitioner have built a relationship with at least two people (who are working with the Band) and these individuals can be the main contacts to assist with scheduling, planning and facilitating meetings. If the meeting is not possible, reschedule alternative dates.

Although the Treaty 8 communities are widely dispersed, word-of-mouth communications are very efficient and the number of people in each community is small. Actions and words of individuals from outside the community are remembered.

Affection is easily displayed in some Treaty 8 communities, especially between women who are relations or long-standing friends. Once an outsider is established and trusted in a community, he/she will likely be included in this.

PROTOCOLS FOR COMMUNITY AND FAMILY EVENTS

Health care practitioners should plan to attend community and family events, such as Aboriginal Day, Doig Days, West Moberly Day, Treaty celebrations and, if requested, death/birth celebrations. These events are a great opportunity to visit and get to know people as well as a natural way to get involved in community life. Becoming engaged in the Treaty 8 First Nation's events and taking opportunities to meet people and learn about life in the community is part of cultural competence training.

Most communities use social media to promote events and share information about important issues. With advice from the Director/Manager of Health, health care practitioners can join social media groups to learn about the community and promote health programs.

STEP 5: APPROACH SPECIFIC KNOWLEDGE KEEPERS

From the focus group sessions, it was clear that individual men and women in each community are considered to be "knowledge keepers". Many of these individuals carry important information about the intersection between cultural beliefs and practices for health. Practices including smudging, sweats, other forms of ceremonies, care of the deceased, etc. These people know when cultural practices and knowledge (including the use of medicinal plants) will be of potential benefit to someone needing health services. Knowledge keepers would be important for guiding a health advisory committee.¹¹

During a conversation or meeting with a knowledge keeper, allow a few seconds before proceeding with the dialogue - interrupting a knowledge keeper is considered very disrespectful. At times, there may be a long pause between conversations or during a conversation – avoid mistakenly jumping in (filling the conversational gap) too soon. These gaps are usually moments when a knowledge keeper is considering what they need to say and how it should be said.

As the caretaker of traditional knowledge, knowledge keepers hold a strong sense of responsibility for passing on traditional knowledge and they can be careful in what they say. As an oral society, this kind of communication is still very important. If you are uncertain, ask them if you can proceed with your comments/ideas. Be aware not to talk too much, and it is not advantageous to provide too much information (overwhelming the conversation/meeting). As well, when meeting with community members, use common language. In a public forum, a knowledge keeper is usually allowed to speak first and without interruption.¹²

¹¹ Please contact the report authors for specific names of individuals who are identified knowledge keepers.

¹² The term Elder has been misrepresented in the past and present. Traditionally, when someone reached a certain age, he or she was considered an Elder but this did not necessarily indicate the fortitude or knowledge to guide his/her community. Thus, for the purpose of describing someone who has the experience and balance to guide and represent his/her community, the authors have used the term Knowledge Keeper.

24. GENERAL PROTOCOLS

PROTOCOLS FOR ACCESSING AND SHARING TRADITIONAL KNOWLEDGE

First Nations use the term traditional knowledge to describe information passed from generation to generation. This information may be rooted in: storytelling, ceremonies, traditions, ideologies, medicines, dances, arts and crafts or a combination of all these.

First Nation's culture has developed over many generations - through traditional knowledge of the land, natural resources and environment. Traditional knowledge is known to communities as the foundation or base of all key information from the past and is blended into all aspects of their society and cultures. In the case of traditional knowledge, it is considered a collective property, but there are recognized individuals within each of the Treaty 8 communities and families who are holders of any associated traditional knowledge protocols. For example, the historic Dane-zaa maps indicating the Trail to Heaven have been maintained and conserved by specific family groups.

Additionally, there is a Treaty 8 First Nations Cultural Heritage Policy that defines, set out access protocols and protection measures for culture & heritage – with traditional knowledge being an integral component of that. Anyone looking to access traditional knowledge must contact each of the Treaty 8 communities' Chief and Councils and Education Directors, to obtain permission to access this resource and to obtain this policy.

PROTOCOLS FOR LANGUAGE

When visiting with Elders, there may be language barriers and communicating with them might be difficult. Each community has translators when needed and a set fee for these individuals.

PROTOCOLS FOR HANDLING SENSITIVE OR DIFFICULT MEDICAL TOPICS

The Director/Manager of Health in a community can advise on whether a medical topic is likely to be sensitive or difficult or whether there are differences of opinion within the community about the best approach to solving a medical problem.

PROTOCOLS FOR REGALIA

Regalia has always been part of First Nation culture and regalia is handed down from generation to generation. Regalia, drums, feathers – especially eagle feathers -- are considered sacred items and there is a "no touch" rule. Permission is needed to even touch an individual's regalia and drums. Never refer to regalia as a costume because it is not. Costume is perceived as something worn for Halloween.

PROTOCOLS FOR CHILDREN IN MEETINGS

Children are sacred gifts from the Creator and the overall health of First Nation children in a community is an indicator of the Nation's wellness, cohesion and strength. Children are often allowed to attend meetings, but parents are expected to mind their children and remove them if they become disruptive. The community representatives, not health care practitioners, should deal with disruptive behaviour of children.

PROTOCOLS FOR GIVING THANKS: TOBACCO AND SMUDGING

Many First Nation people smudge using plants, such as sage, sweetgrass, fungi or cedar, or make offerings with tobacco. A smudging ceremony can be used for prayer, offerings, cleansing and healing the mind,

body, emotion and spirit. Cleansing can also involve brushing with plants or drinking and bathing in plant concoctions. Not all Treaty 8 communities practice the giving of tobacco or smudging, but many of the communities (e.g., Saulteau, Fort Nelson and West Moberly First Nations) may begin meetings with smudging, praying and/or drumming, depending on the subject matter and who is in attendance. The Dane-zaa have a drumming group who can be asked in advance to provide an opening drumming song and prayer. This group is in Doig River First Nation and can be contacted through the Band. There should be no talking or taking photos (without permission) during a ceremony, and people are often asked to stand.

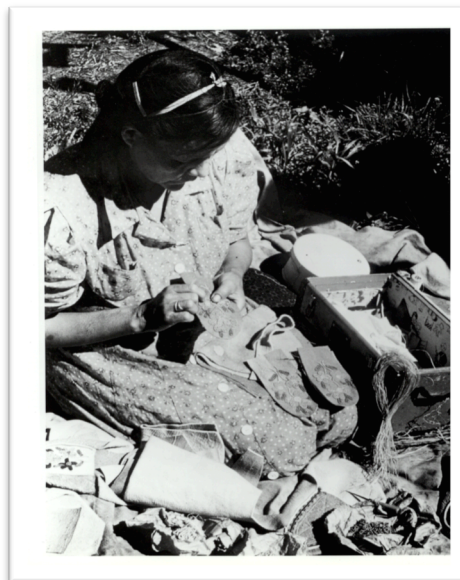
PROTOCOLS FOR SWEATLODGE

A sweatlodge ceremony is a sacred place where people may come together for healing and prayer and it is often referred to as the womb of mother earth. It is focused on healing, purification and achieving balance of the mind, body, heart and spirit. There are different types of sweat ceremonies and pipe carriers who perform the ceremonies and hold the sweat lodge. Women must wear a long dress or skirt, and men will wear shorts. No metal is allowed in the sweat lodge and women should not be menstruating. A sweat ceremony has four rounds with a feast afterward. As part of the ceremony, participants may give and ask for prayers (silently or out loud), and acknowledge their loved ones. The food prepared for the feast should not be eaten during preparation. And the feast should commence only after the sweat lodge holder/pipe carrier has stated so. Health practitioners may be told of a sweat and are recommended to attend. For more information on sweat related protocols, it is important to talk directly with the sweat lodge holder because the protocols vary according to the traditions of the community and the sweat lodge holder.

PROTOCOLS FOR TEA DANCE AND OTHER CEREMONIES

Many Dane-zaa dances symbolize the ancient ways in which the Dane-zaa are interconnected with animals and the land; they also create a sense of belonging within a community. Some of the Dane-zaa dances, including the Tea Dance, are to attract or connect with different animals. A Tea Dance can be an all-night affair at which all types of songs and dances take place. To learn more about this dance or other Dane-zaa ceremonies, health care practitioners must talk to Knowledge Keepers within each of the communities.

Slavey woman making mocassins. From the T8TA, TARR archives – care of Glenbow Museum.



PART VI: RECOMMENDATIONS

GOAL: To develop more culturally appropriate and sensitive services from Northern Health for members of the Treaty 8 communities through the development and delivery of Cultural Awareness Workshops delivered by communities.

In the past, there have been many challenges to the delivery of health services to the T8FNs. With the existing barrier to trust, and concerns about insensitive medical treatment, efforts must be made by health care professionals to ensure a safe environment and adequate care for First Nation patients. This will require a deeper awareness of the challenges faced by First Nations due to historical trauma, socioeconomic issues, cultural and linguistic differences, and isolation. In addition, health care professionals will need to improve their interactions with First Nation patients to build relations and trust.

This research project was undertaken to better inform and articulate the histories and experiences of the T8FNs in regard to health, and to provide a brief sketch of their unique and rich traditions pertaining to various customs, beliefs and health practices. Information provided in this report only skims the surface of the T8FNs' complex and elaborate health procedures, legal traditions and values.

It is our hope that this research will stimulate a deeper dialogue between the T8FNs, Northern Health Authority and First Nations Health Authority about new approaches to improving the well-being of the First Nation patients in the region. Moving forward and navigating through the muddy waters of the past will not be easy, but the recommendations provided below are a tool to assist in making strides in the right direction.

APPLY CULTURAL SAFETY PRINCIPLES

1. Cultural safety principles should be applied to all segments of healthcare services, including individuals providing training to healthcare professionals.
2. T8FNs should survey cultural training programs in use in other Indigenous communities (nationally and internationally),¹³ and in medical training programs, for evidence about:
 - a. Curriculum models
 - b. Trainer resources
 - c. Funding
 - d. Success factors
 - e. Failure factors
 - f. Cross-over benefits with other community initiatives, such as cultural employment.

ENGAGE IN FURTHER STUDY

1. There is a need to gain more insight into cultural practices and historic realities, thus, further interviews about cultural practices related to health and well-being should be conducted in advance of developing curriculum materials, including:
 - a. Video-taped interviews that could be edited for use by the cultural trainers working with healthcare professionals.
 - b. A longer set of interviews with people interviewed in March 2015, including the group

¹³ Potential initiatives include First Nations Health, Northern Health, BC Ministry of Health, National Aboriginal Health Organization (NAHO) and the Canada Research Chair on Aboriginal Health and Wellness (Dr. Yvonne Boyer.)

of men from Prophet River First Nation.

- c. Interviews conducted during one or two days in the communities, when anyone from that community would be invited to speak to the researchers.

DEEPEN KNOWLEDGE ABOUT INDIGENOUS HEALTH PRACTICES

1. T8FNs should initiate and/or collaborate with other groups in documenting traditional medicines and treatments.

DESIGN CULTURAL AWARENESS WORKSHOPS

1. Cultural Awareness workshop should be designed that:
 - a. Strengthening an appreciation and understanding of the histories and cultures of individuals T8FNs, including knowledge of:
 - i. The intergenerational impacts of colonization (e.g. relocations, residential schools, 60s 'Scoop', etc.) on health issues, social inequities and family-life challenges for T8FNs
 - ii. The connection between intergenerational trauma and mental health conditions, such as mood disorders, anxiety and addictions.
2. Workshops could also be used to improve protocols and communications techniques that would allow health professionals to elicit more complete health information from members.
3. Strengthen knowledge and respect for the role of Indigenous women as midwives and healers.
4. Use regional gatherings for testing the cultural and historical content of training products with community members.

TARGET LEARNING GOALS

1. Some healthcare providers will be interested in understanding the legal context of health services in Treaty 8 territory. A brief description of the legal context, including grey areas, could be included in a subsequent phase of the Traditional Protocols project.
2. T8FNs and health professionals alike could benefit from information about options for culturally safe harm reduction strategies that would support T8FNs families who are struggling with substance dependence (Wilson et al, 2013).

ADAPT CURRENT HEALTH PRACTICES

1. Health care providers should be aware of, ask about, respect and advocate for institutional protocols and policies regarding the disposal or preservation of tissues involved in conception, pregnancy, miscarriages, terminations, hysterectomy, and other procedures (Wilson et al, 2013).
2. Traditional knowledge has a role in evidence-based medicine. Opportunities to apply the knowledge of T8FN knowledge keepers in studies and trials should be explored.

ENVIRONMENTAL HEALTH

1. There is a need to advocate for ongoing research to monitor contaminant levels including heavy metals, pesticides and contaminants identified as being of concern in local wildlife and plant gathering areas. There is also a need for a longitudinal study that monitors community members' contaminant level.

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APPENDICES

25. APPENDIX 1: PARTICIPANTS BY COMMUNITY AND CULTURAL AFFILIATION

<i>ID No.</i>	<i>PARTICIPATION LOCATION</i>	<i>COMMUNITY/CULTURAL AFFILIATION</i>	<i>FACILITATOR(S)</i>
1.	Tse'K'wa	Doig River FN/ Dane-zaa	JH & GO (KA partial) (PM and ADS present)
2.	Tse'K'wa	Doig River FN/ Dane-zaa	JH & GO (KA partial) (PM and ADS present)
3.	Tse'K'wa	Doig River FN/ Dane-zaa	JH & GO (KA partial) (PM and ADS present)
4.	Tse'K'wa	Doig River FN/ Dane-zaa	JH & GO (KA partial) (PM and ADS present)
5.	Tse'K'wa	Blueberry FN/ Dane-zaa	JH & GO (KA partial) (PM and ADS present)
6.	Tse'K'wa	Blueberry FN/ Dane-zaa	JH & GO (KA partial) (PM and ADS present)
7.	Tse'K'wa	Prophet River FN/Dane-zaa	JH & GO (KA partial) (PM and ADS present)
8.	West Moberly (Interview)	Saulteau FN/Saulteau & Cree	JH & KA (SG present)
9.	West Moberly (Interview)	Saulteau FN/Saulteau & Cree	JH & KA (SG present)
10.	Saulteau Focus Group	Saulteau FN/Cree & Dane-zaa	JH & KA (SG present)
11.	Saulteau Focus Group	Saulteau FN/Saulteau & Cree	JH & KA (SG present)
12.	Saulteau Focus Group	Saulteau FN /Cree, Iroquois & Dane-zaa	JH & KA (SG present)
13.	Saulteau Focus Group	Saulteau FN/Saulteau	JH & KA (SG present)
14.	Saulteau Focus Group	Saulteau FN/Saulteau	JH & KA (SG present)
15.	Saulteau Focus Group	Nurse – SFN and area	JH & KA
16.	LNG Conference	Fort Nelson FN/Cree & Dene-	JH & KA

		tha	
17.	LNG Conference	Fort Nelson FN/Cree	JH & KA
18.	LNG Conference	Prophet River FN/Dane-zaa & Cree	JH & KA
19.	LNG Conference	Prophet River FN/Dane-zaa	JH & KA
20.	LNG Conference	Fort Nelson FN/Cree and Dene-tha	JH & KA
21.	LNG Conference	West Moberly FN/DZ Saulteau	JH & KA
22.	LNG Conference	West Moberly FN/DZ S & Cree	JH & KA
23.	LNG Conference	Prophet River FN/Dane-zaa	JH & KA
24.	LNG Conference	West Moberly FN/ Saulteau & Cree	JH
25.	LNG Conference	SFN /DZ-C	JH
26.	LNG Conference	West Moberly FNs/ Dane-zaa, Saulteau & Cree	JH
27.	Kamloops Interview	Saulteau & Cree	KA
28.	Kamloops Interview	Métis (Kelly Lake)	KA

Facilitators	Observers
KA – Karen Aird	SG – Sandra Garbitt, First Nations Health
GO – Garry Oker	RM – Renata Meconse – First Nations Health
JH – Julie Harris	PM – Patti MacKewan, Northern Health
	ADS – Angela DeSmit, Northern Health
	PS – Penny St. Pierre, Prophet River First Nation and New Relationship Trust
	Pat Lambert – First Nation Health Authority

26. APPENDIX 2: CONSENT FORM

TREATY 8 CULTURAL HERITAGE AND HEALTH FOCUS GROUPS

March 2015

Participant Name:

Participant Address:

Date of Participation:

Focus Group Facilitators Names and Affiliations:

Karen Aird, Treaty 8 Tribal Association

Garry Oker, Treaty 8 Tribal Association

Julie Harris, Contentworks (consultant, 120 Sunnyside Avenue, Ottawa, ON K1S 0R1

Research Leads:

First Nations Health Traditional Protocols Project: Karen Aird, Treaty 8 Tribal Association

Cultural Employment Strategy: Garry Oker, Treaty 8 Tribal Association

Projects:

First Nations Health Traditional Protocols Project: Treaty 8 Tribal Association with support from First Nations Health is setting out to describe cultural practices and historical realities that front-line health professionals working in the northeast should know about when they are working with First Nation individuals and families. This focus group is one of the first steps in the process; it is adding to cultural knowledge that has already been collected over many years from eight First Nation communities – Fort Nelson, Prophet River, Blueberry, Doig River, McLeod Lake Indian Band, Saulteau and West Moberly First Nations across the Northeast.

Cultural Employment Strategy: Treaty 8 Tribal Association is examining ways to strengthen community economic development by increasing employment opportunities that match cultural skills with community and business needs. Health & Wellbeing is one of the sector pillars. The focus group will help identify needs and skills in this sector.

If you agree to voluntarily participate in this focus group, your participation will consist of 2-3 hours of meetings with two or more facilitators. The materials that come out of this research will be prepared in an accessible manner and provided for your community to keep.

As the Interviewee, I have been fully informed of the following points before proceeding with the interview:

I understand the intent and purpose of this research.

The risks involved in participation in this research may include sensitive topics that could trigger upsetting memories or emotions. I will be responsible for finding resources should I need support during or after the focus group.

My participation is voluntary and can be withdrawn at any time. I understand that I can decline to answer any question. I can withdraw from the study, at any time, without negative consequences. If I withdraw from the study, the researchers will not use the information that I provided.

I understand that I am participating in a group and that anything said by individuals in the group is to be

kept confidential.

I will be provided with an honorarium of \$_____ [determined based on context and community standard] for my time and participation in this project. If I withdraw from the study, I will still receive compensation up to the time I withdrew.

On my request, information I provide shall not be attributed to me: my participation shall be kept anonymous. If I wish to remain anonymous, the interviewer shall take all reasonable steps to record and publish the information I provide without links to any identifying information. I understand that if I do not request anonymity, my responses to interview questions shall be attributed to me and I shall be identified by name in any paper that uses this research.

X ☒ yes, I want to remain anonymous. [This was the default for all participants.]

If yes:

I am aware that due to the small size of some communities, it is possible that if someone knows the community well they might be able to figure out who the participants were. I understand that if I am concerned about this I can withdraw participation at any time without negative consequences.

☐ No, I do not want to remain anonymous.

If no:

I agree to be identified by name / credited in the results of the study: _____ (initials)

I agree to have my responses attributed to me by name in the results: _____ (initials)

I am aware that notes and audio recordings of my interview may be made. With the present consent form, I am giving permission to use the following materials as part of the Project.

I understand the information I provide in this interview may eventually be published. The information that I provide may also be used in the development of curriculum and pedagogies. I understand that once this information is published, I can no longer withdraw my consent for its use.

If I agree, the research information may be analyzed, now or in future, by the researcher(s) for purposes other than this research project and the purposes described here.

☐ Yes, I agree that the information I share may be used for future projects.

☐ No, I do not want the information to be used for future projects.

The research shall be kept confidential, except for the purposes indicated above, or when required to be disclosed by professional codes of ethics or law.

The researcher(s) will maintain records of the interview in a secure location accessible only by the researcher(s) and the records shall be preserved until publication and a reasonable time thereafter, in accordance with scholarly practice and University regulations. Records will be kept in a locked academic office at the University of Victoria.

I will receive a copy of this consent form and the researcher will keep a copy.

Signature of Interviewee _____

27. APPENDIX 3: SAMPLE PROMPTS AND QUESTIONS

Meaning of health

What does health mean to you? For example, how do you know that you are feeling 'well'?
What is the most important thing that you have learned from your family or community about health? It can be something general, like eat well or something more specific.
Are there health 'taboos'?

Birth

Tell us about where births occurred and who helped the mother.
When was a baby named?
Who attended the birth?
If the father was not at the birth, when did he come to see the baby?
What did the family or community do if a baby died very soon after birth or during birth?

Life Stages

When does someone move to adulthood from childhood? Is it their age or is about the way they act?

Death and dying

What would be very important to you if you were told that you should expect to die much sooner than you hoped?
In the past, how did Dane-zaa/Saulteau people care for someone who could not be cured and was going to die very soon?
In the past, what was done when someone was ready to die?
Were certain people given responsibility for caring for the body? What did they do?

Nutrition and Health

How does a country diet affect health?

Who decides?

How do you know when someone is able to give consent about his or her treatment?
When would you insist that someone you love see a doctor, dentist or nurse?

Healing Places

What kind of places helps healing?
Is there anything about a hospital setting that you like?
What do you dislike the most about hospital care?

Caregivers

Who helps?

Cultural Employment in Health

What are your skill sets?