

**BERRIES, BISON, AND BRANCHES:  
RETURNING TO TRADITIONAL ABORIGINAL SUSTENANCE**

by

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# Canada

**Abstract**

Colonial work was in part a disruption to the connection of land and resources, and if you disrupt land, communities and resources, you disrupt culture, identity and sustenance practices. In this thesis, I examine what colonization is, as well as the historical colonial powers that have been at work in First Nations communities with a particular focus on identity and the consequences of territorial displacements and how that has impeded traditional Aboriginal diets. I also include a location of self and what led me on this journey. Additionally, I examine what health and well-being looks like for the Indigenous population concerning traditional foods, food security with access playing a pivotal role. The third component addresses the contemporary well-being of Aboriginal Peoples and the potential to rejuvenate culture and identity through a new uptake of relations with traditional and wholesome foods.

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## **Dedication**

To my mother Barbara, my sister Laura-Lee, my brother Raymond, my three boys: Justin, Jordan and Jacob, you are part of the reason I began this journey. I hope this helps each one of you know who you are, where you came from and also helps you to understand a little bit more about me. I love you all deeply.

Finally, I owe my deepest gratitude to my husband, Jason Wesley Howard, your willingness to listen to my endless rants, never ending support, and encouragement has not gone unnoticed. The way you challenged me to think differently is reflected throughout this piece. Your constant devotion has also carried me throughout this journey. It has been quite the challenge to walk by faith and not by sight, so, thank you for loving me unconditionally and believing in me even when I didn't. I love you more than anything.

## **Acknowledgement**

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I am eternally grateful to my supervisor, Dr. Ross Hoffman, whose support and direction kept me focused and on the path to completion. Thank you so much for your comments and suggestions. This thesis would not have been possible without my amazing supervisory committee, Dr. Tina Fraser and Dr. Marilyn Iwama. Many thanks go out to you both from the bottom of my heart.

To my research participants: Frank Frederick Sr., Leonard Ward, Ivan Paquette, Gloria George, Lyle Lloyd, Earl Henderson, Agnes Snow, Dr. Theresa Healy and Pam Tobin, your willingness to share your stories and lived experiences have made my thesis what it is. Words cannot effectively begin to express my gratitude. I humbly thank you for giving a part of yourself to me.

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## Chapter 1

### 1.0 Introduction and overview

The traditional diets of Indigenous people are connected to their traditional lands.<sup>1</sup> Linda Tuhiwai Smith describes the First People as those, “who have witnessed, been excluded from, and have survived modernity and imperialism.”<sup>2</sup> Aboriginal peoples across Canada have displayed the importance of understanding the correlation between traditional sustenance practices and the land to ensure their survival as a whole. Shawn A-in-chut Atleo, National Chief of the Assembly of First Nations states, “Since creation, First Nations have relied on the land for spiritual needs and wellbeing.”<sup>3</sup> These ties not only inform and shape culture and identity but also influence health, nutrition, life expectancy as well as the economic security for individuals and communities. The traditional diet once followed by Aboriginal peoples ensured health and longevity. However, colonization has compromised traditional practices and reduced life expectancy. The resultant loss of land, traditional knowledge, languages, cultural protocols and teachings has hindered the transmission of Aboriginal cultures and damaged the health of Aboriginal peoples. This disconnect continues presently and is evident throughout Canada as Aboriginal Canadians suffer with greater health disparities than the non-Aboriginal

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<sup>1</sup> Throughout this paper, I use the terms indigenous and/or Aboriginal interchangeably in order to indicate, Canada’s First Peoples, including First Nations, Inuit and Métis people. And, where applicable and/or possible, I use the names of those First Nations’ people groups (i.e., Lheidli T’enneh, Wet’suwet’en).

<sup>2</sup> Linda Tuhiwai Smith, “On Tricky Ground: Researching the Native in the Age of Uncertainty,” in *The Sage Handbook of Qualitative Research Third Edition*, ed. Norman K. Denzin and Yvonna S. Lincoln (SAGE Publications: Thousand Oaks, 2005), 86.

<sup>3</sup> Laurie Chan, Olivier Receveur, Donald Sharp, Harold Schwartz, Amy Ing and Constantine Tikhonov. “First Nations Food, Nutrition and Environment Study,” (FNFNES): Results from British Columbia (2008/2009). (Prince George: University of Northern British Columbia, 2011)i.



population.<sup>4,5</sup> Colonization has resulted in the denigration of distinct individual Aboriginal cultures, and in turn, the deterioration of health.

Food is an outward expression of identity connected to one's culture, community and homeland. Moreover, a strong correlation exists between the relationship of cultural identity, food, and the health and well-being of Aboriginal people. In approaching the breadth of this topic, I first introduce the destructive impact of colonization on traditional diets. Secondly, I explore past and present diets and the role food has concerning Aboriginal health. Finally, I address contemporary challenges to the health and well-being of Aboriginal peoples and their communities.

Yes, food is an outward expression of identity. More importantly, the health of Aboriginal individuals and their communities depends on the preservation of cultural practices and traditional ways. My research participants believe "everywhere is our garden," there are "good ways" to take plants from the earth and that one must remain "spiritually intact" while doing so. Understanding these traditional practices and how everything is connected helps to form and strengthen identity.

This research involved interviewing seven Aboriginal Elders and knowledge holders and three health care professionals from the Prince George, British Columbia region. All participants were given broad questions and were encouraged to speak about their feelings and experiences' concerning how dependant they

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<sup>4</sup> The Public Health Agency of Canada defines health disparities as the "differences in health status that occur among population groups defined by specific characteristics. For policy purposes, the most useful categorizations are those consistently associated with the largest variations in health status. The most prominent factors in Canada are socio-economic status (SES), Aboriginal identity, gender and geographic location." [http://www.phac-aspc.gc.ca/ph-sp/disparities/ddp\\_2-eng.php](http://www.phac-aspc.gc.ca/ph-sp/disparities/ddp_2-eng.php) accessed 25 March 2012.

<sup>5</sup> Lyall Higginson, "The time bomb of Aboriginal health: Can the fuse get any shorter?" *Canadian Journal of Cardiology* 24, 4(2008): 257.

consider their health is in relation to their ability to prepare and acquire traditional foods. The health care professionals interviewed discussed their involvement with the many Aboriginal communities they have worked with concerning how healthy the Aboriginal communities and individuals believe they are based on the availability and access to traditional foods each community member has or does not have.

The health and well-being of communities and individuals are inextricably linked through a traditional diet for Aboriginal people. Furthermore, their cultural identity is strengthened by traditional foods and the way they hunt, fish and gather berries.<sup>6</sup> When an Elder goes out onto the land and shares fishing, trapping and hunting traditions with the younger generation, there is a knowledge transfer that takes place as stories are shared, there is cohesiveness and a connection that does not occur if you just go and get your food from a local grocer. By having access to the land, the food is connecting communities, strengthening cultures, families and keeping people healthy. This interconnectedness is manifest not only through their traditional lifestyle and ways of knowing and being, but a connection is demonstrated through respectful relationships and interactions with all life forms. Traditional ecological knowledge has provided Aboriginal people with the ability to comprehend life's complexities, as they grew and thrived as distinct, cultural groups. Often, Aboriginal people's approaches to life and relationships have been misunderstood by colonial powers. Additionally, the cohesiveness and strength shared by the communities were also viewed as a political threat. As a result, the Potlatch system

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<sup>6</sup> Chan et al., 1.

and the Sundance were therefore banned.<sup>7</sup> These types of misunderstandings and fears have led to incongruities within structural frameworks, governmental policies and legislations concerning the First people's belief systems, cultural practices and social gatherings directly relating to their land, food procurement and preparation.

The unwillingness to comprehend the holistic approach to life where everything is connected, historically, led decision makers to silence the Indigenous voice. Unfortunately, this unwillingness to understand the holistic lifestyle continues today and creates problems when outsiders try to develop programs to "help" Aboriginal communities. As an Elder, Agnes Snow explains, with reference to their way of life and knowledge, "It's not better, just different."<sup>8</sup> For the Aboriginal population, food is a manifestation of culture anchored in land and protocol. Through the process of colonization, the significance of foods and its meaning for Aboriginal peoples has been compromised.

Through the introduction of Western ways and sources of eating (typically a processed, high fat food diet) traditional Aboriginal cultural practices, related to the procurement of food, are being lost and physical health has been compromised. Currently, a diet lacking essential vitamins and nutrients has replaced the once wholesome, active lifestyle and nutritional regime followed by Aboriginal people.

As an Indigenous woman of Métis ancestry and mother of three boys, I believe it is crucial to know and understand how and why ongoing colonization continues to affect Aboriginal peoples' diets and health. This topic is important to me

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<sup>7</sup> Peter Kulchyski, "Primitive Subversions: Totalization and Resistance in Native Canadian Politics" *Cultural Critique* 21 (1992):181-182.

<sup>8</sup> Agnes Snow, Aboriginal Health Regional Director and Elder, conversation with author, 28 September 2010.

both personally and professionally since most of my family members are lactose intolerant, suffer with obesity and have diabetes or some other form of a chronic illness. Furthermore, because of the residual ripple effects of colonization, residential schools, lack of education, poverty and language loss, my family has been crippled for generations. However, we are in the process of reversing the effects. Even though I left high school in grade eight, I was able to go back to school as a mature student and overcome the barriers that were in front of me as an Aboriginal woman. Through this process I have been able to impart the importance of education to my son, whom I had when I was sixteen, and see him graduate from high school in June 2008. I wish to create a lasting legacy for my three boys regarding the importance of education and never giving up. I am the first person in my extended family to obtain post secondary education.



Figure 1: My oldest son and I in 1990 Figure 2: My oldest son and I at his high school graduation in 2008

While trying to understand the high rates of diet-related diseases amongst the Aboriginal people of Canada, in particular, Northern British Columbia, this study

looked to Elders and knowledge holders to determine how traditional foods contribute to the overall health and well-being of the Aboriginal population. In this research, I examined literature from government sources, grey literature, and health organizations, such as Northern Health (NH), National Collaborating Center for Aboriginal Health (NCCAH), and the National Aboriginal Health Organization (NAHO).

I interviewed three health professionals from Northern Health who specialize in certain sectors of Aboriginal health in order to obtain a more detailed understanding of the current health crises facing the Aboriginal population. First, I interviewed Agnes Snow who works for Northern Health and is a Shuswap lady from Canoe Creek BC. Secondly, Pam Tobin is the Clinical project lead for the Northern Cancer Control Strategy and is an adopted member of Takla Nation. Finally, I interviewed Dr. Theresa Healy, the Regional Manager for Healthy Community Development at Northern Health. She is also an adjunct professor at UNBC in the school of Environmental Planning and in Gender Studies.

Additionally, I interviewed six Elders and knowledge holders who possess intimate knowledge of traditional Aboriginal diets and the effects of colonization. Frank Frederick Sr. is an Elder from Lheidli T'enneh, married with 5 children, a residential school survivor, who hasn't taken in smoke or alcohol for the last 30 years. He is a family man, now raising his grandchildren and great-grandchildren. Gloria George grew up in the Bulkley Valley where she was trained and practiced the Wet'suwet'en traditions within their traditional territories. She has a law degree from UBC and is now pursuing her Masters degree. Ivan Paquette was born and

raised in Prince George, BC but his ancestors are Cree, from Northern Alberta. Lyle Lloyd is Métis and his ancestors came from Ontario and Manitoba. Leonard Ward is from Northern Alberta and is Cree. His name means white thunder child, he lives with the Carrier people and is married to a Carrier woman. Earl Henderson, originally from Manitoba is Cree, Sioux, French and Métis. He grew up in a Métis community and was later taught the traditional Cree spiritual ways. His Cree name is I-Awstin, meaning: Calm Wind and his Sioux name is Ma-towish-naw-naw, which means Lone Bear.

I spoke with Elders first since they have witnessed and experienced colonization on their territory and land base and can share how these colonial influences directly impacted their diet, health and cultural identity. They also spoke of the ongoing changes within their community, whether located in Prince George or elsewhere, in relation to traditional practices surrounding hunting and gathering, fishing, and berry picking. These Elders and knowledge holders also knew about other traditions they were unable to continue because of colonial practices such as: enculturation, residential school placement and the appropriation of traditional lands as the reserve system was enforced.

By understanding the relationship between dietary changes and the current health issues that plague Aboriginal communities, there is an opportunity to assist the population to become healthy once again. Furthermore, by better understanding this correlation, the health and well-being of Aboriginal communities can be better supported. I am convinced that returning to traditional Aboriginal sustenance, through traditional food practices and procurement, are factors that will aid in the

restoration of the health and well-being of individuals and communities. I also believe that this return will ultimately add to the reclamation of Aboriginal identity. My research tested this conviction.

### **1.1 Purpose of the Study**

The overarching goal of this research was to identify whether and how identity and overall health and well-being can be improved amongst Aboriginal peoples through the restoration of traditional Aboriginal sustenance.

### **1.2 Principle research question**

What are Aboriginal Elders and Knowledge holders' experiences/stories surrounding the acquisition and preparation of traditional foods and the connection to health/well-being?

### **1.3 Secondary questions:**

How have Aboriginal Elders and knowledge holders maintained their traditional sustenance practices?

How do Aboriginal Elders and knowledge holders view the place of traditional foods in the on-going healing process/journey of Aboriginal people?

### **1.4 The objectives of this research were:**

1. to discover and articulate the relationship between colonization, identity and ill-health as it relates to customary lifestyle and cultural practices, more specifically, the acquisition and preparation of traditional foods;

2. to identify the degree to which Aboriginal lifestyle and cultural practices, relating to the acquisition and preparation of traditional foods, have been maintained in spite of colonization; and,
3. to reveal how returning to traditional Aboriginal sustenance may be a part of the healing of fragmented societies and ultimately improved health amongst Aboriginal peoples.

### **1.5 Significance of the Study**

In the past few decades, because of the development of First Nations programs as an example, there has been a proliferation of research done surrounding identity transmission, in particular, loss and retention amongst Aboriginal communities. There is also an abundance of research currently being conducted on the health and well-being of Aboriginal peoples. However, studies on how food contributes to the relationship between identity and the overall health and well-being of Aboriginal people are narrow in scope. Other researchers are also seeing the importance of studying the ecosystem and traditional sustenance as it pertains to the overall health and well-being of Aboriginal peoples. The First Nations Food, Nutrition and Environment Study (FNFNES) just published the BC Report in 2011. Even though the report identified gaps, “Thus far, this study has been a valuable tool in addressing the gaps in knowledge about the diet, traditional food and environmental contaminants to which First Nations in BC are exposed.”<sup>9</sup> This report did not look at either the Urban Aboriginal population (which now makes up approximately 50% of the Indigenous population) or the Metis people. Also, the

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<sup>9</sup> Chan et al., 4.



random sampling technique used by the researchers did not include the communities closest to Prince George, such as the more centrally located Lheidli T'enneh or Saik'uz communities, and tested other very rural and remote communities where there is no known pesticide use. As the FNFNES further states, "research to date has not succeeded in providing reliable regional information on First Nations diets and food-related exposures to environmental hazards."<sup>10</sup> My research, which took place in Prince George, a centrally located region of British Columbia, includes the off-reserve, urban population as well as the Metis people.

It is my hope that this research will not only benefit individual Aboriginal peoples but will positively impact communities as we work toward improving the overall health and well-being of Aboriginal people. Accordingly, A Holistic Framework for Aboriginal Policy Research clearly outlined: "The primary goal of research must be the improvement of the quality of life for Aboriginal people."<sup>11</sup> It is not, therefore, my intent to focus on the various illnesses but rather on the potential for Aboriginal health. As Wilson stated, "there has been a proliferation of negative stereotypes about Indigenous communities." As an Indigenous researcher, it was imperative that I did not perpetuate the cycle of "bad research" as I remained respectful not only to myself during the process, but also to my research participants, and the greater Indigenous community as I fulfilled my obligations within the academy. In this way, it is my belief that my research gave back to the community (and will continue to do so) as I have developed respectful relationships

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<sup>10</sup> Chan et al., 6.

<sup>11</sup> Kenny, Carolyn, Emily Faries, and Jo-anne Fiske. *A Holistic Framework for Aboriginal Policy Research* Status of Women Canada's Policy Research Fund (2004),17.

which will remain for the duration of my life. Furthermore, my research carried great responsibility not only to myself but to the greater Aboriginal communities thereby allowing me to provide relevant research, which must be the goal of all researchers, whether Indigenous or not.

## **1.6 Design of the Study**

My title, “Berries, Bison and Branches: Returning to Traditional Aboriginal Sustenance” is very important to me as it gestures toward the philosophies I based my thesis on. Each word serves a symbolic purpose and is a reminder that we must honor our ancestors and the connection we share with the land. Narrative accounts were woven throughout my personal communications with Elders and other knowledge holders demonstrating how the metaphorical and literal berries, bison and branches continue to connect and inform today. For Aboriginal peoples, berries are a universal link between sustenance and survival. Additionally, berries also represent cultural teachings and life lessons for Indigenous people globally because of the land connection as well as the ways of life associated with the essence of the berry. “Bison”, although not a traditional Northern British Columbian food is significant to me, as my family is Cree of Métis ancestry from Manitoba. The bison represented a way of life once associated with Aboriginal people which was almost brought to total decimation because of colonization. Now, in an effort to revitalize and acknowledge Aboriginal ways and self-identity, I have purposefully chosen to use the “bison” to embody traditional foods and ecological knowledge possessed by the Aboriginal population. The “branches” metaphor of my title is also part of my conceptual framework that incorporates the concepts, principles and values as

described by Kirkness and Barnhardt in “First Nations and Higher Education: The Four R’s – respect, relevance, reciprocity and responsibility.”<sup>12</sup> My Aboriginal roots run deep and the branches metaphor will help to give a visual representation while the four R’s principles ensure I remain cognizant of my duty as an Aboriginal person throughout the development of my research, thesis and everyday actions.

### **1.7 Locating Myself**

My Aboriginal ancestry is Métis with Cree origins. My family has many roots along the Assiniboine River region in Manitoba, with most of my ancestors coming from the communities, which are now known as: Birtle, St. Lazare, Rapid City, and Minnedosa. Baptismal records for my grandmother were from St. Lazare, Manitoba but she was born in St. Madeleine, Manitoba, a deserted Métis homestead. It was home to about 50 Métis families seventy years ago; however, all that remains at Ste. Madeleine is a neatly kept graveyard. My mother was born in Minnedosa, Manitoba and both my older brother and younger sister were born in Prince George, BC. Even though I have spent the majority of my life in Northern British Columbia, I was born in Yorkton, Saskatchewan.

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<sup>12</sup>V. J. Kirkness, and R. Barnhardt, “First Nations and Higher Education: The Four R’s - Respect, Relevance, Reciprocity, Responsibility.” *Journal of American Indian Education* 30, 3 (2001):1.



Figure 3; my mom, sister (left), brother (right), and myself (center). Photo was taken in 1978 when I was approximately 4 years old.

Identity has been an area of much confusion for me. Since as far back as I can remember, my family has wrestled with self-identification and cultural markers, such as language, land ties and access to food sources. My maternal grandfather was a hunter, a trapper, by trade and even though he was deaf he played the fiddle with a vengeance. He was always tuning the instrument by ear, even though he couldn't hear it...but we all did. I remember him always playing and singing to us grandchildren. He provided for his family by living off the land and what the land supplied. My grandfather was a firm believer in following his traditions and protocols that he learned from his ancestors. He passed this knowledge down to his children and grandchildren, especially my brother who was raised by my grandfather and grandmother for the first few years of his life. When I initially asked my brother if

there were any practices that he remembered while hunting with my grandfather, he laughed and said no. I did not want to offend him or put words in his mouth, so I resorted to humor, something we always do. I said, "Really, you don't remember lighting a fire, taking all your clothes off and dancing around naked in the bush drinking moose blood?" He laughed and said, "No, we didn't do any weird stuff." But I told him that traditional practices didn't have to be weird. So, I prompted a bit further and asked him if he ever did anything when they got an animal, either before or after cleaning it. When a few moments transpired, he said, "Well, the first time I went hunting, I ate the liver out of the moose in the bush." Grandpa told him that was part of the initiation process. Then a few more minutes of thinking, my brother said, "As a thank you to the animal for providing itself, each time an animal was being cleaned in the bush, we would ensure that parts were left out for the birds and other animals to eat." My brother recalls our grandfather telling him the importance of this offering. They would place the gift out in the open, sometimes on a log, but always where it was easily accessible. They would give thanks, verbally as well as physically, to the animal that provided itself to them and give back to the other animals with their offering. My brother still practices this today.

I found it quite interesting that my brother was a bit taken aback and almost offended when I asked him about any traditional or cultural practices they did in the bush. There was a direct miscommunication between us, as I was trying to contextualize the happenings in an academic framework; however, for my brother, the process wasn't done to fulfill some outward expectation of "being Indian" but rather it was part of who they were and what they did.

My grandpa's thankfulness for an animal's life did not start and stop in the bush. He was also a pig farmer and a trader. He would barter his pigs for other animals to ensure the family was provided for. My grandfather butchered all his own meat and would also take a piece of fat off the cow and consume it during the butchering process. My mother and auntie recall always being encouraged to eat this "eating fat" and did so on many occasions. My mother recollects eating everything that moved. There was beaver, rabbit, moose, deer, muskrat, she even ate a robin once, and nothing was off limits. There was no waste either. My auntie remembers as a child loving to eat rabbit brains, she does not do that anymore as she cannot get past the idea of what it actually is, but it was standard as a child for their family to eat what was provided. Since there were thirteen children, not including extended family members and others who happened to stop by the house, one learned to eat what was offered and be thankful that there was anything at all. My grandfather's favorite thing to eat was moose nose. He just loved that, along with tripe.

My grandfather stayed close to his origins until his death. He tanned hides until he couldn't do it anymore. My mother vividly remembers the smell of the hides being tanned. He would tan anything. Mom said his favorite animal to tan was muskrat. She recalls him always cleaning and scraping the skins and wishes she had some of his hides now. She did not know the cultural value associated with that process as a child. After my grandmother died in 1978, he and my youngest auntie, who was 11, lived in an apartment in town. My auntie would come home to all sorts of things not typical in an urban setting. The biggest thing she did not understand

was his need to tan hides. It was part of his culture, his way of life, it was who he was. Nevertheless, when she came home as a teenager to an unfamiliar yet somewhat familiar smell, she investigated and discovered his tanning operation in full swing. He had transformed the apartment bathroom to accommodate his skins. He was cleaning and scraping the hides in the shower! She put her foot down at this and insisted the bathroom was not for his tanning operation. This was proof that you can take the Indian off the land but you can't take the land out of the Indian.

Unfortunately, these traditions were not passed down to my mom, aunties and uncles. It was far too shameful. My mother grew up knowing she was "Indian" but it was always reinforced that they were not the "good" kind. We were Metis. Even though we possessed all the phenotypical characteristics of an Indian as defined by the dominant society, we had no formalized land base, no reserves, no status, no hunting or fishing rights and because of Residential School, my grandmother refused to pass on the Cree language even though her mother, my great-grandmother, rarely spoke English as her primary languages were French and Cree.

When my mom was a child and lived at home, they were all healthy. It was not until all the siblings moved in from the rural farmhouse and into the urban areas that their health status and food choices changed. My mother remembers the first time she had spaghetti and meat sauce, she was almost 20 and it was getting late into the 1970s. The nutrition transition eventually assaulted each and every one of my family members, one at a time, some at slower and some at greater speeds.

I grew up eating a mixture of country and market foods. My father was a hunter and although he was of European ancestry, he was very close with my

mother's family and went on all the hunting trips with my uncles and grandpa. The game was always shared amongst our families and there were animals continuously hanging in one of our sheds, waiting to be butchered. This was a family affair; all of us children participated in one way or another. My brother got to go on the hunting trips and take part in packing the meat out of the bush and preparing it to be hung. He is an avid hunter to this day. He lives for hunting season. I remember wrapping the meat for the freezer and learning how to cook it.

One time when I was around 10 years old, a neighbor whom my mother babysat for, saw that we had shot a moose and were preparing it for the freezer. She was shocked and mortified. She insisted she hated moose meat and could not believe that we were actually going to eat the thing. It felt like she thought we were savages. This did not sit well with my mother as it perpetuated the feelings that we were not as good as white people and could not afford to shop in the grocery store and buy "proper, civilized" meat. However, my mother let the neighbor's hurtful comments go and continued to care for her children anyways. One day the lady came to pick her boys up and commented on the wonderful smell that greeted her as she came up the driveway. My mother thanked her and asked her if she would like some of the roast. The woman could not refuse the delightful aroma. My mother graciously gave her some of our dinner and sent her on her way. The next day the woman came to retrieve her children once again and my mother asked her how she enjoyed the roast the previous evening. The woman confessed that was one of the best beef roasts she had ever eaten. My mother chuckled, and politely informed her that the meat she had eaten was not a beef roast, but rather it was moose. The lady



stood there dumbfounded, not quite knowing what to say. All I knew was, she could never put us down again for our food preferences, since she ate it and said that it was good. However, people such as my old neighbour, made it difficult for me to embrace my Aboriginal identity and traditional food practices. In spite of the difficulties I faced as a child, I was able to ensure that my children carried on the hunting and fishing practices that have been in my family since time immemorial.



Figure 4: My middle son, Jordan with his first deer, age 10

My hope through this research was to obtain a greater understanding as to why there has been such a conflicting, misunderstood concept of identity for many Indigenous people, myself included. Denial of our Aboriginal identity was prominent amongst most of my family members. This has unfortunately contributed to my limited knowledge and comprehension of our customs, traditions and beliefs, and has left me with a heightened desire to know and understand Aboriginal ways of knowing and being. So far, my incomplete yet ever-increasing insights have come about through academic study, research, piecing family stories together, and an ever

growing and thorough self-examination. It has become my increasing desire to surround myself with those who have come to understand the complexities associated with identity formation, land connections and inherent knowledge and learn from them so that I can also transmit my shared insights and understandings to others who also struggle with their Aboriginal identity. Nevertheless, identity was only one part of the equation for me. Along with the collapse of identity, I have noticed a disproportionate amount of diabetes and chronic diseases within my family compared to other non-Aboriginal people I have been surrounded by my entire life.

My maternal grandmother Rosalie (nee Tanner) at the age of 56, and most of her sisters died from breast cancer. As a result of her sudden death in 1978, when I was a four year old girl, I was unable to learn our Cree language, our customs or any cultural practices from her. My mother had three brothers, two with diabetes and nine sisters, with more than half of the girls having some form of cancer or another. These diseases have shown no discrimination in my family. Approximately ten years ago, my aunt, at the age of 30, was diagnosed with advanced breast cancer. Confronted with death and uncertainty, she had a mastectomy and reconstructive surgery. As a result of the chemotherapy, she permanently lost most of her hair which was once long, thick and healthy. Since then, two more of my aunties have been diagnosed with breast cancer and have had mastectomies and lumpectomies.

A few years ago my mother had uterine cancer and was given a radical hysterectomy to try and stop the disease from spreading. She is currently cancer-free but there are many side effects she deals with daily to try and ensure the cancer does not return. More recently, in January 2010, my cousin Dorothy, age 36, died of

cervical cancer leaving three children behind. My own personal struggle with cervical dysplasia at the age of 19 has led me to determine: something needs to be done regarding the health and wellness of Aboriginal people. I also believe because our family lacked a firm cultural grounding, my uncle suffered disproportionately and felt he had no other option but to commit suicide last June 2011 at the age of 60. This is validated through The National Collaborating Center For Aboriginal Health's report where it states: "Culture and language influence our perceptions and experiences of health and illness...it is the foundation of both individual and collective identity and its erosion can adversely affect mental health and well-being, leading to depression, anxiety, substance abuse, and even suicide."<sup>13</sup> My hope through this research was to obtain a greater personal understanding as to why there has been such a conflicting, misunderstood concept of identity for many Indigenous people and to share that knowledge and understanding with others.

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<sup>13</sup> National Collaborating Center for Aboriginal Health, "*Culture and Language as Social Determinants of First Nation, Inuit and Metis Health*," 2011, 1.

## Chapter 2

### 2.0 Literature Review

The following sections of my literature review focus on the relationship between cultural identity and foods and how this affects the overall health and well-being of Aboriginal people. Since culture, a determinant of health, is intricately tied to traditional Aboriginal foods, this literature review begins by examining colonization as it relates to traditional Aboriginal sustenance.<sup>14</sup> By studying the past, one is able to understand how groups of people developed into their current state. Even though my research focus was in northern British Columbia, I included literature which covers colonization across Canada. According to Wilson, “So many of the conditions that we have faced as colonized peoples are the same, but more important to me, our views of the world seem to be so similar.”<sup>15</sup> This is further supported by the NCCAH where it states “disruption of cultures and languages is a shared experience among colonized peoples.”<sup>16</sup> The second portion of my literature review delineates areas surrounding traditional Aboriginal diets and overall health and well-being. The final section of my literature review looks at the contemporary well-being of Aboriginal people.

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<sup>14</sup> National Collaborating Center for Aboriginal Health, “*Traditional Aboriginal Diets and Health*”, 2011, 3.

<sup>15</sup> Wilson, 28.

<sup>16</sup> National Collaborating Center for Aboriginal Health, “*Culture and Language as Social Determinants of First Nation, Inuit and Metis Health*” 2011, 2.

## 2.1 Traditional Aboriginal Diets and Colonization

Colonization resulted in the denigration of distinct individual Aboriginal cultures, and in turn, the deterioration of health.<sup>17</sup> Historian, Mary-Ellen Kelm, contends, “Aboriginal ill-health was created not just by faceless pathogens but by the colonial policies and practices of the Canadian government.”<sup>18</sup> Increased European settlement along with their imposed rule eventually usurped traditional Aboriginal customs and culture. The process that occurred during initial European contact was one in which the traditional Aboriginal cultures were replaced by that of the European.<sup>19</sup> In fact, Montgomerie asserts that, “[a]s settlers increased in numbers and confidence, they found fewer uses for native expertise. Indigenous people, indispensable in early frontier societies, became obstacles to progress.”<sup>20</sup> Developing a nation comparable to that of Europe became paramount. As a result, the Canadian colonial project included policies of assimilation, enculturation or annihilation of Aboriginal people.<sup>21</sup>

Cultural practices, such as the Potlatch and Sundance, were misunderstood and feared, and, consequently, prohibited. These prohibitions ultimately led to a fragmentation of Aboriginal identity as dances, ceremonies, languages, songs and traditions were banned. In an effort to stop these practices, European colonizers created codes of conduct and laws to ensure the Aboriginal population altered their

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<sup>18</sup> Mary – Ellen Kelm, *Colonizing Bodies: Aboriginal Health and Healing in British Columbia, 1900-1950* (UBC Press 1998), xix.

<sup>19</sup> Cole Harris, *Making Native Space: Colonialism, resistance and reserves in British Columbia*, Cartography by Eric Leinberger (Vancouver: UBC Press 2002), xvii.

<sup>20</sup> Deborah Montgomerie, “Beyond the Search for Good Imperialism: The Challenge of Comparative Ethnohistory” *New Zealand Journal of History* 31, 1 (1996):154.

<sup>21</sup> Sarah de Leeuw, “Intimate colonialisms: the material and experienced places of British Columbia's residential schools” *Canadian Geographer* 51, 3 (2007): 339.

traditional cultural lifestyle and adopted the newcomers' ways of life. As exemplified by Duncan Campbell Scott, Colonial governments and individual agents began ruthlessly exploiting the Aboriginal populace:

I want to get rid of the Indian problem...after 100 years of being in close contact with civilization it is enervating to the individual or the land to continue in that state of tutelage, when he or they are able to take their positions as British citizens or Canadian citizens to support themselves and stand alone. That has been the whole purpose of Indian education and advancement since the earliest times... Our object is to continue until there is not a single Indian in Canada that has not been absorbed into the body politic and there is no Indian question, and no Indian department.<sup>22</sup>

The forced way of life ensured the Aboriginal populace became totally immersed in the colonizer's lifestyle. Therefore, the residential school project became the focus of the imposing government. They also utilized the help of religious organizations in order to effectively and quickly bring this about. As the church and the government worked side by side to destroy the Aboriginal people's inherent ways of knowing and being, they recognized that their Aboriginal spirituality stood in the way of the colonial agenda. In order to ensure that complete assimilation occurred, the first step in civilizing the native population was "to take away their simple Indian mythology".<sup>23</sup>

Colonization has impacted both the identity as well as the physical health of Aboriginal peoples. This meant that targeting cultural practices, such as hunting,

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<sup>22</sup> J.R. Miller, *Skyscrapers Hide the Heavens: A history of Indian- White Relations in Canada* (Toronto: University of Toronto Press 1989): 207.

<sup>23</sup> B. E. Tilley, *A Narrow Vision: Duncan Campbell Scott and the Administration of Indian Affairs in Canada* (Vancouver: UBC Press 1986): 87.

gathering, berry picking and fishing, was not enough. The goal of cultural conformity would be produced once Aboriginal world views were replaced by a society of Aboriginal men and women who were indoctrinated according to a European perspective. It was determined that the most effective way to eradicate the Aboriginal's cultural systems would be via education. Once the 1876 *Indian Act* was established, so too was Canada's commitment to enforced education of Aboriginal children. The Colonial government created laws which not only controlled the education of Aboriginal children but ultimately resulted in the demise of distinct Aboriginal cultures and produced ill-health. In a recent paper, de Leeuw argues, "With the establishment of the 1876 *Indian Act*, a set of policy parameters which for the first time solidified Canada's commitment to enforced education of Aboriginal children. The *Indian Act* was predicated on shifting historical policy goals of protecting, civilizing and, finally, assimilating Aboriginal peoples."<sup>24</sup> This shifting policy ensured Aboriginal children would be kept in constant civilization, and their former savageness would ultimately be corrected in schools far away from family members, communities and cultural influences.<sup>25</sup> Residential schools, enumerates de Leeuw, "sought to shape and transform First Nations children..."<sup>26</sup>

Not only did the government and churches view home life as "retrogressive," they associated those homes with dirt, disease and death." As early as 1902, Frank Pedley, deputy Superintendent of Indian Affairs, proudly extolled the schools for "the

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<sup>24</sup> de Leeuw, 342.

<sup>25</sup> Kelm, 59.

<sup>26</sup> de Leeuw, 340.

removal of pupils from the retrogressive influence of home life.”<sup>27</sup> In a number of instances, children were unable to return to their homes for the holidays, in some cases communities were too distant and remote for them to travel to. It was believed that in order for the new ways of life to be effective, the children needed to be disconnected from all the pervasive evils associated with their lifestyle and communities. The Residential school policy was multi-faceted; it served as a vehicle to destroy the children’s connection to their communities and cultures as well as to incorporate them into the now dominant society.<sup>28</sup>

Coupled with the onslaught of Western religions, came the deterioration of traditional Aboriginal spirituality. As children were removed from their communities and families, new generations were not taught cultural protocols, traditional practices or subsistence methods. They were also forced to grow up in unfamiliar environments, and these influences damaged the bonds of family and community and the land connection for many Aboriginal people. Ultimately this contributed to the destruction of children’s connection to their cultures and led to a loss of identity. Colonial policies derived from the *Indian Act* and the ongoing colonial mandates were an attack on Aboriginal identity, fundamentally altering the physical, emotional, spiritual and mental health of these distinct people groups.

Centuries of colonization and the residual ripple effects still linger and presently harm Aboriginal people. Rod McCormick explains, “The Government and Church were largely successful at separating First Nations people from their culture,

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<sup>27</sup> Kelm, 61.

<sup>28</sup> Tilley, 86.



language, religion, families, communities, and land. First Nations people have recognized the overwhelming need to be reconnected and to reclaim that which was taken, and are now acting to reconnect and strengthen those bonds.<sup>29</sup>

Clearly, the process of colonization and Residential School policies, continue to resonate as the historical destruction continues to manifest intergenerationally into the present.<sup>30</sup> Luther Standing Bear considers the Residential School experience shared by Aboriginal peoples across North America, "By and large the procedure was successful, although the legacy of damaged minds and crippled souls it left in its wake is as yet untold. Psychic numbing, Post Traumatic Stress Syndrome, battered wife syndrome, suicide, alcoholism, ennui - are there any names for psychecide?"<sup>31</sup> The impact of colonization has had far-reaching consequences and continues to manifest, to some degree or another, in every area for Aboriginal people.

As a result of the colonization process, Aboriginal people have had their belief system compromised and the struggle with identity formation and ill-health persists. Historian Mary Ellen Kelm clearly delineates colonization as a process that includes: "geographical incursion, socio-cultural dislocation, the establishment of external political control and economic dispossession, the provision of low level social services, and, finally, the creation of ideological formulations around race and skin color, which position the colonizers at a higher evolutionary level than the

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<sup>29</sup> Rod McCormick, "Healing Through Interdependence: The Role of Connecting in First Nations Healing Practices" *Canadian Journal of Counseling* 31, 3 (1997): 178.

<sup>30</sup> Cynthia C. Wesley-Esquimaux, Magdalena Smolewski, *Historic Trauma and Aboriginal Healing*, Aboriginal Healing Foundation (Anishinabe Printing Kitigan-Zibi 2004): 5.

<sup>31</sup> Esquimaux & Smolewski, 1.

colonized".<sup>32</sup> Kelm outlines what colonization is; however, she also wants to ensure that one understands the power that emerges from within Aboriginal communities to resist, to create, to control and to ultimately survive.<sup>33</sup>

For Aboriginal people, survival has become a way of life. This need to survive has become more pronounced as their lives and identities depend on it. Through colonization, identity fragmentation emerged, and for many Aboriginal people, their sense of belonging and identity has been compromised and reduced. Furthermore, Weaver, a Lakota woman and Indigenous author, believes identity is multi-faceted. Not only is "identity a combination of self-identification and the perceptions of others but Indigenous identity is connected to a sense of peoplehood inseparably linked to sacred traditions, traditional homelands, and a shared history as indigenous people."<sup>34</sup> As a result of colonization, there has been a collapse of concrete identity formation for Aboriginal peoples. This breakdown has resulted in the need for reconstruction and re-creation of cultures so that identity formation and retention reflect characteristics established by our ancestors. Understanding how identity is conceptualized is imperative. Rod Robinson, as quoted in John Barker's *Tangled Reconciliations*, is one such person who knows the importance and shares it with his people, the Nisga'a:

"Our history begins in the spirit world before the light of day. Our humanness derives from the act of creation and placement upon our traditional lands by God. Our land is indeed a holy land. Our identity is inseparable from our land. By definition, a Nisgha

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<sup>32</sup> Kelm, vxiii.

<sup>33</sup> Kelm, xix.

<sup>34</sup> Hilary N. Weaver, "Indigenous Identity, What is it and Who Really has it?" *American Indian Quarterly* 25, 2 (2001): 243

[sic] does not exist in the fullness of his "being" without a complete melding of his land, language, laws, tribal system and spiritual values."<sup>35</sup>

Weaver also believes there are three identity classifications at play: self-identification, community identification, and external identification. Although Weaver provides an open framework on identity, she explains that understanding identity is very difficult: "there is cultural identity, as reflected in the values, beliefs, and worldviews of Indigenous people...identity may actually be a composite of many things such as race, class, education, region, religion, and gender".<sup>36</sup> She goes on to say that, "identities are always fragmented, multiply constructed, and intersected in a constantly changing, sometimes conflicting array".<sup>37</sup> This complexity is often complicated by physical characteristics and preconceived notions that influence Indigenous identity. Brayboy continues by expounding, "What makes one a "real Indian" is never clear cut and, like culture, it is dynamic, contextual, and situational. That is, one can know the rules in one context but not in another."<sup>38</sup> As a result of ongoing colonialism, it is that much more difficult for identity transmission and retention to be produced and transmitted in a healthy environment and manner.

In contemporary times, alcoholism, depression, suicide and other diseases and illnesses are now ubiquitous amongst the Indigenous populations. Aboriginal

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<sup>35</sup> John Barker, "Tangled Reconciliations: The Anglican Church and the Nisga'a of British Columbia" *American Ethnologist* 25, 3 (1998): 444-445.

<sup>36</sup> Weaver, 240.

<sup>37</sup> Weaver, 240.

<sup>38</sup> Bryan McKinley Brayboy. "The Indian and the Researcher: Tales from the Field" *International Journal of Qualitative Studies in Education* 13, 4 (2000): 419.

Canadians continue to experience the health effects related to Canada's colonial legacy.<sup>39</sup>

Traditional Indigenous societies fostered respect for every living being; however, when colonial powers emerged, the traditional based societies began to lose their knowledge, culture and rights. Colonization has been an ongoing process throughout Canada and the effects of territorial displacement on Aboriginal peoples has produced a fragmented identity while their health and well-being has been compromised.<sup>40</sup> Directly resulting from colonization and assimilation policies, are current national statistics that show higher disease and morbidity rates in Aboriginal communities compared to the non-Aboriginal population.<sup>41</sup> Access to lands, food sources, cultural beliefs and resources have been either eliminated or reduced. The reduction and elimination of Aboriginal culture has led to the collapse of not only Aboriginal people's physical body but also the deterioration of their psychological well-being. Aboriginal academic and author, Kim Anderson, believes reinforcement of identity can provide a lifetime of resistance against the ongoing colonization and the residual effects associated with the harmful acts.<sup>42</sup>

Cole Harris describes the process that occurred during contact while the Europeans were in the initial stages of takeover as, "one human geography was

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<sup>39</sup> N. Adelson. "The embodiment of inequality: health disparities in Aboriginal Canada." *Canadian Journal of Public Health* 96 (2005): S45.

<sup>40</sup> Kelm, 175.

<sup>41</sup> Kelm, 177.

<sup>42</sup> Kim Anderson, *A Recognition of Being Reconstructing Native Womanhood* (Toronto: Second Story Press 2000), 116.

being superseded by another, both on the ground and in the imagination.”<sup>43</sup> In these two geographies, native and introduced, the one contracting as the other expanded, is the essence of settler colonialism as it unfolded in British Columbia and other parts of the world. Initial contact brought about on the one hand, the introduction of metal implements which aided Aboriginal sustenance and survival and on the other, many virgin-soil epidemics and diseases were introduced effectively decimating many Aboriginal communities.<sup>44</sup> European settlers brought with them notions of property, law, and cultural superiority which pitted them against native societies. Land was at the heart of these conflicts.<sup>45</sup>

This territorial displacement resulted in the removal of people from their traditional lands, government established reservations emerged, policies and laws were introduced, such as treaties and the *Indian Act*, and direct competition for natural resources surfaced. The land question became an issue with the creation of boundaries and confinement began almost as soon as the colony of British Columbia was created by the powers at hand thus generating a whole new set of problems for the Indigenous and non-Indigenous alike.<sup>46</sup> With the waves of settlement, Aboriginal people groups were separated from their traditional territories onto small reserves and the land appropriation resulted in their access to food

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<sup>43</sup> Cole Harris, *Making Native Space: Colonialism, resistance and reserves in British Columbia* Cartography by Eric Leinberger. (Vancouver: UBC Press 2002): xvii.

<sup>44</sup> Kelm, 25.

<sup>45</sup> Deborah Montgomerie, “Beyond the Search for Good Imperialism: The Challenge of Comparative Ethnohistory” *New Zealand Journal of History*, 31, 1(1997): 154.

<sup>46</sup> Harris, xviii.

sources restricted and in some cases, eliminated.<sup>47</sup> Once the artificial borders were introduced, inter-tribal warfare increased as did the encroachment onto the territory by settlers and resource extractors. The multiple overlapping territories held by neighbouring tribes now had an artificial boundary in place causing the once shared lands to be divided and disputed. This constant reproduction of produced space has led to many fragmented relationships. These forced movements and policies resulted in the Aboriginal population being unable to remain an autonomous nation and their health suffered as a result.

One of the ongoing disputes among and between the Aboriginal communities and the settlers had to and continues to do with economics vs. sustainability. As Montgomerie clearly stated, "Indigenous people, indispensable in early frontier societies, became obstacles to progress."<sup>48</sup> This misunderstanding has been critical to dealing with issues such as tribal sovereignty, legitimacy of Aboriginal ways of knowing and being, preservation, stewardship of the land and territorial rights both within Aboriginal communities as well as amongst those who desired to become either land holders or resource extractors. There are many effects currently because of a history of internal colonization, which wore away not only at the individual but at the family, community and nation. Internal colonization, succinctly defined in *The Embodiment of Inequality* where Emma LaRocque is quoted, "that process of encroachment and subsequent subjugation of Aboriginal peoples since the arrival of the Europeans. From the Aboriginal perspective, it refers to loss of lands, resources,

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<sup>47</sup> Nancy J. Turner and Katherine L. Turner, "'Where our Women Used to get the food': Cumulative Effects and Loss of Ethnobotanical Knowledge and Practice; Case Study from Coastal British Columbia" *Botany* 86 (2008):103.

<sup>48</sup> Montgomerie, 154.

and self-direction and to the severe disturbance of cultural ways and values.”<sup>49</sup> The colonial disruptions have been broad and ongoing with varying scales of interference.

Looking at the social, economic and health disparities, Adelson describes the history of colonialist and paternalistic ward ship, which includes amongst many things: “the creation of the reserve system; forced relocation of communities to new and unfamiliar lands; the forced removal and subsequent placement of children into institutions or far away from their families and communities; inadequate services to those living on reserves; inherently racist attitudes towards Aboriginal peoples; and a continued lack of vision in terms of the effects of these tormented interactions.” Consequently, she thinks all of these factors underlie so many of the ills faced by Aboriginal peoples today.<sup>50</sup>

Prior to colonization most indigenous societies could be described as subsistence cultures, indicating that the diet and daily nourishment of these Aboriginal groups came from the physical resources of their traditional territories.<sup>51</sup> Depending on where they lived, Aboriginal peoples in North America consumed alligators, bears, beavers, buffalo, caribou, deer, moose, ducks, elk, fish, geese, insects, opossums, raccoons, squirrels, turtles, seals, shellfish, and whales, to name a few animals.<sup>52</sup> These traditional foods were rich in essential vitamins and minerals,

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<sup>49</sup> Adelson, “The Embodiment of inequality: Health disparities in Aboriginal Canada” *Canadian Journal of Public Health* 96 (2005): S46.

<sup>50</sup> Adelson, S46.

<sup>51</sup> Chantelle A.M. Richmond & Nancy A. Ross, “The Determinants of First Nations and Inuit Health: A Critical Population Health Approach” *Health and Place* 15 (2009): 404

<sup>52</sup> Devon A. Mihesuah, “Decolonizing Our Diets By Recovering Our Ancestors’ Gardens” *American Indian Quarterly* 27, 3 & 4 (2003): 812.

as well as a good source of protein. Hunting, gathering and fishing, in addition to supplying nutritious food also provided a way to create social and cultural links, establish community, and transmit Aboriginal identity to younger generations.

Long established land connections and traditional food practices are integral to the overall health and well-being of Aboriginal people. Health of the land and health of the community are thought to be synonymous as they are developed through relationships to the physical environment and the cultural, spiritual, economic, political and social roots they provide.<sup>53</sup> Traditional holistic ways of gathering and consuming foods have unfortunately become foreign to many Aboriginal people. Loss of identity, health and the ensuing problems associated with obesity, diabetes, cancer, and other chronic diseases are more pronounced now than ever. The supposedly “superior” diet and foods forcefully imposed on Aboriginal peoples has only served to deteriorate the health of our people.<sup>54</sup> Formalizing an Aboriginal identity to ensure subsequent health follows is paramount to both the individual as well as the community.

Aboriginal people traditionally followed a holistic lifestyle, one that considered all aspects of an individual’s health including the physical, mental, emotional and spiritual well-being, rather than looking at individual aspects of it. Even though the Western model of health is now trying to promote a holistic approach, the practice of western medicine is far from holistic. For example, the human body has been fragmented into splinters: the heart, the lungs, the cervix, or to one particular

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<sup>53</sup> Richmond, 404.

<sup>54</sup> Angela Cavender Wilson, “Reclaiming Our Humanity: Decolonization and the Recovery of Indigenous Knowledge,” in *Indigenizing the Academy: Transforming Scholarship and Empowering Communities*, ed. Devon A. Mihesuah and Angela Cavender Wilson (Lincoln: University of Nebraska Press, 2004): 83.



disease, such as heart disease, diabetes, HIV/AIDS, and then broken down even further into various categories of mental health and addictions. The western model of medicine relies on this fragmentation and industries have taken over in order to service them. The pharmaceutical companies, hospitals, specialists, surgeons contribute to the disconnect from the holistic understanding of health, one that traditionally included so much more, such as the social, the environmental, the cultural, the familial, the health of an entire child, family, community, nation: all linked and interwoven. Currently, in many areas, food is now considered only for its taste with high salt, high sugar, high fats, and also for convenience, where cheap and fast now dominate. Aboriginal people possess a distinct knowledge; the non-Aboriginal population needs to respect Indigenous ways of knowing and being by recognizing the unique connections between the land and people.

This holistic understanding of the world and all living things necessitates one to absorb the various components in Aboriginal relationships. For example, the Gitksan and Wet'suwet'en, most fundamental life concepts include: a holistic world view with people as a part of the environment, rather than distinct from it; the ideology of respect for living things, particularly animal species and fish; and the concept of reciprocity with the environment. For the Gitksan and Wet'suwet'en, the various beliefs about the relationship of humans to the land and to the resources which sustain the people are rich and multifaceted, integrated into all aspects of society. If healthy individuals and communities are to emerge once again, former

traditional eating routines and practices from each community and region, including daily physical activity, must be employed and understood.<sup>55</sup>

Colonization resulted in the collapse of traditional Aboriginal diets and ultimately the loss of health. Chronic health and diseases are also directly linked to the change. Taken together, we have a shift that has resulted in chronic diseases and challenged the very structure of Aboriginal identity. An inability to access traditional food sources has negatively impacted how many Aboriginal people construct their identity and their health has been compromised in the process. If a traditional –based diet was recreated and/or returned to, there would be a dramatic decrease in chronic diseases and illnesses such as obesity, diabetes and cancer.

Identity is linked with traditional foods. This recreation of a legacy requires one to examine the importance of traditional food uses and the consequential collapse of health. This must be done so that Aboriginal individuals and societies can begin to recreate their fragmented identity and repair the ill-health through a conscious intake of food. Thus, returning to traditional Aboriginal sustenance, through traditional food practices as one of the factors would not only restore the health of individuals and communities but would ultimately reclaim Aboriginal identity along with the physical and psychological health of Aboriginal communities.

The very concept of identity is somewhat problematic as it means so many things to different people. Belanger validated this notion, “It is foolish to suggest that a single Native perspective exists...common themes and similar experiences have

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<sup>55</sup> Leslie M. Johnson Gottesfeld. “Conservation, Territory, and Traditional Beliefs: An Analysis of Gitksan and Wet’suwet’en Subsistence, Northwest British Columbia, Canada” *Human Ecology* 22, 4 (1994): 462.

shaped the distinctiveness of Indigenous identities in Canada.”<sup>56</sup> However, Weaver succinctly summarized identity to be based on syntax, recognizing there are common origins or shared characteristics with another person, group, or ideal leading to solidarity and allegiance. While understanding this definition allows for a deepening of the word, one must always remain cognizant of the fact that “identities” did not exist before they were constructed.<sup>57</sup> Furthermore, Aboriginal identities and cultures are very much connected to their traditional lands and environments. As Cajete explains, “It is the landscape that contains the memories, the bones of the ancestors, the earth, the air, fire, water, and spirit from which a Native culture has come and to which it continually returns. It is the land that ultimately defines a Native person.”<sup>58</sup>

It is time to understand the relationship to Aboriginal identity and impending health as Chantelle Richards’ notes, “researchers have made very few connections that link Aboriginal peoples to their physical environments and their health as ties are severed.”<sup>59</sup> Neal McLeod elaborates, “Indigenous people remain attached to an area of land over an extended period of time. This connection is manifested through such things as the knowledge of plants, sacred sites, and songs. Indigenous people remain attached to specific pieces of land, shown through songs, ceremonies, and language.”<sup>60</sup> For many Aboriginal people, the ability to connect to one’s sustenance shapes their identity and culture. Donald Foley of Ahousaht, stated, “People call

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<sup>56</sup> Yale D. Belanger, *Ways of Knowing: An introduction to Native Studies in Canada, First Edition* (Nelson Education Ltd.2009), 6.

<sup>57</sup> Weaver, 242.

<sup>58</sup> Gregory Cajete, *Native Science: Natural Laws of Interdependence* (Santa Fe: Clear Light, 2000), 205.

<sup>59</sup> Chantelle Richmond, 404.

<sup>60</sup> Neal McLeod, 19.

[wild fish] our way of life, but it isn't our way of life, *it is our way*, something that is more who we are."<sup>61</sup>

## 2.2 Traditional Aboriginal Diets and Health

"When elders speak of the strength of their people, they invariably mention food."<sup>62</sup>

Identity formation and retention ensures healthy individuals and communities. However, it is very difficult to separate the areas necessary for complete health as one scholar points out, for Aboriginal people, the economic, political and social aspects must be included.<sup>63</sup> This is why food security and sovereignty issues must be addressed. Colonization has damaged traditional ways of gathering and consuming foods. These cultural practices have become foreign to many Aboriginal people. Not long after European contact, the health of the Natives severely deteriorated. Research by Devon A Mihesuah in "Decolonizing our Diets by recovering our Ancestors Garden," By the 1950s, the Aboriginal diet changed dramatically as they began to depend on processed goods from trading stores, such as canned milk, lard, peanut butter, sugar, wheat flour and soda pop, all of which had been previously unknown to them."<sup>64</sup> The introduction of these foods proved to be extremely damaging to the Aboriginal population as they were not used to such a rich, calorie dense nutritional regime. Health complications and obesity began to surface in startling proportions among Aboriginal communities. The problem of obesity is compounded and this has led to further complications. Aboriginal people

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<sup>61</sup> Dorothee Schreiber, "Our Wealth Sits on the Table: Food, Resistance, and Salmon Farming in Two First Nations Communities" *American Indian Quarterly* 26, 3 (2002): 362.

<sup>62</sup> Kelm, p: 19

<sup>63</sup> Adelson, S45.

<sup>64</sup> Mihesuah, 821.

now suffer disproportionately with obesity and the resulting chronic diseases compared to the non-Aboriginal population. Obesity not only affects the physical body but also has serious consequences for the mental and emotional make-up of an individual resulting in low self-esteem, lack of confidence and severe identity issues.<sup>65</sup>

Aboriginal identity and health are also linked with social rejuvenation, land connections, resources and food security. Since food and eating also have social, cultural and symbolic functions; food and feeding can signify a sense of belonging, caring and community which are also important identity markers.<sup>66</sup> Historically, Aboriginal people ate wholesome natural foods thereby preserving their health and fostering longevity of life. Traditional diet and lifestyle patterns provided protection against some Western diseases when the colonizers arrived, as rates of chronic, degenerative disease were historically very low in Indigenous populations.<sup>67</sup> This lifestyle, which was once filled with proper nutrition and food choices, has drastically diminished since contact resulting in the Aboriginal population now facing extreme health issues.

There have been many reports and articles done by both academic researchers and within the medical world. The results show Aboriginal health is more complex than the associations between chronic diseases and other illnesses. As a result, Naomi Adelson states, “irrespective of the indicator used, Canadian

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<sup>65</sup> Mihesuah, 810.

<sup>66</sup> Kim D. Raine, “Determinants of Healthy Eating in Canada” *Canadian Journal of Public Health* 96, 3 (2005): S11.

<sup>67</sup> Michael P. Milburn, “Indigenous Nutrition: Using Traditional Food Knowledge to Solve Contemporary Health Problems.” *The American Indian Quarterly* 28, 3 & 4 (2004): 415.

Aboriginal [peoples] tends to bear a disproportionate burden of illness.”<sup>68</sup> For example, Canada’s Aboriginal people have rates of diabetes approximately three times the national average and higher rates of other chronic diseases.<sup>69</sup> Chronic diseases, such as diabetes and heart disease, are linked to dietary factors such as an excessive intake of refined carbohydrates, trans-fats and lower quality proteins. The nutritional transition has been so drastic, the era we presently live in has been described by terms such as, “coca-colonization” or “McDonaldization”.<sup>70</sup> It is for this reason Milburn stated, “Modern diets can be described as calorie dense and nutrient poor.”<sup>71</sup> Therefore, it is of the utmost importance that all people, not only Aboriginals, return to traditional food preparation methods and practices and leave the processed, high fat foods alone.

With the introduction of Western ways of attaining and processing food and subsequent changes to diet, traditional Aboriginal cultural practices have faded, and physical health has been compromised. Today, a diet lacking essential vitamins and nutrients has replaced the once wholesome lifestyle and nutritional regime followed by Aboriginal people. As cited in *Indigenous Nutrition*, Dr. Burkitt states, “the only way we’re going to reduce disease is to go backwards to the diet and lifestyle of our ancestors.”<sup>72</sup> This belief is validated by a study published in *Time Magazine* 20 October 2003 which showed that 90 percent of diabetes and 80 percent of heart

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<sup>68</sup> Adelson, S45

<sup>69</sup> Milburn, 414.

<sup>70</sup> P. Zimmet “Globalization, Coca-colonization and the Chronic Disease Epidemic: Can the Doomsday Scenario Be Averted?” *Journal of Internal Medicine* 247 (2000): 301.

<sup>71</sup> Milburn, 424

<sup>72</sup> Milburn, 413.

disease cases can be directly attributed to unhealthy eating and lifestyle habits.<sup>73</sup>

Processed foods are frequently consumed by Aboriginal peoples. These foods have been shown to increase the risk of diabetes, cancers, heart disease, etc. Having the ability to select and consume nutritional market foods, rather than the frequently selected highly processed foods, especially when traditional foods cannot be accessed or consumed, will also serve to reduce diet-related illnesses.

### **2.3 Health for the Indigenous Population**

Health for the Indigenous community has been misunderstood since contact. Unfortunately, there has been a mistaken belief that the health of Aboriginal peoples has to be evaluated either through a bio-medical or social lens. This dichotomized view has led to a harmful artificial divide where opposing opinions have determined the health status of the Aboriginal population. The separate views have been severely problematic to the Aboriginal communities since their land, culture, spiritual beliefs, and traditional sustenance practices are connected. Traditional foods are not only important from the nutritional perspective but they are also fundamental from a cultural standpoint.<sup>74</sup> According to Parkes, “The health and wellbeing of Aboriginal communities is closely linked to connection with the land, and from the strength of culture that grows from this connectivity.”<sup>75</sup> Furthermore, for the Aboriginal population, the health of the land and the health of the community are believed to be synonymous, they cannot be separated.<sup>76</sup> Until the connection between the land and

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<sup>73</sup> Devon A. Mihesuah, “Decolonizing Our Diets By Recovering Our Ancestors’ Gardens” *American Indian Quarterly* 27, 3 & 4 (2003): 807.

<sup>74</sup> NCCAH, *Traditional Aboriginal Diets and Health*, 2011, 6.

<sup>75</sup> Margot W Parkes, “Ecohealth and Aboriginal Health: A Review of Common Ground” NCCAH, 2011.

<sup>76</sup> *Culture and Language as Social Determinants of First Nation, Inuit and Metis Health*, NCCAH, 2011, 2.

the community is fully understood, in a culturally appropriate manner, by researchers and health practitioners, the health of the Aboriginal population will continue to suffer disproportionately compared to the non-Aboriginal population.

In regards to the Aboriginal population's health and food choices, the research gaps seem to be increasing rather than decreasing. Eleanor Wein et al., wrote an article in 1989 stating, "The health beliefs about food and food preferences of Native Canadians has not been documented,"<sup>77</sup> now, over twenty years later, it looks as though not much has changed in regards to documenting the nutritional choices and preferences for Aboriginal people. However, in the past few decades, even if the Aboriginal population could voice their preference for traditional foods, issues such as access and contamination of traditional foods now plague individuals and communities.

This gap in research has left extensive holes where researchers and health practitioners are trying desperately to discover how to repair the health of the Aboriginal population. Even though more studies are coming out regarding the health and well-being of Aboriginal people, a thorough understanding of their traditional lifestyle and cultural practices must be understood by everyone before advancements can occur. Research studies are now stating, "The direct impact of returning to traditional diets on health has not been well studied."<sup>78</sup> It would appear that the pendulum has swung from one extreme of not knowing how important it is for Aboriginal people to have access to their traditional foods to now not knowing the

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<sup>77</sup> Eleanor E. Wein, Jean H. Sabry and Frederick T. Evers, "Food Health Beliefs and Preferences of Northern Native Canadians" *Ecology of Food and Nutrition*, 23(1989):177.

<sup>78</sup> NCCAH, Traditional Aboriginal Diets and Health (2011):5.



health effects associated with returning to traditional diets. It is imperative more research is done, gaps are filled and the Aboriginal voice is heard.

## **2.4 Issues of Access**

The World Food Summit defined food security in 1996 to “exist when all people, at all times, have physical and economic access to sufficient, safe, and nutritious food to meet their dietary needs and food preferences for an active and healthy life.” The Food and Agriculture Organization (FAO) defines food security as four pillars: access, availability, supply and utilization. However, Power argues neither definition encompasses “cultural food security” for Aboriginal people since their needs exceed those stated by the WFS and FAO. Their requirements are believed to be another stage beyond individual, household and community levels.<sup>79</sup> However, one of the biggest obstacles for the Aboriginal population becoming food secure is poverty and poor socioeconomic status (SES). According to Reading, both poverty and SES are cyclical in nature and affect the child, the family, the community, and the generations. He further argues, “Poverty rarely affects just one individual, at one time, but is an issue that transcends age and time.”<sup>80</sup> The United Nations Committee on Economic, Social and Cultural Rights declared that safe and nutritious food is one of the underlying factors of health – one of our “rights to

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<sup>79</sup> Elaine Power, “Conceptualizing Food Security for Aboriginal People in Canada,” *Canadian Journal of Public Health*, 99, 2 (2008): 95.

<sup>80</sup>J. Reading, *The Crisis of Chronic Disease among Aboriginal Peoples: A Challenge for Public Health, Population Health and Social Policy* (Victoria, B.C.: Center for Aboriginal Health Research, University of Victoria, 2009), 10.

health," however, for the Aboriginal population, there are compounded issues associated with their "rights".<sup>81</sup>

The Aboriginal people in Canada are living in Third World conditions, within a first World country.<sup>82</sup> The cost of nutritional foods coupled with limited access or no access to traditional foods has been a detrimental for many Aboriginal people's health and well-being. There are many factors at play with the notion of social determinants to health being one of the biggest. The social determinants of health: poverty, economic development, family violence, affordable housing, employment, and education, have been noted to be the underlying causes for Aboriginal people surrounding illness and disease.<sup>83</sup> The absence of cultural knowledge and understanding surrounding traditional food practices has led to policies being developed and implemented without proper research considering the holistic manner which Aboriginal people define health and deal with health related issues. There are many factors that affect the health and well-being of Aboriginal people and without a thorough understanding of Aboriginal concepts and continued knowledge translation errors, the health of the Indigenous population remains in peril.

## **2.5 Contemporary Well-being of Aboriginal Peoples**

Collective Aboriginal health is inextricably linked with reconciling the historical, collective trauma. According to the Center for Aboriginal Health Research, "When a population is marginalized and culturally suppressed, the mental health of

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<sup>81</sup> World Health Organization, "The Right to Health" Fact sheet Number 323,(2007).

<sup>82</sup> J. Reading, p. 11.

<sup>83</sup> NCCAH, Social determinants [http://www.nccah-ccnsa.ca/28/Social\\_Determinants.nccah](http://www.nccah-ccnsa.ca/28/Social_Determinants.nccah)

that population, whether Indigenous or not, is affected at the individual, family and community levels.” This is a particularly powerful statement considering the draconian assimilative policies Aboriginal communities have faced for centuries.<sup>84</sup> It is also noted that in order for individual and collective health to transpire, first the collective trauma must be dealt with at the community level not just at an individual level.<sup>85</sup> It is because of the growing understanding expressed by academics such as, Reading and Adelson, that we are able to discuss the inequalities amongst the Aboriginal population as we work towards the health disparities eventually becoming minimized and eradicated. Presently, there are many Aboriginal advocates who are investing their time, knowledge, expertise and traditional wisdom to ensure healthy communities are restored. In the words of Hopkinson et al., “the best possible culturally appropriate diet will require a combination of ‘traditional’ hunting, fishing and gathering blended together with healthy ‘modern’ foods and preparation techniques in order to be successful.”<sup>86</sup>

Given that traditional foods ultimately made a community healthy, currently, there are attempts to try and restore the traditional based diet followed by our ancestors. One such project, led by three Indigenous women’s desire to revitalize the concept of Indigenous food systems, security and sovereignty by subsisting for four months on Indigenous foods is currently taking place.<sup>87</sup> The focus of this group is to re-introduce and revitalize the need to return to traditional Aboriginal

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<sup>84</sup> J. Reading, 122.

<sup>85</sup> J. Reading, 9.

<sup>86</sup> Jennifer Hopkinson, Peter H. Stephenson, and Nancy J. Turner. “Changing Traditional Diet and Nutrition in Aboriginal Coastal Communities,” in *A Persistent Spirit: Towards Understanding Aboriginal Health in British Columbia*, ed. Peter H. Stephenson (Victoria, B.C.: Dept. of Geography, University of Victoria, 1995), 152.

<sup>87</sup> <http://www.indigenousfoodsystems.org/content/indigenous-diet-challenge> accessed 29 June 2010.

sustenance to ensure whole, healthy communities and individuals are prominent. Another pilot project in BC, Diabetes and My Nation, incorporates members of the Haisla First Nation to become involved with an intervention program to try and “get diabetes under much better control.”<sup>88</sup> They have had an amazing success rate fighting the "monstrous" problem plaguing Aboriginal communities, where Chief Robert Joseph declares, Aboriginals have diabetes rates of up to five times the national average.

This research seeks to understand the reversal process concerning the loss of identity, health and the ensuing problems associated with obesity, diabetes, cancer, and other chronic diseases as it relates to traditional diets. It is my belief, by returning to traditional Aboriginal sustenance through traditional food practices as one of the factors, not only would this assist with the restoration of the health and well-being of individuals and communities but it would ultimately add to the reclamation of Aboriginal identity. This is validated by the NCCAH report, Traditional Aboriginal Diets and Health where it is stated, “Traditional foods and food knowledge can help support health in Aboriginal communities.”<sup>89</sup> Additionally, Turner and Turner argue, “it is possible to reverse the trend, to regain use of and even redevelop knowledge about a given food, and to reinstate it into the diet...”<sup>90</sup> Since Aboriginal people identify with the foods they eat and with the ways in which it is acquired and prepared, it would be most beneficial to retain this traditional knowledge and in some instances, restore the knowledge.

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<sup>88</sup> The Haisla people are located in Kitimaat Village on the east side of Douglas Channel on British Columbia's North coast. Margaret Munro, Canwest News Service, accessed 13 August 2010 <http://www.canada.com/health/Unique+diabetes+program+impact+First+Nation/2120542/story.html>

<sup>89</sup> Lynda Earle, Traditional Aboriginal Diets and Health, NCCAH, 2011.

<sup>90</sup> Turner and Turner, 113.

## Chapter 3

### 3.0 Methodology

This chapter presents the different methodological approaches that were utilized for this research thesis. The questions posed by Aboriginal academic researchers, “Who is the research for? Who benefits and how?” remain at the forefront of my research agenda as I attempted to remain culturally aware at all times. My research methodology is both conceptually and methodologically influenced by the following Indigenous authors: Shawn Wilson,<sup>91</sup> Linda Tuhiwai Smith,<sup>92</sup> and also by the following non-Indigenous authors: Clandinin and Connelly,<sup>93</sup> Susan Chase,<sup>94</sup> John Creswell,<sup>95</sup> and Hollway and Jefferson.<sup>96</sup>

### Data Sources

Data collection for this research included both primary and secondary sources in order to validate my study. Primary data was obtained via semi-structured questions with Elders and knowledge holders, health professionals and from select family members. Participants were selected based on their knowledge surrounding traditional foods and cultural practices. Although some of my research participants

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<sup>91</sup> Shawn Wilson, *Research is Ceremony: Indigenous Research Methods* (Black Point, N.S.: Fernwood Publishing 2008).

<sup>92</sup> Linda Tuhiwai Smith, “*On Tricky Ground: Researching the Native in the Age of Uncertainty*” in *The Sage Handbook of Qualitative Research Third Edition*, ed. Norman K. Denzin and Yvonna S. Lincoln (SAGE Publications: Thousand Oaks, 2005).

<sup>93</sup> F. Michael Connelly and D. Jean Clandinin, “Stories of Experience and Narrative Inquiry,” *Educational Researcher* 19, 5 (1990).

<sup>94</sup> Susan E. Chase Narrative Inquiry: Multiple Lenses, Approaches, Voices in *The Sage Handbook of Qualitative Research Third Edition*, ed. Norman K. Denzin and Yvonna S. Lincoln (SAGE Publications: Thousand Oaks, 2005).

<sup>95</sup> John W. Creswell. “*Qualitative Inquiry and Research Design: Choosing among Five Approaches.*” (Sage Publications, 2007).

<sup>96</sup> W. Holloway and T. Jefferson, “*The Free Association Narrative Interview Method*”. In: Given, Lisa M. ed. “*The SAGE Encyclopedia of Qualitative Research Methods*” Seven Oaks, California (2008).

may have originated from various locations across Canada, they now reside in Prince George, a northern British Columbian community.

I remember being in my first year of my MA doing the required coursework and having to take a methodology course. I have to admit, never have I been so frustrated or lost in my studies. I learned about many types of methodologies from phenomenology, grounded theory, ethnography, case study, autobiographical, etc. My head was swimming. You see, I had always known what I wanted to research and how I wanted it to look. The problem was, you could not begin your thesis until you knew your methodological approach since there was a proposal that needed to be written and ethics clearance that had to happen first. The issue was further compounded because I knew that I had a story to tell, one that needed to be shared. I struggled with this notion on two different levels. Firstly, my undergraduate degree was in History, we were taught to remain unbiased, to use the historian's tools of empathy and imagination, but to also remain unattached to our work. It should be impersonal. I knew my research; the stuff I wanted to delve into, was highly personal and needed to be told in such a manner. I worried constantly about whether my work would be legitimized and seen as valid. The answer came to me as I was reading; *Research is Ceremony* where Shawn Wilson quotes Eber Hampton:

Emotionless, passionless, abstract, intellectual, academic research is a God damn lie, it does not exist. It is a lie to ourselves and a lie to other people. Humans – feeling, living, breathing, thinking humans – do research. When we try to cut

ourselves off at the neck and pretend an objectivity that does not exist in the human world, we become dangerous, to ourselves first, and then to the people around us.<sup>97</sup>

I related to the danger associated when we try to be something that we aren't and, I was still unsure as to how my research would look when I started to introduce the other voices. I struggled with the concept of the oral becoming written. Once again, the question "was my work more valuable written or should it remain oral?" I found peace from the words of Louis Riel, "We must cherish our inheritance. We must preserve our nationality for the youth of our future. The story should be written down to pass on."<sup>98</sup> This was when I realized I had to show my connection to the research and to write from that voice and record the voices of the Elders and knowledge holders; otherwise I might possibly perpetuate the misunderstandings and injustices of research done from earlier times.

Gregory Cajete argues in his article *Indigenous Knowledge: The Pueblo Metaphor of Indigenous Education*, the responsibility Indigenous teachers have working between the two worlds as they transmit and share information. Often times, Non- Indigenous people make assumptions surrounding an Aboriginal person's mind and being. For this reason he states, "That's the reason Native people have to begin to reflect and to write in their voices about their experience. That is the only way to begin to correct that process of misunderstanding."<sup>99</sup> I was now convinced that if I was going to do my part in trying to eliminate misunderstandings and advance Indigenous research, I had to begin with my story, framed within Indigenous

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<sup>97</sup> Shawn Wilson, "Research is Ceremony: Indigenous Research Methods," (Black Point, N.S.: Fernwood Publishing 2008), 100.

<sup>98</sup> Louis Riel <http://www.metiscrossing.com/>

<sup>99</sup> Gregory Cajete, "Indigenous Knowledge: The Pueblo Metaphor of Indigenous Education" in *Reclaiming Indigenous Voice and Vision* ed. Marie Battiste, (UBC Press: Vancouver, 2000): 189.

methodology. As Linda Tuhiwai Smith states in *On Tricky Ground*, “Indigenous researchers are “becoming” a research community. They have connected with each other, across borders and have sought dialogue and conversations with each other. They write in ways that deeply resonate shared history and struggles. They also write about what Indigenous research ought to be.”<sup>100</sup> I wanted my research to be for the people, by the people and with the people.

I decided to use a qualitative approach for numerous reasons. Firstly, as Linda Tuhiwai Smith states, “Qualitative research is an important tool for the Indigenous communities because it is the tool that most seems able to wage the battle of representation; to weave and unravel competing storylines; to situate place and contextualize; to create spaces for decolonizing; to provide frameworks for silence and listening to the voices of the silenced, to create spaces for dialogue across difference; to analyze and make sense of complex and shifting experiences, identities, and realities; and to understand little and big changes that affect our lives.”<sup>101</sup> Secondly, qualitative research provides a deeper understanding of social phenomena than quantitative since qualitative research seeks to understand “how” things happen, not only “what” happens.<sup>102</sup> Thirdly, quantitative research is not designed to consider the life of the individual or the stories within the person but rather uses numbers and statistics to draw conclusions. By not looking at one’s lived experiences, there is a missing element that does not allow one to see the whole

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<sup>100</sup> Linda Tuhiwai Smith, *On Tricky Ground: Researching the Native in the Age of Uncertainty* in *The Sage Handbook of Qualitative Research Third Edition*, ed. Norman K. Denzin and Yvonna S. Lincoln (SAGE Publications: Thousand Oaks, 2005): 89.

<sup>101</sup> Tuhiwai Smith, 103.

<sup>102</sup> Carolyn Kenny et al. *A Holistic framework for Aboriginal Policy Research Status of Women Canada* (2004): 20.



portion of one's life. Creswell believes qualitative research is proven to be more reliable when one uses multiple sources of data, such as: interviews, documents and scholarly articles.<sup>103</sup> Additionally, qualitative research allows for a more complex detailed understanding to emerge as one is able to share their story in a more detailed account than a questionnaire or survey.

Deciding exactly which methodological approach I was going to use was challenging for me as I could not figure out how my research was going to fit into one of those boxes. Finally, I went to my supervisor and asked for help. I told him I could not get my research to "fit" into any of the methodologies I had delved into. He told me that my research approach did not have to be unnatural, like trying to fit a square peg into a round hole, but it should compliment and be suitable to who I am. He also told me I should keep looking and if I didn't find something that worked for me, I could always create my own methodology. I stood there shocked, create my own? I could barely make sense of the imposing structures that were forced on me. How could I do that for myself and for someone else? At last, I stumbled across a couple of articles and write ups on Narrative Inquiry by Clandinin and Connelly. I was so excited, I think I screamed. I could not believe what I was reading; the haze was beginning to lift. I had found my methodological approach. It made sense. I made sense. I was not lost. As soon as I understood how the narrative inquiry worked, I was able to incorporate other approaches, making my own, various qualitative approaches, integrating them just like my supervisor suggested. It was okay to take bits from other methodological approaches as long as I had a baseline.

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<sup>103</sup> John W. Creswell. *Qualitative Inquiry and Research Design: Choosing among Five Approaches* (Sage Publications, 2007), 251.

I found this within Clandinin and Connelly where they state, "The study of narrative is the study of the ways humans experience the world. Research is the construction and reconstruction of personal and social stories, learners, teachers, and researchers are storytellers and characters in their own and other's stories."<sup>104</sup> I could not have been happier. This discovery was the fundamental basis of my research and thesis. I knew that not only was I telling my story, but I was going to be telling many others. As Thomas King states, "The truth about stories is that that's all we are."<sup>105</sup> I understood how important it was to stay as close to my research participant's words and stories as possible, but also recognizing that my analysis was co-constructed. In this thesis, the stories I gathered are woven together. I made the decision on how the stories would be organized, edited and which parts to include in the final product. Once I discovered Narrative Inquiry, everything began to fall into place. I was now able to take the next steps and determine the layout of my thesis.

My research took the forms of a narrative approach which allowed the role of storytelling and transmission of knowledge to emerge along with collaboration and consultation. According to Holloway and Jefferson, "Narrative based methodology considers how we live and the experiences we have, through the way we describe experience, the questions we pose to the world, and the solutions we offer."<sup>106</sup> The use of qualitative methodology, specifically a narrative approach, is closely related to traditional social practices, oral traditions and personal interactions amongst

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<sup>104</sup> F. Michael Connelly and D. Jean Clandinin, "Stories of Experience and Narrative Inquiry," *Educational Researcher* 19, 5 (1990):2.

<sup>105</sup> Thomas King, *The Truth About Stories: A Native Narrative* (Toronto: House of Anansi Press Inc., 2003): 2.

<sup>106</sup> W. Holloway and T. Jefferson, "The free association narrative interview method". In: Given, Lisa M. ed. "The SAGE Encyclopedia of Qualitative Research Methods" Seven Oaks, California (2008): 299.

Indigenous populations. The purpose of narrative inquiry is to reveal the identities and stories of the people and the meaning of these stories while giving the viewpoint of the participants in the research.<sup>107</sup> This methodological approach was critical to my thesis as the voices of my co-researchers emerged. Susan E. Chase describes the different forms of Narrative Inquiry,

“A narrative may be oral or written and may be elicited or heard during field work, an interview, or a naturally occurring conversation. In any of these situations, a narrative may be (a) a short topical story about a particular event, and specific characters such as the encounter with a friend, boss or doctor; (b) an extended story about a significant aspect of one’s life such as schooling, work, marriage, divorce, childbirth, an illness, a trauma or participation in a war or social movement; or (c) a narrative of one’s entire life, from birth to the present.”<sup>108</sup>

The process highlighted by Chase allowed my participants stories to emerge with the use of pointed questions and answers. This allowed me to shape the questions to invite the participants to tell their stories and to also transform my role as the interviewer – interviewee into one of a narrator and listener.<sup>109</sup> According to Lieblich et al., “Narrative Methods can be considered “real-world measures” that are appropriate when “real-life problems” are investigated.”<sup>110</sup> I knew my research had real-life problems; therefore I needed a methodology that would allow me to address those appropriately.

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<sup>107</sup> Holistic Framework, 18.

<sup>108</sup> Susan E. Chase, Narrative Inquiry: Multiple Lenses, Approaches, Voices in *The Sage Handbook of Qualitative Research Third Edition*, ed. Norman K. Denzin and Yvonna S. Lincoln (SAGE Publications: Thousand Oaks, 2005): 652.

<sup>109</sup> Chase, 660.

<sup>110</sup> Amia Lieblich, Rivka Tuval – Mashiach, Tamar Zilber, *Narrative Research: Reading Analysis, and Interpretation* (Thousand Oaks, Sage Publication, 1998): 7.

My inquiry also followed the model of Biographic-Narrative-Interpretive Method (BNIM) as well as the free-association narrative interview (FANI) method as these methodological processes ensure the greatest agency was available to both the researcher and participants. BNIM gathers life stories, uses open-ended questions thus allowing the narrative to flow from the interviewee.<sup>111</sup> FANI method was developed by Hollway and Jefferson which turns questions into storytelling invitations.<sup>112</sup> They further explain how to properly use carefully constructed follow-up questions to be as open as possible and framed so that further narratives can be elicited. This type of questioning and interview process was consistent with my methods as I have a few concise open-ended interview questions designed in such a fashion that stories emerged throughout the interview process. Hollway and Jefferson state, "Face-to-face semi-structured interviewing has become the most common type of qualitative research method used in order to find out about people's experiences in context and the meanings these hold. Considerable effort has been directed to adapting the traditional interview format so that it is adequate to these purposes."<sup>113</sup>

Narrative inquiry framed my methodology and allowed me to better understand my research participants as they shared their stories with me. I also utilized the philosophies outlined by Linda Tuhiwai Smith, *Manaaki ki te tangata*,<sup>114</sup> where research must be a collaborative and reciprocal process which facilitates the

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<sup>111</sup> Steinar Kvale, *Interviews: An Introduction to Qualitative Research Interviewing* (Thousand Oaks California: Sage Publications, 1996): 223.

<sup>112</sup> Holloway and Jefferson, 299.

<sup>113</sup> Holloway and Jefferson, 299.

<sup>114</sup> Tuhiwai Smith, 98.

process of “giving back,” and Aroha ki te tangata,<sup>115</sup> a respect for people which considers their needs and meeting spaces on their terms.

### **3.1 Questions for Elders and knowledge holders:**

1. What does it mean to be healthy?
2. How has colonization impacted your ability to obtain traditional foods and follow a traditional diet?
3. What is the relationship between food and overall health and well-being?
4. What health/cultural effects do you believe are a direct result of dietary change?
5. What contemporary challenges/issues do you currently face concerning the acquisition and preparation of traditional foods?

### **3.2 Questions for Health Professionals:**

1. What do you believe is the biggest obstacle facing Aboriginal people today as we work to reduce and/or eliminate health disparities?
2. How important is it for Aboriginal people to have access to traditional sustenance and food security to become healthy?
3. What barriers are you aware of that confront the Aboriginal population with reference to accessing traditional foods?

### **3.3 Location and Setting**

Once I gained ethics approval from the University of Northern British Columbia's Research Ethics Board, I was able to begin the interview stage. My site selection was Prince George BC: I interviewed nine people in total. I interviewed both genders in order to try and obtain a balanced perspective. The participants included two Métis Elders and knowledge holders and four status Indian Elders and

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<sup>115</sup> Tuhiwai Smith, 98.

knowledge holders from the Prince George and surrounding regions. I also interviewed three health professionals from Northern Health, one of which was also an Elder of Aboriginal ancestry. I wanted to know how colonization changed traditional Aboriginal diets, and as a result, how traditional Aboriginal diets affected their health and what the contemporary well-being of Aboriginal Peoples looks like today. Additionally, I learned from the Elders as to how their cultural practices informed and contributed to their identity. The participants were selected based on their knowledge of traditional foods as well as the importance they attributed to a traditional diet. All participants were given a consent form to sign and asked if the interview could be recorded. Every participant agreed to be recorded and each interview lasted approximately one hour. Even though many Aboriginal people have concerns signing documentation, neither was the informed consent refused, nor did anyone wish to remain anonymous. In fact, most participants wanted their voices to be heard.

In accordance to the requirements of my Master's Program, I also had to do an internship. This internship consisted of spending 140 hours with various health professionals within Northern Health. I worked with five different departmental heads and health professionals with programs that have a community based direction and a population health approach. The community based programs of Northern Health encompassed: External Food, Aboriginal Health, NH; Northern Cancer Control Strategy, HEAL (Healthy Eating Active Living), and Healthy Community Development. The health professional interviews came about as a result of the work within my internship and the relationships I developed with each one of them. They

were selected based on their knowledge and expertise surrounding traditional Aboriginal sustenance.

In order to help the interviewee understand my position and what led me down this road, I shared with them my story in an informal dialogue which specifically highlighted my own personal and familial struggles with health and my desire to improve health amongst our people. Upon my arrival with each research participant, I gave each one of them with home –baked goods. I wanted to give them something that I had made and that was without preservatives and not processed. I had to meet with some of my research participants several times since our time together was spent visiting and connecting in a deep manner. And each time I returned, I gave them something I had made. All interviews were digitally recorded and transcribed. I also provided them with a copy of the interview for their records and for their approval. Additionally, a couple of my interviewees requested that I give them the exact sections of the transcribed interview I planned to use in my thesis so they could approve the words, quotes and stories . I also gave each research participant a copy of the written thesis upon completion. I loved the fact that my research was so relational. I truly cherish each person and value our time together. The reciprocity and respect that was demonstrated was evident throughout this process, I learned so much from each of them. I will never forget their words or their teachings. However, I believe there is one teaching in particular I need to share.

I had regular meetings with my supervisor and committee members who frequently gave me advice on what I should be doing or who I should interview. I respect each one of them greatly and heeded their advice. I was told that I should

interview, so and so (name withheld out of respect). I thought, all right, what could it hurt; I will do another interview with a health professional. I received his name and contact information and put it aside while I worked on a few other things. Finally, I thought, I should contact the health professional and see when I could meet with him. I called the office where he worked and spoke with him, told him my committee member gave me his name, who I was and what I was calling for. He knew my committee member very well, along with her husband and agreed to meet with me. I asked him when was good for him and he said he was just running up to the hospital for a quick visit and he would be back within the hour to meet with me. Shocked and relieved, I hung up the phone, gathered my interview questions and digital recorder and made my way downtown. I need to clarify something here; I am a student on a strict budget and only gave the Elders and knowledge holders an honorarium and a gift, since the health professionals were employed. So, when I arrived downtown at this man's office, I was shocked to find out he was an Aboriginal Elder. I did not allow my lack of a gift get in the way of formal introductions and thought everything would be ok. After all, wasn't gifting a choice? No sooner did I sit down before I was asked if I was familiar with protocol. Protocol? Of course I knew about protocols. I had ethics approval, I was relational, I was respectful, or so I thought. He then asked me if I knew the importance of tobacco and the symbolism associated with it. I had to admit, I was thoroughly taken aback. I did not understand what tobacco had to do with our meeting. I told him I was not taught in the university about tobacco. I did not realize tobacco was part of a cultural protocol and or how I had just offended him. Because this man is a teacher, he began to share with me what tobacco means to



some Aboriginal societies, his in particular. He told me that when one wants to speak with an Elder, a tobacco offering is made, and if this offering is accepted, then, and only then will the communication commence. It is a way for the Elder to determine if he is willing to share his time, his life, his story with someone else. I sat there apologetic and feeling so irresponsible. After all, it was my responsibility, as a researcher, to do good research, to not offend, yet I failed. I began to apologize profusely and even offered to leave and come back another time. I felt sick to my stomach and could not believe I had overlooked something of this magnitude. Luckily for me, I was shown mercy. He told me, that because I was Cree, part of his family, his sister, he would speak with me. However, I was also told that I would have to make it up. I would have to burn some tobacco in his honor, even if it was a cigarette. I was relieved. I did not intend to cause offense, but in my ignorance, I did. I told him how sorry I was and the next time we got together, I would double my gift to make up for it. He said that would be up to me, but it was also up to me to keep my word. So, we did our interview and I left feeling blessed that he agreed to share his stories with me and to also forgive my mishap.

That teaching went so deep into my spirit; I knew I had to share it with others. I was convinced I was not the only one who did not understand all the inner workings of protocols. I spoke with my supervisor and told him what happened. He was familiar with the giving of tobacco and I guess he thought I was too. I told him how upset I was about this incident and wanted to spare others from making similar mistakes. I arranged for a workshop to be held for other graduate students and invited a panel of guests from the traditional territory we are on, Lheidli T'enneh, as

well as other Aboriginal people from the prairies and there was also Metis representation. We hosted a workshop on Cultural Competency and Protocols and it was so timely. We had an incredible turnout from graduate students across the disciplines and the biggest representation of local Elders to date. It was a huge success. I believe this knowledge transmission needs to continue for the graduate students, Indigenous and non-Indigenous alike and also needs to expand into the faculty so that cultural competency and safety is ensured.

Since my research covers many sensitive areas, I attempted to remain culturally sensitive at all times and adhere to the 4 R's as outlined in Kirkness and Barnhardt's, "First Nations and Higher Education: The Four R's – respect, relevance, reciprocity and responsibility." Creating a respectful environment began with the value I placed on First Nations people's culture and knowledge. The wisdom they hold concerning the importance of right relationships effectively contributes to the overall health and well-being, not just for the Aboriginal population but for everyone. Since the health of the Aboriginal population is at jeopardy, relevance is key to my thesis. It is time for education and awareness to become commonplace as we begin to eradicate the health disparities currently plaguing Aboriginal peoples.

Reciprocity in my work is important as it is an essential Aboriginal concept which fundamentally guided my actions, both in my way of life and my research. I believe we are all here for a reason and have something to give to others. It is my job to ensure I operate in such a manner that I can both bless and be blessed. I look forward to giving back to individuals and community members in a multitude of ways. Firstly, I would like to address the tangible. Before I began my interview, I gave each

Elder and knowledge holder with homemade goods that I prepared personally. I brought each person homemade breads, loaves, or cookies. I believe this to be consistent with my culture and directly in line with my thesis topic as I led by example and accentuated the importance of eliminating processed foods from diets. I visited each person where they felt most comfortable, whether it was in their home, office, park, or in a public space. I did my best to make this experience as personable and comfortable as possible. Many times, I had to return to speak with an Elder as we never had time to finish the questions as we spent so much time building relationships.

Secondly, the reciprocity involved within my study aimed to give back in a manner that ensured my research was meaningful and useful for Aboriginal communities and individuals. I provided honorariums for each of the Elders and knowledge holders and gifted the community members each time we met. Fortunately, I was blessed with funding from Kloshe Tillicum, an Aboriginal Health organization. I am truly indebted to this organization for their financial and emotional support throughout my graduate studies. I am so thankful to the organization for the funding which has provided me with the opportunity to go to school with less financial strain and make my research requirements that much easier.

After the interviews were finished, I thanked each of them for their time and told them I would be in contact with them once the interview was transcribed, if not sooner. Once the interview was ready to be proofread, I arranged to meet them at their convenience and delivered a hard copy of their story. I then found out if there were any parts in there they wanted either altered or deleted. I ensured each one

would see a copy of the final thesis with their words in there. I then gave each Elder and knowledge holder with an honorarium and a thank you card. The amount of the honorarium was in accordance to UNBC guidelines.

Responsibility is the “R” I believe led me on this journey. By ensuring my research is relevant, ethical and helpful I can begin to comprehend what my roles and responsibilities are both to myself and the greater community. As I have come to understand, the Aboriginal educational philosophy entails the belief that education is not for my own personal gain but to give back to the community and others. Specifically, I desire to use my education to continue the cyclical process of passing knowledge and information on to others as I look forward to giving back to my people. This I consider my responsibility and it is further guided by the notion: wherever and however I can participate and empower others is my duty as an Aboriginal person and researcher.

### **3.4 Data Analysis Methods**

Once any necessary changes were made, as determined by my research participants, I went through the transcribed interviews once again to determine themes across the participants to determine the shape of the narrative and once again to find any anomalies. I then compiled the data into subthemes and analyzed the data further to see what else emerged throughout the interviews. I cross referenced words such as health with wellbeing, and traditional with holistic to ensure I did not miss something. I also looked for direct quotes that validated my research. This cross-referencing proved invaluable. Ongoing data analysis and

interpretation was implemented to ensure accuracy was maintained and the meaning of the words and stories were not lost during transcription. I remained cognizant during each step of my writing process and was as transparent as possible so that each and every participant could be heard according to what they articulated and shared with me.

The main themes that emerged from the Elders and knowledge holders were also substantiated by the health professionals. It was stated by both groups that health was viewed quite differently for the Indigenous population as opposed to what the current western model illustrates. Therefore, this differing understanding has caused much turmoil for the Indigenous population in regards to health services. Access to traditional foods was also another significant theme that emerged during the interview process. Additionally, the contemporary challenges the Indigenous population now face such as language loss, identity formation and the effects of Residential School was similarly noted by all interview participants.

## Chapter 4

“Food will be what brings the people together” stated Secwepemc Elder, Jones Ignace.<sup>116</sup>

### 4.0 Discussion of findings

Chapter four introduces the voices of the research participants along with the main themes that emerged throughout the interviews. The most prominent themes that emerged from the interviews with the Elders and knowledge holders were 1) Indigenous health perspectives, 2) access to traditional foods and contemporary challenges such as language loss, identity formation and 3) the effects of Residential School. These themes were also confirmed from the Health care professionals interviewed in this research. Specifically, these interviews provided me access to stories and lived experiences of these participants as they share how colonization changed traditional Aboriginal diets, and as a result, how the lack of traditional Aboriginal diets affected their health and what the contemporary well-being of Aboriginal Peoples looks like today. Cree scholar Neal McLeod explains the importance of stories and narratives as they inform Aboriginal people of who they are. “They explore the various aspects of my existence, and form the fabric of my being.”<sup>117</sup> Wherever possible, I have used the words of my participants, in order for their voices to be heard. With that being said, my analysis and interpretation wove their words and stories together forming the co-constructed version.

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<sup>116</sup> <http://www.indigenousfoodsystems.org/> accessed 29 June 2010

<sup>117</sup> Neal McLeod, *Cree Narrative Memory: From Treaties to Contemporary Times* (Saskatoon: Purich Publishing Ltd., 2007), 7.

## 4.1 Themes

Throughout my interviews and discussions of what health means to the Elders and knowledge holders I interviewed, the notion of health in the western sense was not accepted. For them, health is not just the absence of disease; it encompasses identity, sound minds, inner peace, and access to traditional foods, exercise, balance, loving relationships, and a connection with the land. Gloria George stated, "I need to know who I am to remain healthy."<sup>118</sup> This idea of having a solid grounding in one's identity is paramount to the health of Indigenous people and is corroborated as Frank Frederick Sr. explained; "To me, being of sound mind... Good food from our land and our resources, you know traditional medicines, berries and all that is what I grew up on..."<sup>119</sup> is what makes one healthy. Understanding the traditional Aboriginal lifestyle and the subsequent knowledge passed down by their ancestors is not only beneficial to their physical bodies, but their mental well-being is also affected.

This holistic approach is a central piece to eliminating health disparities amongst the Aboriginal people. Leonard Ward explained, being "healthy means a lot, healthy in the mind, healthy in the spirit, healthy in the body and healthy with oneself. Food is very important, it naturally pertains to health."<sup>120</sup> With health encompassing all aspects of life, especially the ability to make proper food choices and having access to traditional foods, it is important that Indigenous people are not

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<sup>118</sup> Gloria George, interview with author, 12 April 2011.

<sup>119</sup> Frank Frederick Sr. interview with author, 12 October 2011.

<sup>120</sup> Leonard Ward, interview with author, 21 April 2011.

only encouraged to access traditional food sources, but that they would also be assisted and not be limited by any preventable barriers, such as access.

The concept of food playing a pivotal role in health is validated by Lyle Lloyd, “Well health, well to be healthy, eat good food, get lots of exercise and enjoy life, I guess, we don’t think about health in a lot of ways and if you have good food and good habits and exercise and lots of fresh air you got to be healthy.”<sup>121</sup> Unfortunately, for countless Aboriginal people, a sedentary lifestyle and environmental pollutants has debilitated their once wholesome lifestyle. However, as Ivan Paquette pointed out, “But health overall, is different for all of us.”<sup>122</sup> He furthers this understanding with, “to be healthy you have to have a good balance in your life, not only in your home life but in all your relationships, your relationship with yourself, first and foremost. Your relationship with your partner, your wife, your children, relationship with your brothers and sisters, mother and father, relationships with your Moosum, Kookum...your grandparents, your aunts and uncles, cousins, your relationship with the community. Your relationship with your community is really important; part of what I look for in relationships is...oh yeah, your relationship with mother earth. That’s really important.”<sup>123</sup>

With relationships being one of the centralities to health, there is much work that needs to be done between the Indigenous and the non-Indigenous populations. Trust has been broken and most Indigenous people have been violated because of

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<sup>121</sup> Lyle Lloyd, interview with author, 28 March 2011.

<sup>122</sup> Ivan Paquette, interview with author, 7 April 2011.

<sup>123</sup> Ivan Paquette, interview with author, 7 April 2011.



colonization. The reserve system and Residential Schools have caused deep traumatization physically, mentally, spiritually and emotionally for Aboriginal people.

The connection to the land is not only an emotional connection but it goes deep into the spiritual and physical realms. Agnes Snow elaborated on what health means to her, "With Aboriginal people, it is to be able to feel good in all areas of your life: physically, mentally, spiritually and emotionally. When you are connected, especially with your spirituality, it seems to make things a lot easier, life worthwhile and having the ability to do things in a good way. So, being healthy to me is the ability to make decisions and to also share. It's being able to work interdependently with other people with the ability to honour not only yourself but other people."<sup>124</sup>

There are far reaching ramifications to colonization. Agency was removed and various levels of low self-worth and shame emerged. The spiritual breach also incurred has caused damage to the Indigenous population leaving many people to question the very basis of their identity which has also served to increase the current health gaps.

Agnes Snow carried this understanding of health even farther, "I think part of becoming healthy is knowing who we are. If we know who we are as First Nations, and food is part of that, we would become more comfortable with ourselves physically, mentally and emotionally. Right now there are gaps, young people don't know, they are going along and haven't experienced what it means to be First Nation, especially in the city. They don't know who they are, it creates an imbalance

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<sup>124</sup> Agnes Snow, interview with author, 18 April 2011.

in their health and they do things they wouldn't do normally."<sup>125</sup> The urban shift has drastically harmed many. It is becoming increasingly difficult to get out on the land, to know that deep connection in a physical, mental, emotional and spiritual manner.

Earl Henderson maintained, "To be healthy, is that you can get up in the morning and you can breathe and you can see things and you have energy, also just having a whole healthy lifestyle, being happy. You know, and calm about things, not being wound up all the time. Happiness is a state of mind that you can choose, you can choose to be happy or you can choose to not be so happy."<sup>126</sup> This inner peace and happiness brings about health. But the struggle for that inner peace is very difficult for those who do not have the ability to understand where their struggle originated. These issues are compounded for those who were not taught how to properly express oneself, especially for those suffering under the Residential School Syndrome, where their parents and grandparents did not have a parent to go to, were not allowed to articulate feelings, share emotions or know what it was like to grow up in a family atmosphere. The institutionalized setting created many of the contemporary problems currently facing the Indigenous population today. Fear, shame, silence have all been a result of colonization and is negatively affecting the health of Aboriginal people today.

Not all teachings were lost as a result of colonization, as Ivan Paquette shared, "My mom and dad, they were good hunters, taught me a lot of things. One of the most important things he taught me about health was: if something is bothering

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<sup>125</sup> Agnes Snow, interview with author, 18 April 2011.

<sup>126</sup> Earl Henderson, interview with author, 18 May 2011.

you, get it out of you. If you get it off your chest, sometimes it is difficult but you got to get it out. Find a healthy way to get it out because those things, someone taught me that secrets, things that hold you, keep you sick.”<sup>127</sup> There are many secrets that have held the Aboriginal population back; however, through processes, such as this research, the shame, hurt, anger, and distrust that has held the Aboriginal population back for so long, keeping us sick, will no longer have the opportunity to perpetuate the cycle of abuse and ill-health.

Never has the differing concept of health been so clear to me than when Pam Tobin shared with me what one community she was working with told her. She asked them, “How would you define health?” And they replied, “By the number of drummers.” I have never heard this concept before. It’s a quantitative approach, but done in a qualitative manner. Pam expanded, “And that speaks volumes as to why it’s different and why it needs to be acknowledged. It’s measurable, because if there is only one drummer, or no drummers in a community, I can go around and ask how many drummers are around, and if there is one or none, it’s not a healthy community.” At that moment, I completely understood how different the western model of health was compared to the Indigenous lens. When cultural practices are in place and there is an inter-generational approach, a healthy community exists. Pam Tobin concluded, “It’s the cohesive, holistic approach where they look at health as being health not disease. And that’s some of the things that health care providers need to look at.”<sup>128</sup> To me, this information transcends boundaries and frameworks. A paradigm shift of this magnitude is what is required when one is trying to

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<sup>127</sup> Ivan Paquette, interview with author, 7 April 2011.

<sup>128</sup> Pam Tobin, interview with author, 1 March 2011.

understand the cultural components of health for Indigenous communities or individuals while ensuring cultural sensitivity and safety measures are met.

As the interviews revealed, health for the Indigenous population is multi-faceted and cannot be summarized with a blanket statement. Health includes all relationships, spirituality, the mental, emotional as well as the physical. It also differs greatly from the non-Indigenous belief systems and western medical concepts. Only when the models presented by differing Aboriginal communities are accepted and understood, will the health disparities among the Indigenous populations begin to be reduced. One of the other key questions considered was how illness and disease, among Aboriginal peoples can be impacted both negatively and positively by diet.

#### **4.2 Research Participant Voices**

One of the strongest teachings for the Aboriginal people comes from listening. This way of knowing and being that is shared orally is the basis of knowing who you are. As Ivan Paquette explains, "Listening is really healthy for you, being able to actively listen and to hear and pay attention to what other people have to say and are trying to show you, it can save you. If you take those precious moments and time by yourself and you actually hear what the universe has to say to you."<sup>129</sup> There is a huge difference between listening and hearing. We need to ask ourselves, am I just hearing or am I listening? Once a person is able to comprehend the importance of listening, life lessons and teachings can begin. This is validated by Leonard Ward when he discussed some of the valuable lessons he received around being a

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<sup>129</sup> Ivan Paquette, interview with author, 7 April 2011.

teacher, from his mentor, Joe Cardinal, "...as we are trying to learn the traditional, spiritual ways of our people...our teachings, the learning process is perpetual. You never stop learning. That is what compliments the healing process, healing is also perpetual. It works together. So, we never stop learning and we never stop healing."<sup>130</sup> Understanding the cyclical nature of learning and how to continue the process is necessary for the health of the Indigenous population. As Gloria George asserts, "We have to be responsible, so we have to have food but we can also have food for thought. Here I tell my students: we have to feed our brain in addition to our body to remain balanced and have some sense of well-being."<sup>131</sup> The teachings from our Elders not only need to be heard, but we need to listen to the message within.

Unfortunately for many of my research participants, the learning they received was minimal at best. The experiences at Residential School have profound and lingering effects on their overall health and well-being today. Leonard Ward conveys his thoughts, "They tried to isolate us, in residential schools, and more or less again to isolate us into reservations, in many ways the "Indian Problem" was to try and get rid of the Indian."<sup>132</sup> Trying to get rid of the Indian was what happened in so many cases. Loss of languages, cultural knowledge, traditional teachings, and an overall feeling of shame are some of the ramifications associated with the Residential School Syndrome. Frank Frederick Sr. shared his experiences, "When I was younger, I think about 6 years old, I spoke my language, we lived off the land; all my friends and family members were healthy. Then they took me away, when I was 6,

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<sup>130</sup> Leonard Ward, interview with author, 21 April 2011.

<sup>131</sup> Gloria George, interview with author, 12 April 2011.

<sup>132</sup> Leonard Ward, interview with author, 21 April 2011.

they took all the kids off the reserve and sent them to Residential School. That's when they just about killed our people.<sup>133</sup> It has been noted, once the children, the hearts of the communities were removed, many gave up. Living without their flesh and blood was too difficult for those who stayed on the reservation. This was when alcohol, drugs and abuse of every sort emerged. The pain of trying to understand where all the children had gone left many Aboriginal parents trying to cope with the harsh realities imposed on them from the government.

Frank expands further on his experiences, "Ten months out of the year we stayed there. Today, they sure did a number on me, I can't speak my language, they brainwashed me into thinking I am a dumb Indian. Well, that's the way I acted all my life. That's why I never got an education. They punished us severely for everything, eh. We didn't go by our names when we were in Residential School, we went by numbers. My number was 54. It's affecting our grandkids, our kids and our great-grandkids. It's a domino effect from that."<sup>134</sup> As many people are unaware, unfortunately, the negative effects of Residential School can still be felt today. This is why it is so important for people to hear the stories, for the voices of the marginalized to be heard, that we make a platform for healing.

The negative impacts of colonization and Residential School has had far-reaching ramifications. Agnes Snow believes, "There has been a change in the health of our people and the dependence on alcohol. It's really disrupted and the effects of residential school, it hasn't been dealt with...I'm not saying we need to

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<sup>133</sup> Frank Frederick Sr. interview with author, 12 October 2011.

<sup>134</sup> Frank Frederick Sr. interview with author, 12 October 2011.

keep going back to that but I am saying, There's a big piece of ourselves that we have to retrieve from that and we have to carry on... we are capable of a lot of things but right now there are a lot of people who haven't dealt with those issues, that haven't dealt with that. It will continue to generate more dependence.<sup>135</sup> The root of the co-dependence needs to be examined and space must be made for the Aboriginal people to deal with the historical trauma. There are many people who do not understand where the cycle of abuse stems from and unknowingly perpetuate the harmful behaviour onto their loved ones and others.

The loss of culture and pride is still prevalent today. Earl Henderson claims that the cultural loss, "It's not just colonization, the residential schools; you know that was a cultural genocide for Aboriginal people. They wanted to assimilate us. I think that nowadays, with some Aboriginal people, we are our own worst enemies. We need to look at what the culture has to offer, we need to look at what the culture is to us and be proud of our heritage. They talk about reading books on self esteem, counselling. Well, if you go back to your culture, and you live within that culture, that self esteem is already built in. It's there. It just grows right along with you. So, you don't even know what self esteem is, it is just who you are, it is a part of you."<sup>136</sup> Having right relationships is part of self esteem and identity formation. Ivan Paquette maintained, "Talking is powerful medicine. I call it medicine because all things are medicine, we are medicine. Everything is medicine. Drink tea, that's medicine, food, that's medicine, food for thought, food for health, it's all the same stuff. When you have good relationships with all things you find a good balance with everything.

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<sup>135</sup> Agnes Snow, interview with author, 18 April 2011.

<sup>136</sup> Earl Henderson, interview with author, 18 May 2011.

When you don't have the power of choice, that's unhealthy or when someone else or something else tries to control you, that is unhealthy."<sup>137</sup> Recognizing how culture supports and strengthens one's identity is necessary for Aboriginal people to grasp as this will help to restore fragmented identities. The trickle effects associated with cultural loss and fragmented identities has resulted in shame and negative belief systems for some Aboriginal people.

One of the other themes that surfaced during the interviews was the notion of values and value systems within the now dominant society and within Aboriginal societies. These colliding worldviews have resulted in much confusion surrounding the Aboriginal ways of knowing and being. Agnes Snow explained her perspective. "I think we (society) talk about formal education, that's a very important piece but I also know that's not the only kind of education there is. There is also the informal education that isn't valued; I think a lot of our Elders have that informal education. That's the way First Nations' were taught before. But we have now taken on another form of education which is formalized. It's a different system altogether than what people think: ways of knowing that First Nations people have that were passed down from generation to generation. I'm not sure where I am with that right now...what about the inherent knowledge...how do we get that to be as valuable? It's not valued. I think for me, we have to look at that because it decides what kind of world we want to live in, where we are going and how we are going." She concluded with, "How can we live in two value systems?"<sup>138</sup> This dual-system has been wreaking

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<sup>137</sup> Ivan Paquette, interview with author, 7 April 2011.

<sup>138</sup> Agnes Snow, interview with author, 18 April 2011.



havoc on Aboriginal societies since the settlers arrived and usurped the First peoples.

Additionally, Dr. Theresa Healy expounded, "Colonization taught Aboriginal people to under-value their own ways of being in the world and their own culture and it taught non-Aboriginals to under-value and demean those ways of being in the world."<sup>139</sup> This inability to appreciate cultural protocols and practices has left many younger Aboriginal people without the benefits of traditional foods. Dr. Healy is concerned that we have generations of First Nations people growing up whose taste is being perverted. Even if environmental contamination is not a threat for all communities, there is a greater threat that seeks to destroy Aboriginal communities. In particular, she believes if all they are eating is Kentucky Fried Chicken and other processed foods, they will turn their nose up at their traditional foods. Moreover, she believes if they continue to go to Dairy Queen and have a peanut buster parfait rather than traditional soapberry ice cream, they are losing the taste for traditional foods. She concluded, "So, the attack on traditional food from inside is what troubles me."<sup>140</sup> This argument is valid as many Aboriginal people no longer know what traditional foods are.

Gloria George shares her understanding of what traditional, contemporary and processed foods are:

Traditional foods are foods that I ingest from the natural materials from earth.

Traditional foods to me are the animal and plant sources surrounding us and

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<sup>139</sup> Dr. Theresa Healy, interview with author, 18 March 2011.

<sup>140</sup> Dr. Theresa Healy, interview with author, 18 March 2011.

that they are not contaminated. For instance, my traditional food is fish, wildlife, like moose, deer, beaver, fowl and rabbit. And our traditional plants are the natural growth in our surroundings, both on land and in the water. We sought the vegetation and the animals and the fish throughout the four seasons so we knew what to collect in the winter time was available in the spring, what we had to gather in the summer and the fall and then how we preserve this. And how to combine the foods during the winter. And we have long winters here, and all the time I was growing up, the word starvation didn't even appear in our vocabulary. We always had food. And that is what I call traditional food. Contemporary food is what we grow in the garden: carrots, cabbage and turnips. Then we have processed food. This is what is most devastating to me.<sup>141</sup>

Processed foods have wreaked havoc on the Aboriginal population and it is only through an understanding and awareness will the effects become known.

The shift from country to market foods has been far deeper than just what the physical ramifications have been. The cultural and spiritual loss has not even begun to be considered by most people. Agnes Snow shared the deep connection between food and cultural sharing. She recalled a time when foods and sharing was different:

I think it has been lost to the younger generation because of the breaks with the great teachers, which are the Elders, and the youth. I think when you look at how food, what it meant to be able to sit around, I can remember this as

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<sup>141</sup> Gloria George, interview with author, 12 April 2011.

young child, we would all sit around and eat a piece of dried salmon. We would all get a piece and then we would sit around and listen to my mother tell stories. She would tell us stories about the different animals and so on and their behaviors, there was a transmission of stories that was told to us, a way of living in an honest and good way. We all listened to these stories, through food; you know as kids, you are quieter when you are eating. I can remember that as a child, you try and get your grandchildren to sit down and listen to you now, it's impossible. They are more tied to other things. I think with youth today, you have a disruption within the richness of the ability to be with people, in a connected way.<sup>142</sup>

The separation from traditional wholesome foods is having inter-generational effects on the health and well-being of Aboriginal peoples. Dr. Healy believes an understanding and appreciation of what a traditional diet is absolutely crucial to support the health of Aboriginal people. She expressed one of her biggest concerns, "What I am afraid of is, we have gotten maybe two, or into the third generation of First Nation's people who have not tasted moose, who have not picked berries and whose idea of a meal is going through McDonalds. And, just the bombardment of the social media around us as advertising, the radio, and advertisements, everything that makes Kentucky Fried Chicken look delicious and something we want to eat... You know, God knows what they did to that chicken before it became Kentucky fried. And that frightens me, that worries me, as that

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<sup>142</sup> Agnes Snow, interview with author, 18 April 2011.

taste does get instilled.”<sup>143</sup> This “taste perversion” is not the only factor harming the Aboriginal communities. The stories, sharing and life lessons learned while one is on the land with an Elder or parent must be recognized. These teachings are critical to the health and well-being of all Aboriginal people.

There is an attack of epic proportions against the physical, mental, emotional and spiritual well-being of Aboriginal people and it is directly connected to food. Earl Henderson has witnessed the effects fast foods has had, “Because of all the trans-fats and the stuff they have been eating through hamburgers and French fries, and all the rest of the stuff.” He summarized his beliefs by stating, “So, our lifestyle is what is killing us.”<sup>144</sup> The lifestyle shift has its roots in many areas, and the problems are exacerbating. However, Earl believes there is a solution, “There are a lot of things we used to eat that we don’t eat anymore. So, to me, going back to that kind of a lifestyle is where we are going to regain our health.”<sup>145</sup> The connection to the land holds the healing for Aboriginal people. However, there are challenges surrounding going back to a traditional lifestyle. Frank Frederick Sr. noted, “We lost all of our traditional practices of picking berries, medicines...gathering our meat and our fish, our practices almost wiped out...it’s due not only to Residential Schools but to forestry, mining companies...just totally raped our territory.”<sup>146</sup> As a result of being taken from the family unit, and the emergence of industry, not only has there been a loss in the access to traditional foods, there has been a rise in diseases and the fears associated with traditional food usage.

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<sup>143</sup> Dr. Theresa Healy, interview with author, 18 March 2011.

<sup>144</sup> Earl Henderson, interview with author, 18 May 2011.

<sup>145</sup> Earl Henderson, interview with author, 18 May 2011.

<sup>146</sup> Frank Frederick Sr. interview with author, 12 October 2011.

### **4.3 Historical and Contemporary Evidence**

#### **This is what I found out:**

Since contact, Aboriginal people have faced hardship and much loss through land encroachment. The settler movement divided territories, erected fences and took over. This has not changed in the past few hundred years. In actuality, it is getting more difficult for the Aboriginal populations to survive. Land loss equals not only a cultural loss, but health is also a factor since access to traditional sustenance is no longer available. With the emergence of industry invading traditional territories, Pam Tobin explained the imminent dangers for Aboriginal people. For example, "If you set up a mine outside of a community, it drives the traditional food away because the moose, the caribou, the elk, the deer, are also going to move further away and it's going to cost you more money to access that food because you have to go further away to access that food. If you see animals hanging around a mine site, you're not going to, or you are going to be less likely to eat that food for fear of contamination. Whether it is contaminated or not, just the fear, or the perceived risk of contamination is huge."<sup>147</sup>

With so many issues at hand, such as time, insufficient resources and lack of money, many Aboriginal people cannot justify the expenses to try and obtain an animal, just to find out it is contaminated. This concept is validated by Lyle Lloyd. Even though he still goes out and picks berries, he notes that he is afraid to pick them too close to the city. He is concerned with the dirt from vehicles and the resulting contamination. He states, "You have to go back to the bush, twenty miles off the road." Often times, travelling further away from where you traditionally picked

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<sup>147</sup> Pam Tobin, interview with author, 1 March 2011.

berries or hunted becomes far too costly and access is impeded as a result. This is corroborated by Agnes Snow, "I think the ones that are having more difficulty are the ones in the city. They have to change; I would like it if they could still access some foods that they love. I see some Elders in town here, they like huckleberries and all kinds of berries. I am thinking that part of the barrier for them is the ability to be able to get out there. Their pensions are so low. How can they get out there and do the things they love, like pick berries, do some of the things that they used to do?"<sup>148</sup>

Gloria George also expressed her concern for her people and industry's role in obstructing access, "Who wants to ingest nice huckleberries when they have been sprayed by poison? The concern right now is how the industry is polluting all our water systems, even getting into the ground water which is affecting and decimating actually some fish populations and our waterways. So, follow us up the food chain, and we wonder about the foods, because the moose also eat aquatic plants and they are browsing on the willows in the forest area and it probably, might have been sprayed. So, we really can't...do we trust that food? We have no control over it."<sup>149</sup> The fears surrounding traditional foods and contamination are ubiquitous. Leonard Ward spoke of the pesticide use, "All this chemical crap in there, that's what, creates all this different sicknesses. There was no such thing as cancer; there was no such thing as diabetes, no such thing as arthritis or any of the diseases. The only disease that was running amuck was TB. Also, there was no such thing as HIV or AIDS."<sup>150</sup> Now, with all the different sicknesses and diseases plaguing the Aboriginal

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<sup>148</sup> Agnes Snow, interview with author, 18 April 2011.

<sup>149</sup> Gloria George, interview with author, 12 April 2011.

<sup>150</sup> Leonard Ward, interview with author, 21 April 2011.

communities, it is time for these issues to be looked at and addressed as we work to reduce and/or eliminate the health disparities currently facing the Aboriginal populations.

The lack of autonomy and fear associated with accessing traditional foods is a genuine concern that needs to be looked at. Maintaining food security is a challenge for many Aboriginal communities and individuals. As Agnes Snow explained, “I think it is very important for people to have food security because I think when I look at a country like Canada or I look at how difficult it is for some families right now to have access to good food, it is saddening. It is sad to see children in our Canadian society who don’t have any access. I think it is sad and it says a lot about our country, about what we value.”<sup>151</sup> Being food insecure has resulted in many diet-related diseases for the Aboriginal population. Having just enough food at the end of the day is not going to change anything. It will stave off hunger in the moment without offering a change for the future. However, food sovereignty ensures decisions surrounding land and resources, and how they are to be used, will directly benefit the health and well-being of all Aboriginal people.

Becoming self-determined and taking control over resources is necessary and needs to be done before more Aboriginal people lose cultural practices and suffer with greater health risks. Theresa Healy believes in food sovereignty for the Indigenous populations, she declared, “I like the term food sovereignty because there is a notion of governance and there is a notion of respect and authority associated with food sovereignty. And I believe the First Nation people absolutely

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<sup>151</sup> Agnes Snow, interview with author, 18 April 2011.

have the right to that sovereignty over the land from which they must draw their sustenance. And that becomes food sovereignty, not just your right to eat but your rights to access it and your rights as a people to control what is happening in a particular territory. And that to me is absolutely crucial.<sup>152</sup> Food sovereignty is a fundamental right that must be restored to the Aboriginal people as they are the original keepers of the land and have intimate knowledge of how the environment needs to be governed for the health of the people today as well as the future generations.

Not only have the Aboriginal people been physically harmed because of environmental contamination but the cultural and spiritual damage associated with the impurities has had far reaching ramifications. Leonard Ward explained how he has been impacted, “But to honestly say that today with all the pollution, even for medicines...I work a lot with medicines, with herbs. We have to make sure now that we are taking herbs from a place that hasn’t been sprayed, with pesticides. Now, you have to go higher in the mountains, for the roots and herbs that are scarce now. The herbs that were from the bottom of the mountain aren’t there any more. All we do now is trade, we trade medicines.” Having the option to trade herbs and medicines seems like the traditional, right thing to do, but there is fear even in that. Leonard expands, “When we trade medicines we have to make sure that the medicines we trade are from somebody we know. Maybe it is a person that is using some of the medicines to cure people. You see, when they extract medicines, tobacco and things, they ask to bless the tobacco. The prayer asks the creator to

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<sup>152</sup> Dr. Theresa Healy, interview with author, 18 March 2011.



bless the tobacco for the purpose of extracting the medicine for healing.”<sup>153</sup> By not being able to directly access the herbs and medicines himself because of resource scarcity, environmental concerns and economics he has to trade for them. In that trade, he has to be sure that the person who took the plants, took them in a good way. Protocol still has to be followed before he can accept an offering, trade or gift. Pesticide use and limited access to their traditional medicines, herbs and foods have caused undue hardship for many Aboriginal people.

There are many harmful processes currently affecting the ecosystem today. Theresa Healy offered a story surrounding what she believes is happening to the environment, where there are external manifestations of contamination in traditional foods:

There’s that concept of the canary and the coal mine. In England, in the olden days, when the men went down, women and children too, actually, when they went down below the mine to get to the coal, they used to bring down canaries in cages. When the canary keeled over dead you knew the air was bad and to get out before there was an explosion. And so what I see is traditional foods and the people who eat the traditional foods, they are like the canary in the coal mine. They are the ones who are going to say, “We have poisoned the air and the water. So, it’s like the traditional foods are that canary in the coal mine, they are telling us, they are the early warning system about what harm we have done.”<sup>154</sup>

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<sup>153</sup> Leonard Ward, interview with author, 21 April 2011.

<sup>154</sup> Dr. Theresa Healy, interview with author, 18 March 2011.

The environmental issues addressed by the Elders were one of the primary concerns noted in my health professional interview with Pam Tobin. She professed, "I think the biggest barrier that I see is environmental health issues. There's a lot industry here in BC. There is a lot of mining, a lot of logging, BC Hydro, BC Rail, you know historically some of those folks coming in and "setting up shop."<sup>155</sup> Pam explains the impact industry has on traditional territories, "They are encroaching on somebody's keyoh, which is a traditional family trap line, and they are also putting a fear immediately into the people, "what is going to happen to our land?" Typically, negotiations will start with industry, and the government, and the First Nations, we want to come in and start, "we want to come in, we want to start, we will keep your lands safe, and don't worry about it" and that's not always the case. And, just to have that perceived fear of contamination of your environment has a huge impact on your traditional food use."<sup>156</sup> Perceived risks have destroyed many people's attempts to try and acquire their traditional sources.

Additionally Pam Tobin explained, "If there is a real risk of contamination of berries if a logging company is spraying or with the water, you've really got huge access issues to foods. Where again, these communities are often rural, remote and isolated, their only option is to switch to a poor quality market diet because a lot of times the food that is brought into the communities."<sup>157</sup> The switch to poor market foods has devastated the health of Aboriginal people. The rise of diet-related diseases is exponentially increasing and the loss of traditional food harvesting

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<sup>155</sup> Pam Tobin, interview with author, 1 March 2011.

<sup>156</sup> Pam Tobin, interview with author, 1 March 2011.

<sup>157</sup> Pam Tobin, interview with author, 1 March 2011.

knowledge and preparation methods are also at risk of being lost. The health threats are compounded for those living in remote areas. Without the access to fresh produce, because of isolation or pesticide use, many communities have to rely on the foods that are imported. This is problematic for many reasons. Pam Tobin explained, "The shopkeepers are also looking to have a long shelf life on the foods, so when you have fruits and vegetables, there is going to be a certain percentage of wastage, you need coolers, and it's more expensive to house those items. Whereas, if you have everything in a can or a box, that is going to last you a year or two, you don't have any spoilage and it's not costing you a lot of money to put those things on the shelf. However, it is highly processed. So, when you go from really traditional food off the land into something in a can or a box, you are really jeopardizing the health of a community, right there and then."<sup>158</sup>

Not only have environmental issues impeded access but rising food costs and poverty is affecting individual and community health needs. Agnes Snow disclosed some of her concerns, "Today I have difficulty in accessing not only accessing, but I think what happens is when the costs, I think not only for myself, but for many First Nation people, the cost of food has changed the way we eat. When we go shopping the costs are really high and access is very limited. Mostly what is out there are the fast foods, chips and those things are accessible whereas before we had access to a lot of different varieties of foods that were all healthy, good foods for our bodies."<sup>159</sup> These fears were expressed by the other research participants.

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<sup>158</sup> Pam Tobin, interview with author, 1 March 2011.

<sup>159</sup> Agnes Snow, interview with author, 18 April 2011.

All the Elders and knowledge holders interviewed expressed contemporary concerns surrounding the acquisition and preparation of traditional foods with the underlying problem being urbanization. Gloria George shared her troubles around access. "Today I have no access to my traditional territories, I am physically removed. In order for me to have fish today, or berries, I have to purchase them from an Aboriginal person or a non-Aboriginal person, because it does cost money to go pick these things. So, paying an Aboriginal person or a non-Aboriginal person, I am really paying for their gas, the maintenance of their car and the cost of transporting the food to me. But, I am not getting it fresh, I am getting it preserved. I get it canned, salted or dried or commercially canned. Today, I have cases of canned salmon from commercial enterprises run from the Aboriginal groups but I have to go 10 hours round trip. If I want to get canned fish from my home territory it is 13-14 hours. So I'm unable to get my traditional foods fresh, I have to buy it. But that's what keeps me going today, I need that nourishment. So, I am prepared to pay for that canned traditional food, or that dried traditional food. In order for me to stay spiritually intact, I need that contact. I am highly sensitive to processed food. I'm living in an urban setting without access to traditional foods, except for the ones I can buy."<sup>160</sup>

The shift from traditional lands to an urbanized setting was felt by others I interviewed. Earl Henderson explained, "Well, it is pretty hard today to try and follow a traditional, healthy diet because with all of our foods, everything has been canned, has preservatives in it so that is affecting our health no matter how we look at it. With

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<sup>160</sup> Gloria George, interview with author, 12 April 2011.

all of the chemicals that are being sprayed around in the bush, the animals eat it, its in our water systems, so its pretty hard to even have good wild meat anymore because it can be contaminated as well. Even with the fish, you find a lot of mercury and issues with the fish and then also with the tamed salmon getting into the rivers, that's also affecting the wild salmon. So, the tamed salmon carry diseases that kill off the wild salmon. So, I mean its getting harder and harder all the time to be able to live and eat healthy and traditionally these days. The only way I can see doing that is if you raised your own meat, grew your own vegetables and didn't use any fertilizers, you didn't use anything...you went back to the old way of farming.<sup>161</sup> Because of the contamination from pesticides and environmental pollutants, the notion of raising your own vegetables and foods is becoming more appealing to all those I interviewed.

Agnes Snow revealed some of her struggles with finding healthy foods, "As for traditional foods, the barriers I have are because I live in the city. If I was living closer to my family, I might have access but I am not so I have problems, less with getting fish but other wild meats, I don't get them" She further elaborated, "In our traditional ways, everywhere was our garden. We could go out and get food that was edible and clean. Now that is not so, every time we want to go out to get food or out into the wilds, there is something impacting that which continues to encroach on all the areas that we got food from. It limits us in the amount, for instance, berry picking and sea food. On our territory we got a lot of salmon from the Fraser River. Now the

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<sup>161</sup> Earl Henderson, interview with author, 18 May 2011.

Fraser is so polluted, we are finding the people that eat that salmon are getting cancer, there are many impacts and diseases we never had before.”<sup>162</sup>

The belief that all the waterways are affected is felt by many. Leonard Ward shared his reservation's troubles, “You couldn't find any lake that is pure anymore. It's all polluted. That's why we have a water system in our reserve.”<sup>163</sup>The threat of environmental contamination obstructs more than just the sustenance of communities; it has also damaged cultural and spiritual practices. Earl Henderson believes, “But nowadays, even those wild things are contaminated with stuff that comes out of the air. You know, whatever you put in the air or put into the ground, goes into the air and eventually comes back down into the ground. So it is the cycle. For me, it's pretty tough to live, or to eat traditionally in today's society because everywhere you turn around, it's unhealthy.”<sup>164</sup>

The urban shift has far deeper ramifications than what non-Aboriginal people currently understand. Once it is recognized by the dominant society, that food is anchored in land and protocol, by the way we hunt, the offerings we make, the sharing that occurs, how much one takes, how an animal offers itself to you, the cultural implications associated with the loss can begin to be restored. Ivan Paquette explained one of his teachings surrounding acquisition to traditional foods, “My grandpa only took what he needed, because he knew that next year he needed these things.”<sup>165</sup>

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<sup>162</sup> Agnes Snow, interview with author, 18 April 2011.

<sup>163</sup> Leonard Ward, interview with author, 21 April 2011.

<sup>164</sup> Earl Henderson, interview with author, 18 May 2011.

<sup>165</sup> Ivan Paquette, interview with author, 7 April 2011.

The cultural loss has been tremendous but it is the belief of many that it can be reclaimed, however, time is of the essence as Elders and knowledge holders are aging. Lyle Lloyd believes, "We lost our culture and we have to learn to get it back. Now, I know that learning is a lifelong process, believe me. Urbanization takes your culture away; it takes your culture because you don't get to practice any part of a gathering. Hunting and gathering is a part of our culture and when you live in the city, you lose it. You became addicted to a lot of junk food and if you become addicted, you know you get weight gain, and what happens to an Aboriginal person with a lot of weight gain is you become diabetic. And that is one of the scourges. One of the bad things is that there are other things. We have had pandemics, unfortunately. That doesn't do Aboriginal people any good, I guess. Nowadays they have to live in the city. It's a catch twenty two situation. It's unhealthy for Aboriginal people to live in the city, and yet they have to live there. You have to live in the city to earn a living."<sup>166</sup> Within this cash economy, one of the biggest obstacles identified was the financial hardship for Aboriginal people.

#### **4.4 Poverty and Social determinants**

Poverty was recognized by all participants as a barrier to traditional foods. Agnes Snow explained the hardships associated with poverty and traditional food use, "As First Nation people, to go out to work, a lot of reserves have high unemployment rates and that is something we will have to look at. Not being able to work really effects how healthy you are, what you are going to eat, how you are going to eat and your ability to access foods, even if let's say, you want to go out

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<sup>166</sup> Lyle Lloyd, interview with author, 28 March 2011.

and get food from the wild, sometimes in those times you have to travel to get there but sometimes there's no money to get there, to buy gas, gas prices keep going up, to go out and do that. There are lots of things, it sounds like a bunch of excuses, and I don't think it is. I think there is a big gap where a lot of First Nation people aren't able to afford to access their traditional foods."<sup>167</sup> Even though there are many examples of how colonization and residential school has damaged Aboriginal communities, my participants believe they are also part of the solution.

Earl Henderson stated, "Maybe we should start drying our meat instead of buying all this stuff that is preserved. Instead of buying canned foods, maybe we should start canning our own foods. My mom used to can lots of food and I remember in 1959 when the first days of Safeway came into Portage, we were going around looking at all these different cans of foods, and my mom looked at it and said, "don't buy that stuff, it'll kill you." My mom never had an education...so, but she knew. This is why she canned, she made her own meat, growing up we had our own garden, we grew our own food. My uncle, they had pigs that were raised organically, my dad and my uncles would always go and buy some pigs and they would share the meat. We would then butcher the pigs and chickens, they were all free range, cattle were all raised organically so that there weren't any preservatives. So we always ate healthy."<sup>168</sup> In order to restore health, the concept of returning to traditional, wholesome sustenance is further shared by Lyle Lloyd, "We had our own cow, chicken, grew our own vegetables, they never got sick and they lived close to

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<sup>167</sup> Agnes Snow, interview with author, 18 April 2011.

<sup>168</sup> Earl Henderson, interview with author, 18 May 2011.



the land. There were no chemicals, it was good wholesome food.<sup>169</sup> He believes the reason for all the sickness today is because of what is now in the foodstuffs. “The food is unhealthy; we need to go back to raising our own food so we know what goes into it.”<sup>170</sup> The health benefits of eating wholesome, unprocessed, and traditional foods are clearly outlined as Earl Henderson maintained, “My mom is still alive and she is going to be 90 in July. I contribute that now to the gardening, to the meat they shared with my uncles. They never bought a whole lot of stuff, everything was homemade.”<sup>171</sup>

Recognizing that we all have a role to play in our health is imperative, according to Earl Henderson, “Our lifestyle nowadays is killing us. Aboriginal people, because our systems aren’t used to the European lifestyle, its hitting us harder, we need to take a look at that and try to find the balance on how we can kind of come back to our more traditional way of life.”<sup>172</sup> Taking an active role in what we ingest is critical. The frequency of the traditional meals is also a concern. Theresa Healy wondered, “Why can’t we have something that is more than just the occasional celebratory thing where, yes, we have got salmon and bannock because it’s Aboriginal day. Where are the points of intervention where we could actually introduce Aboriginal diet, Aboriginal sustenance and Aboriginal foods in a way that is more consistent and actually giving them a place of respect that is equal to Kentucky Fried Chicken?” The shift from traditional foods has been so rapid that there are many health problems affecting the Aboriginal population.

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<sup>169</sup> Lyle Lloyd, interview with author, 28 March 2011.

<sup>170</sup> Lyle Lloyd, interview with author, 28 March 2011.

<sup>171</sup> Earl Henderson, interview with author, 18 May 2011.

<sup>172</sup> Earl Henderson, interview with author, 18 May 2011.

Part of the problem surrounding the nutrition transition has to do with the lack of physical activity. Earl Henderson stated:

Nowadays we don't work hard, we sit around and waste, our bodies aren't designed to sit around being couch potatoes. They are designed to work, this is why, for most Aboriginal groups, were hunters and gatherers. And most of those people lived well into their 100's and over. You know, because every day they would spend that 3 hours and go out hunting and they would get enough food for maybe a day or two depending on the family or the size of the tribe, whatever. But they were always moving, always active and everything they ate was fresh during the summer and everything else for the winter was dried or preserved, naturally preserved. None of this here force dried or stuff put into there that you can't even pronounce."<sup>173</sup> The physical importance of going onto the land is not the only benefit associated with hunting and gathering.

Similarly, the importance of getting out onto the land is shared by Agnes Snow, "I can remember being fortunate to grow up in a time where our Elders went out and got food and there was still time for food gathering and all this stuff was a family affair, a time of sharing and a time of caring about one another."<sup>174</sup> Not only is this a time to develop stronger relationships, but the teachings that are shared and the insight that is imparted cannot be overlooked. The food obtained while on the land is a bonus as one cannot discount the great teachings that come with the time spent with Elders, aunties, uncles, mothers, fathers and the Creator.

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<sup>173</sup> Earl Henderson, interview with author, 18 May 2011.

<sup>174</sup> Agnes Snow, interview with author, 18 April 2011.

The holistic approach to all areas of our lives is available, as Gloria George shared, “Our goal today is to remain cognizant of what we ingest. So, yours and my job is to remain balanced, reciprocal and caring”<sup>175</sup> The cultural values revealed while connecting with Mother Earth need to be acknowledged and appreciated by all. Frank Frederick Sr. claimed, “I think our people have neglected that in the past and now look what happened. Especially in our territory, we have no more trees, berries, our rivers are all polluted because we never took care of our land, and we are supposed to be the keepers of this land. And following that, we just about lost our culture. Our language is just about gone. Now we are trying to revive it, we have to revive it otherwise it is going to be gone.”<sup>176</sup>

The pressure to revitalize cultural knowledge is felt by many. Earl Henderson argued that because we now live in a disposable society, people no longer value relationships and neglect their responsibilities. He declared, “You know, because everything that we have and we do nowadays, we live in such a throwaway world. Disposable, everything is disposable, even relationships, families, children, everybody is looking for someone else to raise or take care of or do this or do that. People aren’t taking the responsibility that they need to for themselves, for their families, and that is because of their traditional ways, they don’t have that knowledge anymore, it was lost. But it’s not that far removed that we can’t find it.”<sup>177</sup> He demonstrated, for example, “We have to decolonize a lot of the stuff, as much as possible, but then learn how to work with the stuff we can’t decolonize. And that is

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<sup>175</sup> Gloria George, interview with author, 12 April 2011.

<sup>176</sup> Frank Frederick Sr. interview with author, 12 October 2011.

<sup>177</sup> Earl Henderson, interview with author, 18 May 2011.

being a good warrior. Speaking of warriors, nowadays, as far as warriors are concerned, today's warrior is not going to be going around putting up road blocks and have all of these sit ins and other stuff. Our traditional warrior nowadays are going to be educated, they are going to be carrying briefcases and they are going to be fighting the battle more from knowledge and education than it is with violence or resistance of any kind. We are going to be able to meet these guys on their own turf."<sup>178</sup> Education and awareness are part of the answers; Ivan Paquette upheld the belief, "The children, that's where it starts, the next generation."<sup>179</sup> A healthy community begins with you and I sharing, learning and imparting our knowledge to the future generations.

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<sup>178</sup> Earl Henderson, interview with author, 18 May 2011.

<sup>179</sup> Ivan Paquette, interview with author, 7 April 2011.

## **Chapter 5**

### **5.0 Conclusion**

Health disparities amongst the Aboriginal population are growing exponentially. Many of these are diet related diseases and are therefore preventable. However, there are many factors at play which continue to perpetuate the cycle of disproportionate health. Social determinants of health are one area that is currently being studied and understood by researchers, however, the policy makers are the ones who need to understand the connection and the ways that the status of Aboriginal health can change. Aboriginal identity transmission, formation, and retention are contingent not only on social constructs but also on the ability for one to access food sources and cultural teachings. Without access, there is a disruption that occurs to identity as well as overall health and well being. Poverty, inadequate housing, education, access to traditional foods are all barriers that Indigenous people frequently face. This research displayed the importance of hearing the stories and experiences of the barriers facing my participants.

In this concluding chapter, I will discuss the relevance of my research, what I would have done differently, and highlight innovative ways to come together. I will also identify gaps in the health field facing Aboriginal people. Finally, I will conclude with recommendations and a discussion of future research. As a result of the way research was previously done, the word “research” now scares many Aboriginal communities and individuals. The processes and practices did cause much damage and their fear is legitimized. However, I believe these unethical practices have changed somewhat and the contemporary concerns need to be addressed and

understood by both researchers and the researched. Research is, or can be, a good thing, if it is done properly. As we begin to work collaboratively, for the people, by the people and with the people, fears will be minimized and the advantages associated with research can be realized. It is about following our traditions and living by the teachings passed down to us. We must engage with communities and individuals, develop respectful reciprocal relationships, and encourage sharing. It's about people and looking to the future generations.

### **5.1 Summary of themes and findings**

The three main themes that emerged throughout my research were 1) Indigenous health perspectives, 2) access to traditional foods and contemporary challenges they face as a result, such as language loss, identity formation and 3) the effects of colonization and Residential School. My research participants held differing beliefs from the western model as to what health meant for them. Health is not the absence of disease, but rather it is holistic, balanced spiritually, mentally, physically and emotionally. Health includes all your relationships, the ability to forgive, being connected to the earth and your surroundings, and being able to access traditional foods. This connection to the land supports their health and contributes to their identity. It is through the land connection that the youth are able to have teachings passed down to them. This sustains them. Identity formation and retention is transmitted through traditional knowledge and cultural practices. Without the ability to have these teachings and access the land, Aboriginal communities and individuals face ill-health. The urban shift has caused much damage to the current

generations and my research participants believe their health depends on the ability to access traditional foods, share the cultural practices and traditions with the younger generations before this knowledge is lost. In some instances, for some of my research participants, because of colonization and Residential school, languages and cultural practices have been lost or weakened. However, many communities are in the process of trying to reverse the colonial damage and revitalize their culture. Presently, time is a great concern as many of the Elders and knowledge holders are passing. It is of the utmost importance that cultural revitalization begins now before the languages become extinct. One cannot overlook the negative effects of Residential School. However, if healthy Aboriginal individuals and communities are to emerge, there must be a continuing process of undoing the damage, especially in the Prince George, BC region. And these communities and individuals must be supported financially as well as emotionally. It is also of the utmost importance that the barriers to accessing traditional foods are eliminated so that the health status can improve.

Almost all of my participants identified Residential School attendance as one of the biggest factors impacting them today. Whether they attended or not, the residual ripple effects associated with the Residential School Syndrome were manifest in their lives. The removal of children to an institutionalized setting, took traditional values, practices and teachings away from them. This has caused an intergenerational breakdown where the impacts have resulted in an inability to parent, emotional damage, shame and identity fragmentation. Unfortunately, this historic trauma was then passed down to the succeeding generations compounding

the problems today. As a result of residential school, many Aboriginal people suffer with cultural loss, poverty, lack of education and identity troubles. These issues often lead to substance abuse, alcoholism, lateral violence, HIV/AIDS and even suicide.

Lost and weakened traditional practices, along with the limited access to foods have undermined health for many Aboriginal people today. This is quite devastating since Indigenous belief systems differ from the dominant society, where the western society focuses on self, particularly on the here and now. While the Indigenous model looks not just at today, but considers the next seven generations. In spite of this, throughout my interviews, it was noted that values and teachings are just not the same anymore for the younger generations. I believe this is one of the areas that need to be addressed. It is imperative that the concept of right relationships, of everyone contributing and sharing be restored. The individualistic mentality and life style has not benefitted anyone but in actuality it is causing greater damage. Responsibility of self and others, like our traditions teach us is part of the process that must transpire in order for healthy individuals and communities to emerge.

Strengthening the family through traditional practices is another way for health to develop. Elders and youth are critical to the advancement and strengthening of our communities. There is no way we can have whole, healthy communities without everyone involved. The Elders are our knowledge holders; they hold the keys for the upcoming advancements of our youth. However, I believe that we are missing an entire generation. The middle generation: the missing generation, this includes the roles of aunties and uncles and moms and dads. They can no



longer be overlooked, their responsibilities need to be outlined and strengthened. Aunties and uncles have always held a special role within Indigenous societies. We need to hear from the Elders, the youth, and the middle, missing generation. No longer can ideas, “solutions” or programs be superimposed on the Aboriginal population from outsiders. These tactics have historically proven to be ineffective. We must work together collaboratively so that change can emerge. There must be consultation and collaboration on every level as we move to understand the individualized and collective areas that determine health.

There are many barriers facing the Indigenous population today. Identifying tensions within communities is a huge process that must begin. Racism and ignorance is a problem continuously felt by many First Nations people. It is particularly felt to come from the “front-line” workers: educators, social workers, health care providers, researchers, etc. Education and awareness surrounding cultural safety will recognize the prejudices and stigmatizations as we work to eliminate the way many of these workers interact with individuals and communities. Empathy must govern those who are working within these communities. Furthermore, the idea of a Pan- Indian culture must be eradicated as each Nation is a distinct people group that holds many unique characteristics. The sooner one understands the complexities within each community and region, appropriate support and cultural safety can emerge thus leading to greater health in all areas for Aboriginal populations.

This work complemented the case studies, Diabetes and My Nation<sup>180</sup> and Indigenous Diet Challenge,<sup>181</sup> which are currently taking place throughout various communities in British Columbia. However, my research differed as I looked to link identity, food and health rather than just focusing on one or the other. This research seeks to determine how the different pilot projects can also take place elsewhere. This is not to say there is only one model. Rather that building on various successful initiatives can also produce results for other communities and individuals.

## **5.2 Innovative ways to come together**

My research participants believe their health is constantly being compromised because of the encroachment from the government and industry. These actions have resulted in environmental contaminants and pollutants affecting their territories and sustenance. Only through collaborative efforts, utilizing traditional wisdom and knowledge shared by the Indigenous peoples, will the devastating environmental effects be reduced and or eliminated. Recognizing and respecting the inherent ecological and spiritual knowledge the Elders possess is fundamental for the health and well being of both the Indigenous and non-Indigenous communities.

Additionally, identifying tensions within Indigenous communities is a process that must begin. I believe we are in a time and a place where we understand the critical importance of coming together and taking responsibility for our advancement.

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<sup>180</sup> Diabetes and my nation is a pilot project carried out at the Haisla First Nation, British Columbia. [www.diabetesandmynation.com](http://www.diabetesandmynation.com) accessed 29 June 2010

<sup>181</sup> The Indigenous Diet Challenge runs from 1 November 2010 to 28 February 2011. The organization is based out of Chase, BC but the challenge to survive for the winter (or over four months) on Indigenous foods is open to all. <http://www.indigenousfoodsystems.org/content/indigenous-diet-challenge> accessed 30 June 2010.

We have to take stands, not just in the easy way, but through activism and community engagement. If we all do something, it will result in change. For example, it could be as simple as continuing our inherent responsibility as stewards of this land and avoiding the use of Styrofoam and other harmful plastics. We need to shift our focus to once again respecting the earth and the environment. First Nations people are historically known as the keepers of the land and have done so since time immemorial. We need to restore the connections to land that bring balance mentally, physically, spiritually and emotionally. This connection is imperative so that the next generations can access the health and wholeness our ancestors did.

Cultural revitalization programs must be guided and implemented by the Elders and knowledge holders not by outside agencies that do not possess intimate knowledge, or understand the cultural protocols and practices held by each community. It is important to develop a culturally appropriate food and nutrition policy that reflects the nutritional components of traditional diets in a contemporary context. There are also practical applications that need to be considered, such as the cultural practices of talking circles, getting out on the land, the need to engage the youth, as well as the Elders, aunties, uncles, moms and dads. We have to just keep doing it; we must continue to model the lifestyle. I believe having cultural camp/experiences for the youth would benefit all. It would be good for each Aboriginal youth to attend these camps with their siblings, mothers, fathers, aunties and uncles in order for the inter-generational healing to occur. Then, once the community members are familiar with their identity, cultural practices and traditions, they can invite their friends, whether urban, Indigenous or not, to one of these

camps. By having a friend understand the sacred teachings offered in these cultural camps, racism would diminish and respect would result. Respect for others, and all living things are crucial as we work to eliminate stereotypes and racial profiling.

### **5.3 What I would have done differently**

If I had to do this whole process over again, I would have consulted some youth as well as the aunties and uncles regarding their food preferences, how often they eat traditional foods, if they see any cultural or nutritional value associated with their foods, and if so, what it means to them. I believe it is of the utmost importance to have the nutritional and cultural value of traditional foods introduced and/or acknowledged within these two generations. I would also ask them to share with me some of their stories surrounding their experiences with traditional foods and their grandparents or great aunties and great uncles. I believe it is important for the younger generation to also share stories and carry on the oral traditions.

### **5.4 Recommendations**

Food sovereignty is a critical step to ensure health for Aboriginal communities and individuals. I do not believe that food security is enough, because all that means is, at the end of the day stomachs are full. It does not change anything tomorrow, next week or next year. Education and awareness surrounding the problems currently facing our people must transpire. Most of the dominant society is unaware of the current state of the Aboriginal population and the ignorance that pervades onto this marginalized aspect of society is unacceptable. We have third world

conditions in one of the richest countries in the world. It is the Aboriginal population's sovereign right to access their traditional foods and barriers such as poverty, lack of education, industry, globalization, have all contributed to poor food choices and ultimately, ill-health. Policies must address the inconsistencies within the current structure along with the Aboriginal populace taking ownership once again. On the whole, the health of Aboriginal people is linked with social rejuvenation, connection to land, resources, food security and food sovereignty. Moreover, before any decisions are made concerning Aboriginal traditions and lands, top level officials must meet with them to ensure a greater understanding of the land and environment is in place beyond what the scientific reports conclude. Additionally, the trust relationship that has been consistently broken must be repaired. This does not mean a top-down dictatorship that places the Aboriginals as inferiors, but rather a paradigm shift needs to occur so that the Aboriginal people can be seen as equals who can contribute valuable insight to the understanding of the intricacies of the lands. Furthermore, a more holistic approach must be utilized in all dealings and correspondences with each and every Indigenous person.

As more allies and activists emerge, whether Native or non-Native, the fundamental breakdowns that have separated the colonized from the colonizer will begin to lessen and mutual respect and reciprocity will emerge. Moreover, it is urgent that a rectifying process continues since western knowledge systems have historically been promoted at the expense of Indigenous knowledge thus leaving a gap that does not incorporate culturally safe and ethically relevant teachings and understandings when working with Aboriginal communities and members. In order

for a more complete healing to become visible, traditional ways of knowing and being must be included in contemporary discourses.

Many of my research participants believe we have to begin growing our own gardens and getting back out onto the land more. One suggestion is that groups of individuals get together to go berry picking, hunting and fishing so that costs are reduced and traditional knowledge is shared once again. The community approach to life versus the individualistic mindset will also bring health to communities. It is my belief, shared with those I interviewed, that if we return to traditional Aboriginal sustenance, health will be restored. Currently, we are disconnected from our food; it is now ready-made, processed, comes from the grocery store or fast –food chain, not from the land or water. We must begin to plant our own gardens, share our traditional ecological knowledge, teach those who have or do not have this understanding and insight, and also share our food sources.

One cannot discount the cultural value associated with returning to the lands, sharing knowledge, being active, and eating the healthiest foods possible. It is also of the utmost importance to understand and to appreciate the diversity and distinctiveness of each First Nations culture and traditional sustenance practices. In some instances there needs to be a re-introduction and a value placed back on traditional foods. Community freezers stocked with traditional foods would be valuable to many Aboriginal people. This would also create a space where sharing could occur once again. It would also be nice to see some programming made available to teach others how to properly store, can and cook these foods. I believe education surrounding foods needs to be taught. It would be beneficial for Aboriginal

people to understand which market foods are good choices and which ones cause the most harm, as well as to include recipes so they could learn how to prepare nutritious, healthy meals for themselves and their loved ones. Time is of the essence as many of the Elders are aging, and it is becoming increasingly difficult to have knowledge sharing and transmission available to the next generations. Aboriginal peoples are all about relationships, family, kinship ties, community, cultural continuity, and we must begin to engage the Elders, the aunties and uncles and the youth. As Aboriginal people, we need to impart this knowledge, network with other communities and organizations and become community minded once again. Traditional knowledge must be shared through intergenerational learning. We need to share whatever we have, by respecting each other, being relevant to each other's needs, encouraging reciprocity as we carry out our inherent responsibilities. Furthermore, we need to heal from traumas and move forward for our future generations. Actions will begin to reduce inequities and poverty and also improve First Nations health. It is about people and respectful relationships coming together collaboratively and living out a life of reciprocity, which includes collaboration with other communities and organizations.

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