

Voices of Urban Aboriginal Peoples with Diabetes

by

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ABSTRACT

This art based research study is situated within an Indigenous research methodology. The goal of the research was to first, document the voices of Urban Aboriginal people with Type 2 diabetes and secondly, to bring together these voices into an updated oral format using the medium of radio. Four principles that grounded this research were Indigenous research paradigm, drawing from Indigenous scholars, critiquing the Euro-Western biomedical worldview of health, and reciprocity. Using an Indigenous research paradigm meant situating who I am as a Nahayowak (Cree) woman who used prayer, medicines and talking with Elders to carry out the research. Second, I ensured the bulk of the reference sources were Indigenous writers. Third, the research was undertaken knowing that health is situated in a colonial Euro-Western biomedical worldview and if the health of Indigenous people is to improve I must assert Indigenous ways of doing research. Finally, any work I do must have a component of reciprocity where knowledge and pragmatic tools, podcast of radio documentary, must be given back to not only the academy but to students and Indigenous community members. Reciprocity must be seen as the ‘gold standard’ in any work that Indigenous scholars do when working to change

the situation of Indigenous peoples. The theoretical underpinnings of this research are four aspects of self, visually represented in the Nahayowak Medicine Model by Ghostkeeper as the mind, body, emotions and spirit.

I was motivated to do this research when I found out 50% of my relatives had diabetes and when the Canadian Diabetes Association in 2002, and again in 2015, stated there is still a stigma associated with diabetes that prevents Aboriginal people from disclosing their diabetes. There were seven Indigenous people who agreed to participate because they also wanted to create a space for other Aboriginal people to be able to talk about diabetes without shame or guilt. They hope their story will allow others to share their diabetes story. The interviews became a radio documentary that ensured views were broadcasted about Indigenous people living with diabetes from an Indigenous perspective that was directed toward other Indigenous people.

DEDICATIONS

The two people I wish to dedicate this thesis to would be my mother, Jessie Mary Florence Whitehead-Sinclair and my brother Russell Joseph Sinclair. When I began this doctorate journey I received a phone call that the people who had murdered my brother Russell in November 1999 would be released unless we came forward to testify at the parole hearing, which was in Winnipeg, Manitoba. My sister and I went on behalf of our parents who were still grieving losing their son in such a tragic way. And near the end of completing the first draft of this dissertation my mother passed on with breast cancer. It is in their honor that I have kept on this path to complete this journey; and despite the unforeseen obstacles along the way I kept reminding myself that this journey is not just mine but it is for a higher purpose. Every day, since the descent of my mother and brother into spirit world I think about how they struggled with the demons of colonialism, how they did their best to live their lives.

I remember my mother always would tell us, her children, we were Nahayowak and I remember her being very happy for me when I called her to let her know that I was at the protest walk in 1990 when Elijah Harper took a stand against the Meech Lake Accord. She said to me, “We were never given the chance to fight for our Indian rights.” I remember how proud she sounded. My mother, upon reflection, had instilled in me a Nahayowak worldview. Although I have British and Scottish ancestries, people would point out the Nahayowak background. When I was in the Western education system, although I was academically proficient, I had this inner struggle as I was constantly asking questions in my head when I would learn information that did not sit right with me.

I also know that my brother Russell has always been with me as I wrote, as there were many long lonely nights when I could feel his presence around and encouraging me to continue. It is this same encouragement that he had instilled into his daughter, Jessica, who also made the decision to finish school. Before my mother died, I spent one month with her while she was ill and she told me, “Finish school.”

Ke nuna'skamitin

Jessie Mary Florence Sinclair (nee: Whitehead)

Russell Joseph Sinclair

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I give thanks in the English voice with a Nehayowak heart and soul to the Creator for this life I have been given. I give thanks to the ancestors before me who never gave up our Nehayowak ways. I am truly thankful for the courage and foresight of my ancestors to know that one day our ways would continue to live.

I also give thanks to Osani, a little boy, whose bright eyes and smile has kept me writing and thinking about what it is that I desire to leave for him when I pass onto spirit world. It is this story of perseverance and belief that I leave, a story he will not only hear but also read through this dissertation, from me when the time is right. He is also the young man who kept asking me, “Are you done your thesis yet, mom?”

I also give thanks to the numerous family and friends who supported me in this journey through their encouraging words and nights they looked after Osani so that I could write and complete this phase of this journey. I thank everyone I know because you all helped in your own thoughtful way.

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CHAPTER ONE: URBAN ABORIGINAL PEOPLES AND DIABETES

INTRODUCTION

Tansi, Naonenow Nenu, “n’too tem tik. Kih ta tum skatina waw nimow the heh winik isi.” Thank you, Creator, for my life and for walking with me each day that I have been given life.

Traditionally every journey begins with a prayer. So, writing a dissertation is no different and I follow in the footsteps of Archibald, Sto:lo Nation, who wrote, “These days the spiritual practices of prayer begins my day and work ... this spiritual way is an essential part of the academic work, and its importance must be shared with others, but not in an evangelical manner.”¹ When I began this journey I started with an opening prayer which is an initial way to ground this dissertation in Indigenous ways² - and methods. In addition, Archibald describes how the late Elder Louis Sunchild, of the Cree Nation of Alberta, spoke about the important relationship between prayer, humility and spirituality:

Equally important in this pursuit of a good life is to have a strong spiritual life.

To involve oneself in prayer and ceremony ... Elders say that what counts is the sincere prayer that is said from the heart.³

Thus I, Moneca Sinclair, a Nahayowak⁴ woman (Cree in English) have consciously also begun with an opening combining both Nahayowak and English because when sharing our knowledge we must begin with prayer. Wilson, a Nahayowak scholar

from Northern Manitoba, wrote, “In the Cree way we must greet new people as we begin our journey together, when we gather and share knowledge(s).”⁵ Before I continue, I want to explain the meaning of this opening. First, my mother Jessie Sinclair (nee Whitehead) explained to me first greet people with a hello and tell them who you are, this is important. My mother said this you could say “Tansi, Naoennow Nenu” and translated into English mean, “Hello I am Nahayowak”.⁶ The next portion starting with “n’too tem tik and ending with winik isi” was uttered by Stan Wilson who said this meant “Greetings, my friends, I’m greeting you with a good heart.”⁷ And the last portion is what I say every morning when I wake up each day.

I am grateful for this shared opening space to ground our relationship and guide us through the journey of my dissertation—kinana’skomitin (thank-you). Before I introduce my dissertation topic, there are three points I want to clarify for the reader. First, I use the term Aboriginal as much as possible and/or when specified by others I will use their specified Nation(s), such as Anishinaabe (Ojibway) or Nahayowak. According to the Canadian Constitution of 1982, the term Aboriginal people was defined to include Metis, Status and non-status Indians, and Inuit,⁸ whereas the Aboriginal Peoples Survey (APS) of 1991 defined Aboriginal peoples as, “having Aboriginal ancestry and who consider themselves to be North American Indian, Metis or Inuit.”⁹ The significance of the APS definition is that identity moves beyond a government definition, to an identity defined through people themselves; Aboriginal people may then decide if they even want to call themselves Aboriginal or by their own cultural identity such as Nahayowak.

The importance of this change in definition is notable in the following discussion. In 2001 the city of Winnipeg through United Way conducted an environmental scan of

Winnipeg and in this scan the APS definition was used to define Aboriginal peoples. In the city of Winnipeg's document entitled *United Way Environmental Scan of 2003*, the city documented 55,755 people in Winnipeg who identified themselves as Aboriginal; this was a 21 per cent increase over the 45,750 recorded in the 1996 Winnipeg census. This was also a 59 per cent increase over the 35,000 recorded in 1991 Winnipeg census and by 2020 it is estimated that the Aboriginal community may double to 100,000 people.¹⁰ In this dissertation, my way of understanding Aboriginal people follows the APS.

Next, I share how I have learned about health from listening to the Elders and various family members. For me, I have come to understand that health is about the relationships I have with the land, the people and my cultural identity. It is not just about my physiology or about having 'freedom from disease, pain or defect'¹¹ which is how Euro-Western biomedicine views health. Unbeknownst to me I never understood how my view of the world was different from the dominant Euro culture or Western system; I just knew I had this feeling of being different; I never felt I belonged. Through reflection and questioning various experiences, from my years as an adult and in graduate education, I have made a full circle to be able to see clearer my understanding of what health is from a Nahayowak perspective. I share the following story as an example to demonstrate perceived differences in how I approach health care. Although I am not a fluent speaker of the Nahayowak language my everyday living with the Nahayowak cultural customs and practices are rooted in how I think and act. In my professional role of community nutritionist, I often reflect on a question about how I managed to get a response from community members when I would have just met them that day. One event that I still

remember is when both Aboriginal and non-Aboriginal health professionals had asked me individually, “You know I have been coming to this community for more than eight years and this is the first time Ms. Cook has spoken, how did you do get them to open up?” Back then, I never knew how to respond because I was unaware that my own Nahayowak way of communicating was being observed by my people, even though I was speaking in English. Sometimes non-Aboriginal health professionals would be very irate because I did not have a handout that had a list of “how to speak to Aboriginal people.” Most of the health professionals wanted a checklist similar to the lists used to follow a process or a recipe.

Finally, when I first began this journey of doctoral studies there were few authors writing about Indigenous research methods or methodology especially in the area of health.¹² During the time taken to complete drafts of this dissertation, a proliferation of writers espousing Aboriginal or Indigenous methodology has emerged.¹³ Drawing on these authors, I now can state clearly within academic arenas, that: first and foremost I am an Indigenous Nahayowak woman and I know I view the world from an Aboriginal lens and also believe we can work with non-Indigenous scholars/health professionals to “the amelioration of disease and the recovery of health and wellness for Indigenous populations.”¹⁴ Chilisa states:

The current academic research traditions are founded on the culture, history, and philosophies of Euro-Western thought these methodologies exclude from knowledge production the knowledge systems of formerly colonized, historically marginalized, and oppressed groups, which today are most often represented as other and fall under broad categories of non-Western, third world, developing,

underdeveloped, First Nations, indigenous peoples, third world women, African American women, and so on.”¹⁵

According to Martin ‘how health is understood within the academic and health-care institutions is pre-dominantly shaped by conventional scientific approaches’¹⁶ Smith writes, “discussion about the importance of alternative ways of knowing, such as those encompassed by Indigenous perspectives, are often absent from research generally.”¹⁷ I share these authors’ words, which support and guide me, as their thoughts built a foundation for the use of Aboriginal and Western research methods throughout this dissertation.

The shared space created with an opening prayer and a brief discussion of three points to ‘set the stage’ to understand that I approach health from a perspective outside of Western science. With the evolution of indigenized research methods in the last decade, the discussion moves specifically into the dissertation topic of diabetes and urban Aboriginal people. This section will include both purpose and methods and ‘my journey’ to the topic of Urban Aboriginal peoples and diabetes. This chapter will end with a summary.

DIABETES AND URBAN ABORIGINAL PEOPLES

Beginnings collectively guiding my journey

I began my journey over twenty years ago when I first began speaking with Elders about diabetes. My conversations with the Elders would begin with a prayer. I discussed diabetes with the Elders. Many of the Elders and community members agreed it was a useful important topic and we needed to get people to talk about their diabetes without the barrier of shame or guilt. I understood that I have a worldview that my ancestors

fought to preserve. I wanted to assert Indigenous methods that both honored my Nahayowak worldview and were useful for both academic groups and community members. By sharing this knowledge, I would be giving back to people, a form of reciprocity. Archibald writes, "it is important to not only share but equally as important to give back"¹⁸ To me, this means I must not only talk about what I learn but I must also give back to the people some tangible piece such as a report, a developed curriculum and in my case a radio documentary. And I know that it is my responsibility to ensure it does happen.

The second focal point was in 1982 when I started my University studies. I was interested and drawn to health studies because many of my relatives suffered from lifestyle ailments including heart disease, diabetes, alcoholism, and various others. I heard many people tell me their stories about health, "Oh, that Benjamin he had such a hard life with his heart problems" to "That Angie sure suffered from her diabetes." Since I had gained a Western scientific knowledge about the physiology and statistics of lifestyle diseases that were invading Aboriginal peoples my vocation was determined. In my undergraduate degree I had taken a course, in which we had to trace our family tree and I found that a high percentage of my relatives had many lifestyle diseases and most importantly over 50% had Type 2 diabetes. I was especially alarmed to find out that there was a diabetes epidemic among Aboriginal peoples in North America, similar to my father's side of the family. Much of the literature was epidemiological based, giving the numbers and rates of Aboriginal people who have diabetes. However, there was very little research documenting Aboriginal people's views or stories of diabetes. Even the literature about stories of diabetes using Aboriginal peoples' voices are generally written

in a language that is not appropriate for many community people's education levels or even written with their worldview.

A third important beginning point is from my childhood. I developed a relationship with my guardians, Bill and Lillian, who looked after me from six months to age three because my mom needed help. I had four siblings less than five years of age and my mom was pregnant. This relationship had instilled in me the idea of sharing and helping others. The value or teaching or principles of sharing knowledge is something my mother continued to instill in me, yet my experience with academic research in my first and second degrees (both in sciences) was not about sharing. Instead, I experienced it as very competitive, with academics wanting to be the "first" in finding a new discovery. I had many experiences where fellow students in my undergrad and Master's program who would not share their insights or work collaboratively. When I did my doctoral research in the social sciences I learnt about collaboration and sharing. I found research challenging in my first and second degrees because, I now understand that the idea of sharing and collaboration was instilled in my upbringing. After many years of thinking about these questions, I realized in order to confront the disease of diabetes, my research needed to utilize both Indigenous and Euro-Western knowledge where Indigenous Knowledge is viewed as equal, and not as an alternative, to Western knowledge.

With these three beginnings collectively guiding my dissertation journey and as an Aboriginal person who has many relatives with diabetes, I now share ongoing questions that are reflected in this dissertation. I constantly asked myself these two questions: (1) "Is it possible to apply Western academic knowledge to work with Aboriginal people to combat the disease of diabetes?" I essentially am asking if radio, a

Euro-Western, is a method that can be used as an updated format or oral traditions? and (2) “Would the research itself need to have an Aboriginal research method that would enable the stories and voices from Indigenous peoples to be utilized as a framework for others to understand their own disease and to talk about having the disease without shame or guilt?” In other words, is it possible to create space for Aboriginal people to talk about diabetes without shame or guilt? The years of walking through my doctoral education and my journey with this dissertation have provided a stronger foundation for the second question, which also supports research contributing to the overall health of Aboriginal peoples who are suffering from diabetes. The National Aboriginal Diabetes Association vision of, “Aboriginal peoples will be a diabetes free people”¹⁹ was important to me. My sense was to seek ways that Indigenous and Western knowledge could be used collaboratively; where one wasn’t seen as better or less than, but seen as both valid and useful.

A final step to locate how I came to my dissertation topic of research with Aboriginal peoples living in urban areas was realizing I have been and am an urban Aboriginal person; as of 1970 Thompson, Manitoba became incorporated as a city. Puderer wrote, “By the 1970s, Statistics Canada essentially identifies areas with a population concentration of at least 1,000 and a minimum population density of at least 400 per square kilometer as urban; all others are defined as rural.”²⁰ Puderer elaborates further:

Canada like so many other countries is organized into incorporated municipalities to establish governance and administer the provision of local services. This need has resulted in an array of different types of incorporated municipalities in

response to the different services and service levels required at the local level.

These include cities, towns, villages, hamlets, townships, rural municipalities, and many other types of municipalities.²¹

Essentially Thompson had become a small city based on population and its position as the central hub or city of northern Manitoba.

Definitions of diabetes and urban Aboriginal peoples

When the term diabetes in relation to Aboriginal peoples is used, in this dissertation I am referring to Type 2 diabetes mellitus or non-insulin dependent diabetes mellitus (NIDDM). An in-depth discussion of the terminology of diabetes will be elaborated further in Chapter Two under sections entitled, “Diabetes and Aboriginal Peoples” and “Urban Aboriginal Peoples”.

Purpose of study

First the purpose is to document the voices of urban Aboriginal people discussing Type 2 diabetes (non-insulin dependent). Secondly, I intend to bring these voices into an updated and adaptable oral format using the medium of radio.

My Journey towards reanimating oral traditions

Choosing the medium of radio

When I began this journey, I spoke to an Elder about what I wanted to do. As I spoke to the Elder I kept thinking that he did not understand what I was trying to say. He surprised me when he said, Nunta Keesekwa Oche” or in the English language, “Listen

with your eyes.” He knew exactly what I was trying to articulate, ‘talk on paper,’ that is, have a conversation by both written text and hearing the actual voice. When I say talking on paper, for me, this means you must not only read these words with your eyes but also listen to them as I will try and relate words I have heard with my ears to your eyes.

My intention was to create spaces for people to have a relationship with not only the stories but with each other so that they could have a greater understanding about diabetes and understand that they were not alone. Currently a majority of Aboriginal people still speak about diabetes as if it were a secret or something to feel ‘bad’ about having. Throughout the years many Aboriginal people, across Canada, have asked, “Why isn’t diabetes discussed by community people for community people, instead of being presented in pamphlets or in the news as an epidemic? Why wasn’t there a simple way to talk about diabetes?” These experiences and requests have always been in my head and heart and when I began my doctorate work, I realized I wanted to address them. I wanted to find a way for Aboriginal people to hear other Aboriginal people speak about their diabetes without shame or guilt. Creating safe relational spaces, for stories, it may lead Aboriginal people to speak about their own diabetes without feeling guilty for having the disease. Luckily, during a meeting with Dr. Knowles in April 2002 he suggested, “Why not a radio documentary?”

Radio was one method that had never even crossed my mind and as I sat with this suggestion suddenly, it seemed like the perfect solution to the questions I had about, “wanting to assert Aboriginal knowings in the academy in an updated format.” Simultaneously I came across the book *Un/Covering the North: News, Media, and the Aboriginal People* by Valerie Alia (1999).²² The author writes about the history of

Aboriginal communications and especially in the development of Aboriginal communications in the North. She describes how “the oral-culture friendly medium of radio was soon spread across the north ... there are eleven regional radio networks ...several hundred local Aboriginal radio stations.”²³

Alia goes on to describes how historically communications ‘media’ in all cultures were human voices and how languages and cultural traditions were transmitted and maintained through oral story telling.²⁴ Battiste and Youngblood Henderson also asserted the notion of oral traditions when they wrote, “we carry the mysteries of our ecologies and their diversity in our oral traditions, in our ceremonies, and in our art; we unite these mysteries in the structure of our language and our ways of knowing.”²⁵ Graveline described, “that voice, to Aboriginal peoples, is a complex multifaceted, multilayered process ... traditionalists believe in the power of expression through voice.”²⁶ These authors indicate the importance of orality and the significance that voices have for Aboriginal peoples. As a Nahayowak Aboriginal person, working with Aboriginal peoples, I can relate and understand Masayesva, a Hopi saying, “Our oral traditions are the expression of our sovereignty in matters of culture and beliefs, encapsulating the totality of its understanding of life and living.”²⁷ In other words, if we lose our culture we lose our voice, or culture as Indigenous people.

Aboriginal methods

As noted by Wilson:

An Indigenous paradigm comes from the fundamental belief that knowledge is relational. Knowledge is shared with all creation. It is not just interpersonal

relationships, or just with the research subjects one may be working with, but it is a relationship with all of creation. It is with the cosmos; it is with the animals, with the plants, with the earth that we share this knowledge. It goes beyond the idea of individual knowledge to the concept of relation knowledges ... one is answerable to *all* their relations when one is doing research.²⁸

A Nahayowak perspective is my foundation; however, I acknowledge my European ancestry of English on my mothers' side and Scottish on my father's side. Although I have three heritages, the Aboriginal identity has the greatest impact on my life and a good deal of my head and eye space as I view the world. As an Aboriginal woman, I have struggled to understand and challenge the existing Western research paradigm. The following methods and my heritages are interconnected, and this wholistic/relational perspective is the context for prayer, sharing, stories, respect and knowledge sharing.

Before proceeding, it is important to understand I am revealing cultural and spiritual practices of Nahayowak peoples and I hesitate to reveal these practices. Auger, a Nahayowak from Alberta, and Fitznor, a Nahayowak from Manitoba say: "The reluctance to record any teachings by traditional teachers is due to the wave of colonial oppression that sought to undermine any cultural, spiritual, or ceremonial event that occurred in Canada before the 1960's."²⁹ However I also recall hearing many Elders utter the same talk as Crier, as quoted by Couture, when Crier said:

We would like to say that in order to survive in the twentieth century we must really come to grips with the Whiteman's culture and with White ways ... we must stop lamenting the past ... the Whiteman has many good things ... borrow ... master and use their technology ... discover and define the harmonies between

... come back once in a while and show us what you've got. And, we'll tell if you think you have found a moose.³⁰

Crier adds, "The responsibility to interpret and apply the content of tradition is a sanctioned enterprise."³¹ I take this to mean that people can read about the sacred teachings but what is important and necessary is that a person must live the teachings in their everyday life and experience the teachings. For example, someone could read about kindness and understand what it means to be kind but when they interact with people they are not kind; or someone could read an Elder's stories and never listen to an Elder face-to-face. Without the human-to-human contact the listener has no opportunity to see an Elder make a joke or laugh or cry as they talk, or feel the good energy in the space where the Elder speaks.

Having written about the sacredness of our teachings and, understanding that I do not speak my language, I am now feeling ready to explain Aboriginal methods, as I understand them, from the teachings I have received from many Elders. And most recently from Nahayowak scholar Wilson from his book *Research is Ceremony: Indigenous Research Methods*.³²

I am Nahayowak and female, and I believe that my research has been influenced by my immediate family and my ancestors in the spirit world. When I first read Wilson I had to put the book down several times because he was writing about what it was that I have been trying to articulate. He tells us that research is neither about the end goal nor me but about a process where *relational accountability*³³ is an important component. It is about the relationship that I have developed within others and myself through listening and observing people/nature around me throughout this life. And it is this relational

thinking that has guided how or why I see reality or ontology and how this reality has influenced the methodology (how knowledge is gained); knowing not just for me but to share so it can continue to be shared with the next generations.³⁴ Therefore, the methods discussed are in the act of writing and a spiritual aspect of prayer utilized throughout the dissertation journey when I felt uncomfortable or unsure. The spiritual method of prayer cannot be seen or felt, but can be trusted that it has been carried out.

The method of prayer started before I began writing. Earlier, I wrote the prayer as it was given to me through my mother's voice and through Wilson's writing, because this would infuse both Aboriginal and Western methods together to form a collaborative method. For those of my research subjects who did not understand the significance of the method of prayer, I gave an explanation for the purpose of using prayer. Another Aboriginal way to explain, which in this case the act of writing about these methods comes with the intent to create shared space and understanding between Aboriginal worldviews and Euro-Western worldviews.³⁵ The act of written documentation is not meant to fulfill a person's ego through a best-selling book or journal article; instead the act comes with respect and desire to create an understanding between cultures that have a different way of conducting research.

The method of storytelling from the heart is another Aboriginal method, and is in Chapter Two under "Stories and Storytellers." When one is sharing stories from the heart, Hart, a Nahayowak from Manitoba, says: "Speaking from the heart includes the attempt to touch the listener's heart ... this process honors the listener because the speaker is sharing something that is truly meaningful and not merely informational."³⁶ The way that I have been instructed to speak or write is to share about me and what lifelong

process I have used to come to this knowledge. Monture-Angus (1995) of the Mohawk people explained a similar teaching:

As I have come to understand it from listening to the Elders and traditional teachers, the only person I can speak about is myself. That is how the Creator made all of us.... All I have to share with you is myself, my experience and how I have come to understand that experience ... in my culture, not speaking from the ‘me’ is a violation. The only true knowledge that I can have is that which is learned from what I have experienced.³⁷

Thus for me, as a Nahayowak woman, I will share from a Nahayowak perspective and when it is not possible to present the Nahayowak perspective, I will share other Indigenous groups, especially Aboriginal Indigenous Nations’ worldviews. Benton-Banai, an Anishinabe (Ojibwa) Elder says: “Although traditions differ ... there is a common thread that runs throughout ... we have principles that are similar and interconnected.”³⁸

Lavallee, an Anishinabe Elder suggests, “Many original people of the world are able to relate to one another, even though the ceremonies may differ in protocol, through the Seven Teachings.”³⁹ She names the Seven Sacred teachings in relation to animals as illustrated in Table 1.0. Lavallee believes that these seven teachings are the threads that are similar to many original peoples that follow their ancient traditional values. These values Lavallee suggests, “Were probably not specifically be named as the seven teachings but were known as “The Teachings.”

Table 1- Seven Teachings and Representative Animal

Teaching	Representative Animal	Meaning
Love	Eagle	To love self as you would others
Wisdom	Beaver	To cherish knowledge is to know wisdom; know the difference between positive and negative
Honesty	Sabe (Sasquatch)	To recognize who and what you are
Truth	Turtle	To know the world as you know it
Courage	Bear	To do positive even if you know it may hurt
Respect	Buffalo	To respect self as you would others
Humility	Wolf	To practice keeping self at the same space as others; not above or below

Summarizing Aboriginal methods as relevant to my dissertation

Principles of sharing, reciprocity and responsibility are interwoven into this dissertation, which includes the method of stories and storytelling in every chapter. This method follows Archibald's dissertation. Archibald explains how sharing and storytelling are interconnected and how people share stories that can "take the form of a personal life experience story, and is told with compassionate mind and love for others." Like Archibald, "I agree that I have a responsibility to speak about what I have learned and that much of that learning comes from experiences; however, much of what I have learned also comes from others." And it is up to me to let the reader know what it is that I know and that this understanding comes from many sources, from family, Aboriginal/Indigenous scholars, to Elders.

The reanimation of oral traditions through drawing on both Western qualitative

research methods and Aboriginal methods, is consciously approached through engaging in prayer to invite ancestors into the dissertation work – creating the dissertation study, data collection, and writing the dissertation as a story. My dissertation is written in the ‘I’ voice, which signifies that telling of this dissertation from my perspective, as this is the only one I can know and speak from. Grounding the questionnaire in an Aboriginal context assisted me in remembering this work will continue to tell ‘ourstory’ instead of some obscure history or ‘theirstory’. Throughout the dissertation text, I integrate Western and Indigenous worldviews by writing the dissertation in the English language using the protocol of the English grammar rules along with beginning this work with prayer and development of a compact disk that has an audio component or an oral format. The use of prayer and oral format are the two main and important Indigenous Knowledge approaches that I have consciously made sure to present and use in this dissertation. It is through this conscious effort that I have made sure that both Knowledges, Indigenous and non-Indigenous, work together instead of having one seem better than the other.

SUMMARY

In retrospect, although I have a lifetime of speaking and writing in English, the way I view the world and how I understand the world is from a Nahayowak perspective. Even this research has evolved over twenty years of listening to the voices of Aboriginal people talking about their diabetes and wanting to find a methodology that would not only tell their stories of diabetes without feeling shame or fear, but be able to tell the stories using an oral method. I have also spent over twenty years in a journey to find my own sense of self in the Western academic institutions. When I began writing this

dissertation there were few authors writing about Indigenous research methodology. I however did draw upon many Indigenous scholars' arguments and wisdom about the value and power of using indigenous methodologies in my approach. Garrouette (2003), from the Cherokee Nation, argued that research by Indigenous peoples must stem from their roots and principles.⁴⁰ And Smith (1999), a Maori, wrote about the need for modern Indigenous people's research to resist the oppression found within western research.⁴¹ Hart (2010) wrote:

Things are changing in the realm of research. While at one time, we, as Indigenous peoples, were faced with leaving our indigeneity at the door when we entered the academic world, several of us are now actively working to ensure our research is not only respectful, or "culturally sensitive," but is also based in approaches and processes that are parts our cultures.⁴²

I can remember when I was seven years old and I was forced to leave my culture, especially the Nahayowak language, a second time, at the grade one classroom door. Before going to elementary school, in the English-speaking community in Thompson, I spoke the Nahayowak language at home and at the school, I attended in Mosakahiken (Moose Lake). When four, of the nine children, were all placed in grade one to learn English my parents made the decision to only speak English to us. In retrospect my parents, especially my mother, didn't want us to suffer what she had to endure speaking their language when she was in residential school⁴³ and my dad wanted us to have better opportunities than he did because he didn't speak English fluently. I repeated grade one because I was operating on a Nahayowak worldview. I survived the unspeakable pain every day in the academy trying to find out why I had these nagging questions in the back

of my mind about learning information that somehow did not sit right within my soul.

Why was it that I saw so many of my brothers and sisters with minds so full of

knowledge, yet slowly killing themselves with drugs, alcohol and overeating?

As I sat in the academic institution, an idea started formulating in my head during my second year of undergraduate studies: was there a place where Aboriginal peoples can tell their story so it could help others share the same story without shame or guilt?

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CHAPTER TWO: REVIEW OF WRITTEN LITERATURE

INTRODUCTION

As an Aboriginal person who had many relatives with diabetes, I constantly asked myself, “Is it possible to apply Western academic knowledge to work with Aboriginal people to combat the disease of diabetes?” “Would the research itself need to have an Aboriginal research method that would enable the stories from Indigenous peoples to be utilized as a way for others to understand their own disease and to be able to talk about it without feeling shame or guilt about having the disease?” Before I begin, I think it is very important for the reader to understand when I write about an Aboriginal method, for me, it is about relational work. In other words, like Wilson:

An Indigenous paradigm comes from the fundamental belief that knowledge is relational. Knowledge is shared with all creation. It is not just interpersonal relationships, or just with the research subjects one may be working with, but it is a relationship with all of creation. It is with the cosmos; it is with the animals, with the plants, with the earth that we share this knowledge. It goes beyond the idea of individual knowledge to the concept of relation knowledges ... one is answerable to *all* their relations when one is doing research.⁴⁴

When I did my doctoral research in a social sciences area, I began to learn more about collaboration and sharing. In my first and second degrees, research was a challenge for me because, I now understand that my mothers’ teaching about sharing or collaboration is inside of me in who I am, and in both of these degrees’ collaboration was

not the norm. For me, research needed to be not only collaborative but it needed to be shared and understandable to a wide range of people. After many years of thinking about these questions, I realized in order to confront the disease of diabetes, my research needed to utilize both Indigenous and Western knowledge where Indigenous Knowledge must be as equal to Western Knowledge and not as an alternative to Western knowledge.

Most importantly, I knew that the research I conducted needed to contribute to the overall health of Aboriginal peoples who are suffering from diabetes. I wanted the knowledge I collected to contribute towards the declaration made by National Aboriginal Diabetes Association that stated, “Aboriginal peoples will be a diabetes free people.”⁴⁵ I also knew I wanted to use Indigenous knowledge and Western Knowledge in a collaborative manner where both are valid and useful. In addition, I wanted to pursue research with Aboriginal peoples living in urban areas since I, unbeknownst to me, had become an urban Aboriginal person when Thompson, Manitoba incorporated as a city in 1970.

In the late 1980s, few studies explored both urban Aboriginal peoples’ and diabetes and how they understood diabetes. Instead, most research in diabetes tended to look at rural or First Nations peoples and the focus was generally on epidemiological data of diabetes rather than Aboriginal peoples understanding of diabetes. It wasn’t until 1998 when I read Bruyere’s (a Nahayowak) (1998) Master Thesis “Understanding About Type II Diabetes Mellitus among the Nehinaw (Cree)” in which the author explained how Nehinaw understood diabetes.⁴⁶ Although Bruyere researched a First Nations community exclusively, the thesis did focus on how Aboriginal peoples explored their understanding of diabetes. In 1999 a study in the *Canadian Journal of Nursing Research* described urban

Aboriginal peoples in Canada and how they understood their diabetes. There have been other studies that have researched how urban Aboriginal peoples view diabetes.⁴⁷ For example Gosh (2012) examined the perception and management of Type 2 diabetes among First Nations people in an Eastern Ontario urban setting and concluded that there are complex social and cultural circumstances that make the management of diabetes challenging for First Nations people.⁴⁸

Two factors, unhealthy diets and physical inactivity, are two of the three most important modifiable risk factors for the development of chronic disease in Aboriginal peoples in Canada.⁴⁹ “Aboriginal peoples have undergone a significant nutritional transition whereby traditional diets and associated physical activities have been replaced with patterns of consumption that increase the risk of developing chronic disease.”⁵⁰

In the mid-1990s, the discussions of research from an Aboriginal/Indigenous lens or worldview were just beginning in the academy. I knew I wanted this research to have an Indigenous paradigm that begins from an Indigenous space, such as starting with prayer, and to utilize Indigenous methods, such as storytelling and an actual oral method. I wanted the reader and/or listener to be able to listen to the people talking instead of only reading their words on a page. Initially I was planning to produce a video documentary and when I spoke with documentary filmmakers, they indicated in their process it is important for the viewer not only to hear the story but the image was just as important an element in the video documentary. Then Dr. Knowles, professor at Ontario Institute for Studies in Education, as mentioned earlier, suggested a radio documentary.

In 2006, the research that explored the use of radio as a medium to discuss urban Aboriginal people's stories about diabetes was limited. English language articles were

retrieved from both peer-reviewed and grey literature sources through a variety of methods including the use of scholarly databases and search engines, such as EBSCO publishing, CINAHL (Cumulative Index to Nursing and Allied Health) to name a few and, reference list reviews. Since there were few articles that directly discussed urban Aboriginal peoples and diabetes the topics that will elicit these themes are: (a) Historical Changes to Food and Physical activity with Aboriginal peoples, (b) Diabetes and Aboriginal peoples, (c) Urban Aboriginal peoples, (d) Aboriginal/Indigenous Worldviews/Knowledge(s), (e) Reanimation of Oral traditions and (f) Data analysis methodology.

LITERATURE REVIEW

Historical changes to food and physical activity with Aboriginal peoples have contributed to the disease

Four major historical events that can be attributed to the change of dietary patterns, which in turn have had an impact on physical activity and the spiritual and/or emotional connection Aboriginal peoples have toward food. Before discussing these changes in food, I briefly define what are traditional foods and/or country foods⁵¹. By definition, traditional food is sustenance that is both plant and animal based. And Aboriginal people will harvest from the local environment and can have a culturally specific protocol for specific Aboriginal groups. For example, as I have heard Elder Lavallee explain, if an Anishinaabe person follows a traditional spiritual practice and they know they are from the bear clan they will not consume bear meat or bear products such as bear grease. Non-traditional foods or market and/or commercial foods grow products in large farming areas in warmer

climates, such as Mexico, Southern United States and so on, then are transported trucks from large farms to the Southern urban grocery stores. Finally, Southern commercial food companies will ship food to smaller rural and/or northern areas.⁵² There are vast differences in climate, ecology, vegetation, fauna and landforms across Canada that determine the traditional foods for Aboriginal people. For example in British Columbia in the coastal area, people will eat seafood and small game.⁵³ Whereas the Plains Cree of northern Saskatchewan have smoked fish, dried fish and pemmican made of dried fish and dried saskatoons or blueberries, moose, deer and bear were the main meats, which were normally dried or smoked.⁵⁴ Likewise, Aboriginal people based on where they lived would prepare and store foods using different methods. For example, in the Arctic, they preserve food by freezing outdoors whereas in the South they dig large holes in the earth for cold food storage. The benefits of traditional foods include well-being, health, leisure, closeness to nature, spirituality, sharing, community spirit, pride and self-respect, economy and the education of children.⁵⁵

Some Aboriginal peoples continue getting food from the land, water and air by hunting and gathering methods. Today food gathering has changed due to environmental and contamination issues along with historical colonial events. These historical events that I have heard many Elders and community members speak about, that have contributed to the changes in food patterns, include: European Contact⁵⁶, Treaty Process⁵⁷, the Indian Act⁵⁸, and Residential Schools⁵⁹. To give a context to how these four events changed food patterns in North America it is important to give an overview of how European and Aboriginal views of food differed.

Worldviews of food

Willows describes traditional Aboriginal foods as those that originate from local plant or animal resources through gathering or harvesting, and which possess cultural meaning as traditional foods.⁶⁰ According to Health Canada,

For thousands of years the ‘Indians’ and Inuit in Canada lived off the produce from the land, rivers, lakes and the sea. Survival in this rugged, rich land was a measure of supreme skill in hunting and fishing, knowledge of native plants and appropriate techniques of food preservation ... It is important to recognize that there were many distinct cultural groups in the different geographic regions of Canada prior to the arrival of the Europeans.⁶¹

According to Health Canada, “the traditional diet before European colonization was healthy and high in proteins, fats and nutrients.”⁶² Aboriginal peoples moved to new hunting grounds if food became scarce and/or to permit the land to lay fallow periodically. Aboriginal diets varied by seasonal availability and geographic location, and preferences varied by Aboriginal grouping.⁶³ At this time all foods were from the land, air and water as there were no “stores.” Plant foods such as berries, leafy plants and roots, complemented the animal foods providing the major source of energy.⁶⁴ Traditional dietary practices maintained an active lifestyle and native cultural identity.⁶⁵ Research on dietary patterns of Canadian Aboriginal communities demonstrates the high quality of foods from animal and plant species.⁶⁶ To avoid nutritional deficiency all parts of the animal were cooked or eaten raw. For example, animal liver supplied Vitamins A and D, fish and marine mammal fat products provided iron and zinc; plants and berries provided vitamin C.⁶⁷

Historically for the Europeans food availability is a method to distinguish wealth and poverty; in this sense, food had the capacity to create hierarchy.⁶⁸ The upper class viewed acquisition as a form of ownership and used it to assert their power:

The strongest person is he who imposes his diet on others, can export exotic foods of their territories unto colonized lands and where some of the colonized food products can become naturalized in the colonists home country, for example the tomato in Italy has become a regional cuisine and a marker of Italian culture however the tomato was originally from the Americas.⁶⁹

Food was a weapon of war. For example, in the second-half of the 19th century, European buffalo hunters, armed with powerful, long-range rifles, began killing the animal in large numbers where individual hunters could kill 250 buffalo a day and the killing of buffalo was supported by the U.S. military in order to undermine the survival of the Plains Indians.⁷⁰ Food from the European perspective also had a religious component ‘thanks’ to stories found in the bible, for example bread and wine become the body and blood of Jesus, feeding of the poor or charitable food, historical events in the life of Jesus such as his birth (December 25), Easter Sunday (Resurrection of Christ) and so on.⁷¹

Throughout the past twenty years in my employment in the health field, I heard many Elders speak about how food is seen as a gift from the Creator and the food provided by the Creator would give good health. In other words, food was viewed as ‘medicine’. When the Europeans came to North America they brought food that was different and not as healthy. Aboriginal peoples willingly ate the ‘new’ food without thinking that this different food would make them unhealthy. Europeans at one time had also thought of food as medicine as evidenced in Hippocrates’ quote, “Let food be thy

medicine and medicine thy food.”⁷² Somewhere in European history food viewed as medicine had changed.

In searching on the Internet and libraries for written materials about this concept, I discovered the fifth Annual Vancouver Island Traditional Foods Conference website where in 2012 the theme was “Our Food is our Medicine.” At this conference, a panel of three Elders spoke about how Aboriginal peoples view food as medicine. Each Elder shared their stories and they spoke about how the Creator gave us only food that was healthy and that he would not give us food that would cause disease.⁷³ When Elders speak of the strength of their people, they invariably mention food. As Watts explains, “People often refer to us as Nisga’a people, as rich people, because they can make food in all kinds, in every season.”⁷⁴

I have also heard Elders, and my own relatives, indicate the teaching of leaning over their plate and giving thanks to food they receive because the animal and plants that are on their dish had given themselves, willingly, in order that they could survive. My relatives who practiced Aboriginal Spirituality understood that everything contains Spirit and a simple whisper of thanks is what one can offer in return. I thought about this for a long time and have come to realize that if humans were not on this earth the animals and plants would continue to thrive, they would find ways to ensure they did not overpopulate, they did not overuse and the water would remain pristine and clean. It is us, humans, who could not survive. Without animals or plants as food and it made sense why my ancestors gave prayers for their food from harvesting to the final product on their plates. Food in this sense is Spirit and has the gift of nourishment and what I understand is that if anything shares its gifts willingly we must practice gratitude and continue to share the gift with

those that do not have the same gifts.

It has been documented when Europeans came to North America, “European colonists and settlers relied on local Aboriginal [sic] knowledge to survive in their new surroundings, for example, in 1536, Jacques Cartier and his crew would have died of scurvy if the Aboriginal peoples had not shared their knowledge of spruce gum to cure scurvy.”⁷⁵

The act of sharing knowledge and/or food is a practice that Aboriginal people have had for centuries. I remember how my parents would share whatever food and/or stories they had with anyone who came to our door. I remember my paternal grandmother would also convey the same message of sharing of conversation and food. When we would visit her, she would take out whatever food she had from her cupboard and make tea. When my grandmother unwillingly moved to a nursing home, she would keep food in her handkerchief and when I, or anyone else, would visit her, she would have food ready and always say “Sorry, I have no tea.” I think this was difficult for my grandmother who, as far back as I can remember, always had tea and food when anyone came to call on her.

In sharing her food my grandmother was taking care of the family and showing in turn how a community can take care of itself. When my grandmother passed on people from the community spoke about the fact that she shared, “Louisa always had a pot of tea and any food she had ready for family or visitors.” Louisa, my grandmother, also had knowledge of fishing, hunting and trapping which she had passed onto to all her sons and daughters. All my aunties and uncles had intimate knowledge of how to hunt and fish even though many left the community in search of employment. Those that have opted to stay in the community continue to hunt, fish, gather and harvest the majority of food. They are

also continuing to teach their children and grandchildren this knowledge and skills.

For centuries, Aboriginal people had intimate knowledge of the land and the traditional food that was on this land. They understood they needed to respect the land that gave them their food. By giving daily prayers of thanks when they would harvest and eat their food, they showed respect towards their food. They made sure they did not take more than they needed and did not hunt for land food in the mating season. Lucas, a chief of the Nuu-Chah-Nulth people of the west coast of Vancouver Island, who has fought against logging, speaks of animals with the same respect he has for humans:

Those animals have a right to those forests too. They belong there, it is as much theirs as it is ours ... If the water can no longer support the salmon, if the land can't support the deer and bear, then why do we think it will support us?⁷⁶

Aboriginal people also knew appropriate techniques of food preservation and various “healthy” cooking methods. These cooking techniques include open fire roasting, boiling, frying, smoking and fermentation. The food storage systems encompass caching above and below ground, freezing, and drying by air and in the sun. These “continued practices regarding harvesting, preserving and preparing food have reinforced Indigenous peoples’ culture and identity.”⁷⁷ For example, a study conducted by Belinksy and Kuhnlein in 2000 described food preparation techniques among the Cree (First Nations) in James Bay Quebec as having changed very little over time; oven roasting has become part of their cooking methods but essentially fire roasting, boiling, and stewing are the preferred traditional methods.⁷⁸ Today in the 21st Century food preservation techniques are non-existent and the unhealthiest method of cooking adopted by many Aboriginal peoples is frying. Historically “frying was unheard of.”⁷⁹

When I first began researching nutrition and Aboriginal peoples, the literature was scarce and because of anthropology the spiritual aspect of food was not recorded. They described the types of food available in various regions, food sharing, and methods of harvesting the food but did not discuss food from a Spiritual perspective which I have mainly learned from listening to Elders. In recent years, significant amounts of Indigenous authors are writing about food and its spiritual aspect.⁸⁰ With the arrival of Europeans, the concept of Spirituality and food began to change.

European contact

The first recorded contact between Europeans and Aboriginal peoples began in the 10th century in the Arctic, Greenland, and Labrador when the Vikings landed on Baffin Island and along the Atlantic Coast.⁸¹ For this time, there is very little research about Vikings and their contact with Aboriginal people, but the Aboriginal peoples seem to have held their own against the Europeans as mounting hostilities between Vikings and the Beothuk of the Island of Newfoundland put an end to attempts to establish a European settlement in the Americas.⁸² Nothing significant came of the Vikings' voyages to North America but it is thought the European invasion that had the greatest impact is thought to have begun in the early 17th century when some 1,000 ships arrived each year for fishing and fur trading in the Gulf of St. Lawrence and along the Atlantic coast. The Newfoundland region became a sort of "European annex" for anglers.⁸³

This first 'real' Europeans invasion to the landscape in North America began with the decimation of fishing areas in Eastern Canada followed by the declining numbers of animals with the fur trade era. Dickason, in *A Concise History of Canada's First Nations*, gave the example of the home guard Cree in Eastern Canada who had to live at the fur

trade posts and “the maintenance of the posts plus the demands of the fur trade, eventually depleted game in some areas ... Aboriginal peoples [sic] were faced with starvation and turned to the posts for help.”⁸⁴ The fur trade eventually moved westward into Manitoba and British Columbia, with the same devastating effects, loss of Aboriginal people’s traditional food sources and resulting in increasing hunger. “In 1874, the Dominion Fishery Act was extended to British Columbia and called for the banning of spearing, netting, and tidewater traps for a salmon, and for regulation and ... in 1888 the sale of all produce from the food fishery was banned.”⁸⁵

As the Europeans moved across North America to the Woodlands area, Vogel, author of *American Indian Medicine*, describes the original inhabitants of the Northeastern Woodlands of North America possessing:

“Lusty and healthful” bodies which did not experience “those health wasting diseases which are incident to other countries [such] as fevers, pleurisies, calentures, agues, obstructions, consumptions...convulsions, apoplexies, gouts, stones, tooth-aches, measles or the like.” ... Most of them reached fifty before a “wrinkled brow or grey hair” betrayed their age and that they spun out the thread of their days to fair length, numbering threescore, fourscore, some a hundred years.⁸⁶

When the Europeans arrived in North America, “the cuisine of early modern Europe, from 1500-1800, was a mix of traditional dishes from the medieval era combined with innovations acquired from the Enlightenment era. In the Enlightenment era a combination of great influx of new ideas and an increase in foreign trade, a scientific revolution, traditional preservation of foods by drying, salting and smoking or pickling in

vinegar, increased food production and storage.”⁸⁷ Although the European cuisine at this time was a mixture from many of the countries they had colonized, the Europeans thought their food was superior; Eurocentric thought was very prevalent in the 16th Century.⁸⁸

Hearne, an English explorer, had indicated:

Neither side was impressed with the other’s food ... Aboriginal people’s [sic] did not even like bread, ‘for though some of them would put a bit of it into their mouths, they soon spit it out again with evident marks of dislike’ ... some individuals (Europeans) used this reaction to demonstrate their cultural superiority ... Aboriginal peoples [sic] eventually demonstrated dietary adaptability. They became so fond of prunes and raisins that they would give a Beaver skin for twelve of them to carry to their children.⁸⁹

Aboriginal peoples integrated some of the European foodstuff into a largely indigenous diet.⁹⁰ The introduction of wheat “was complemented with moose tallow and bear grease mixture.”⁹¹ I have also heard stories when stew was made they used beef, indigenous meats and greens in the soup. Despite new types of food, the traditional methods of roasting, boiling and baking were still used, “and frying was unheard of.”⁹²

Befkhofer wrote, “Many of the original explorers that came to North America were well educated and would write about their experiences in North America which in turn would create an image that there was one collective type of ‘Indian’ with very similar customs.”⁹³ For example, Henisch wrote:

John Cabot was an Italian navigator and explorer who had to read maps in order to travel which indicates he was literate, and “much of their dietary influences in Italy were from Roman Catholic and Eastern Orthodox Churches where their calendars

had great influence on eating habits, consumption of meat was forbidden for a full third of the year for most Christians, and all animal products, including eggs and dairy products were prohibited during Lent and fast. While animal products were to be avoided during times of penance, pragmatic compromises often prevailed. Neither were there any restrictions against moderate drinking of alcohol or eating of sweets.⁹⁴

When the Europeans introduced candy and alcohol to North America the devastating consequences are still reverberating.

To begin with, besides the church, the fur traders and settlers also brought alcohol to North America. When the English colonists came to the Americas, they continued to consume a fair amount of alcohol with an estimated average of seven shots of distilled alcohol per person.⁹⁵ Alcohol was not a durable commodity, because more often than not when alcohol ran out the Aboriginal peoples [sic] would not necessarily come back to get more unlike, for example a knife if an Aboriginal person lost a knife they would come back to the store and purchase a new knife.⁹⁶ Although alcohol was not a durable commodity, it was a lucrative business because there was an up to 400 per cent profit margin on alcohol sales in the New World.⁹⁷ The reason for Aboriginal peoples accepting alcohol into their societies is varied. One theory is alcohol was initially incorporated into Aboriginal people's societies because Aboriginal people's religious practices may have placed an emphasis on transcendent experiences that allowed people to connect with the world of spirits. Usually this experience is achieved by a fast, or participation in sweat lodge rituals or a vision quest. For example, for the Iroquois intoxication originally meant not flight but search; not escape, but fulfillment; not loss of self, but discovery of self; for

the Iroquois it was a positive, spiritual experience.⁹⁸ Whatever the reasons, the outcome of the consumption of alcohol, and sweets, there was an increase in dental carries and the beginning of refined white sugar in the Aboriginal peoples diets.

Along with the introduction of refined white sugar into Aboriginal people's diets came other white products such as flour, sugar, salt and lard, coined as the "Whiteman's food" or what I refer to as the "Whitification" of Aboriginal peoples' foods.⁹⁹ The Europeans used agricultural staples such as wheat, corn and beans, while usurping tribal lands used for subsistence activities. The Europeans also introduced new staples such as beef, pork, potatoes and wheat which replaced the traditional meats and plant foods. In addition, these new foods had to be bartered and purchased bringing in a whole new concept such as capitalism to the culture. Europeans also introduced new cooking habits and ingredients using refined flour and sugar, coffee and lard.¹⁰⁰

A food staple that has become part of the Aboriginal peoples' diet is bannock, which was originally a pan-fried bread prepared in Canada by the Europeans. The word bannock was originally bannoch which is a Gaelic word that means "unleavened oat bread".¹⁰¹ Aboriginal peoples did have their own way of making bread, which was more of a flat bread, made from wild turnips or corn, which was then dried and ground to a powder.¹⁰² In pre-contact times the flat bread was made from natural substances gathered from the woods such as flour from the roots and natural leavening agents, and was sweetened with syrup made from the sap of trees.¹⁰³ Today, most Aboriginal people make bannock with white flour that is not as healthy as traditional ingredients.

The landscape of Aboriginal peoples slowly changed with the arrival of the Europeans. The first changes began with the fishing industry, then the fur trade era, and

later followed by the influx of settlements of townships and ports. With this changing scene, the natural habitats of animals, fish and plants moved or changed and the main food sources for Aboriginal people were either no longer available or found in limited quantities. Eventually Aboriginal peoples specifically those in the northern and prairie regions, who had previously migrated where their food sources moved began living a sedentary life because of the enactment of reserve lands by the *Indian Act of 1876*. The Indian Act granted the Minister of Indian Affairs authority over much of the activity on reserves, which meant Aboriginal peoples could only travel a certain distance outside their reserve land. This meant they could no longer travel the long distances they had in the past to their food resources. Christianity eroded shamanistic religions beginning in the Eastern part of Canada, English displaced Aboriginal languages, and European expansion decimated Aboriginal people's subsistence economies. Over the long term European contact dramatically altered Aboriginal society and cultural traditions.

During the initial contact phase, direct government interaction with Aboriginal groups was rare, and officials instead allowed missionaries and traders to administer laws, regulate trade, and distribute food and other forms of aid to Aboriginal groups. The Indian policy of the two Canada's, Upper and Lower Canada continued to be administered from London until 1760, through the lieutenant governor of Upper Canada, who was also superintendent-general of Indian Affairs.¹⁰⁴ It was not until October 7, 1763 that the Canadian government had more direct contact with Aboriginal peoples [sic], when King George III issued The Royal Proclamation of 1763 following Great Britain's acquisition of the French territory in North America after the end of the French and Indian War/Seven Year's War.¹⁰⁵ The purpose of the proclamation was to organize Great Britain's new North

American empire and to stabilize relations with the “Amerindians” through trade regulation, settlement, and purchasing land in anticipation of the opening of the western frontier. Indian Affairs began to define “Indian” and who would receive the rights and duties of Indian status.¹⁰⁶ Greater official face-to face government contact with Aboriginal peoples began with the treaty negotiations.

Treaty process

When the Europeans first came to North America they settled the Eastern shores, specifically Newfoundland and Labrador, and Nova Scotia, moving into Quebec and inland to Ontario. Before Confederation, when Canada officially formed a federal Dominion on July 1, 1867, various governments had already negotiated 123 treaties and land surrenders in British North America with Aboriginal peoples.¹⁰⁷

The initial process of treaty development in eastern Canada began with Peace and Friendship Treaties, negotiated in order to secure military agreements and trade with Aboriginal peoples on the East Coast of North America. Besides Peace and Friendship treaties, other ‘named’ treaties were signed, for example the treaty of Swegatchy in Southern Quebec, the Robinson Treaties in Ontario, the Douglas Treaties of Vancouver Island in 1850 to 1854, and the Selkirk Treaty 1817 in Manitoba and so on.¹⁰⁸ These ‘named’ Treaties were negotiated to obtain land from the Aboriginal peoples where initially they were given trade goods as payment and later annuity payments for the land. Many of these treaties prior to Confederation did not have any official guidelines for the type of payment or return Aboriginal peoples would receive or the amount of land Aboriginal peoples would be surrendering. When King George III signed the Royal Proclamation of 1763, official guidelines were established for the acquisition of

Aboriginal people's land whereby only the Crown could enter into Treaty negotiations with Aboriginal peoples.¹⁰⁹

When the Crown entered into Treaty negotiations, there were eleven negotiated or signed treaties also called Land Cessions or Post-Confederation treaties with Aboriginal peoples in Western Canada beginning in Manitoba. The first Land Cession was Treaty 1, signed in August 3, 1871 at the Hudson's Bay Company post, Lower Fort Gary, and ending with Treaty 11 in 1921.¹¹⁰ These negotiated treaties used the Robinson treaty criteria to negotiate 'agreements' in Western Canada. These negotiated 'contracts' in Western Canada were not as easily negotiated as they were in Eastern Canada.¹¹¹ In Western Canada, the Government of Canada was anxious to complete the land cession treaties because Canada wanted to open up the Prairies for European immigrants to farm and for the development of a railway, and to open the north for mining and logging. These eleven treaties which determined access to and consumption of traditional foods, had greatly impacted where Aboriginal peoples could live and the amount of land they would receive.¹¹² This restriction meant that Aboriginal peoples could no longer get their physical activity, such as long walks to find their food. In addition, the *Indian Act of 1886* had a pass system that was in place from 1886 until the 1930s, with Treaties Four, Six and Seven.¹¹³ An Indian person was restricted to their reserve and if they wanted to leave, they had to get permission from the Indian agent. An Indian person who was absent from the reserve without a pass was classified as a criminal.¹¹⁴

Overall the establishment of reserves greatly constrained the ability of the First Nations to provide themselves with traditional foods.”¹¹⁵ To the signatories of the first five Numbered Treaties, the government provided farm supplies and new clothes to help

transform Aboriginal society from Nations of hunters and gatherers into civilized farmers like their European counterparts. During the Treaty making process in the West, the bison were almost extinct and although the conversion to agriculture was the economic cornerstone to most of the numbered treaties, the adoption of agriculture was still in its infancy when the bison disappeared.¹¹⁶ With the dwindling bison, Aboriginal peoples wanted to learn a new way of living and in the Treaty negotiations, they had asked “And what about help in getting started in this new way of life?”¹¹⁷ In fact, Chief Sweet Grass in 1871 had declared:

We want cattle, tools, agricultural implements, and assistance in everything we come to settle ... and in times of famine ... a prohibition against alcohol ... it is our property, and on one has the right to sell them.¹¹⁸

Aboriginal people, who migrated when animals migrated, needed to learn about farming but were rarely assisted. The Okanese’s band in Saskatchewan “found that the system of farm instruction was not working ... oxen they had been promised in the treaty had not been supplied, as a result no crops could be grown.”¹¹⁹ When Aboriginal people did learn about farming on their own, “after 1881 the Canadian government prohibited the commercial sale of unregulated agricultural ‘Indian’ produce resulting in the Ojibwa in Treaty 3 area to abandon their farms.”¹²⁰

Porter, a Mohawk Elder, described the injustice of the system when his relatives learnt how to farm and this was taken away because “the white farmers didn’t like that we understood the land and that we were making better money, that’s a fact!” I have heard Elders speak about how their relatives were moved to areas where traditional foods were scarce or non-existent. I have also heard many Elders from Saskatchewan, such as

Tootoosis, who has left into the Spirit world, speak about the land given to Aboriginal people was not useable as farm land, “the land was useless, I don’t know how they expected my grandfather to farm on that land.”

Although Treaties did guarantee some hunting and fishing rights, it was only on ceded land not used for settlement, lumbering or mining.¹²¹ Again in many cases these rights were not applied or if land was suddenly need for some industry, such as mining Aboriginal people were relocated and once again their source for food was diminished. The next significant treaty that indicated that provisions of food would be provided was Treaty Six. Treaty Six implemented “provisions for rations in case of famine, important now that buffalo had become scarce.”¹²² In Alberta there were many cases of starvation and the Indian Agent who was assigned from general of Indian Affairs wrote:

‘Indian’ peoples’ inherent laziness was the cause of their starvation ... so long as they can rely, or believe they can rely on any source what so ever for their food they make no effort to support themselves and we have no guarantees against this (starvation) and the only way to guard it is by being rigid even stingy in the distribution of food, and require absolute proof of starvation before distributing it.¹²³

This indicates that contrary to Treaty Six provisions, there was no immediate general distribution of food unless the agent could observe starvation, “and in many cases rations were distributed only for laborers on Indian agency farms.”¹²⁴ When the government did provide emergency food rations it was in the form of tea, sugar, pork and sometimes flour and “the food rations were used to coerce reluctant ‘Indians’ into the treaties.”¹²⁵

An Assiniboine Elder put it bluntly:

From the treaty they took everything, the diet, the way of life; all that was put on earth by the Great Spirit. The new diet made the people weaker. It was too much change, too quickly ... it was the tame food, too. We were used to eating wild game. That's why they figure our bodies lacked the strength they had before.¹²⁶

During the treaty negotiations, which began with the *Royal Proclamation of 1763*, the responsibility for Aboriginal affairs in Canada was with the British imperial authorities.

Indian Act

When the government of Canada passed the *Indian Act of 1876*, it effectively made all Aboriginal peoples wards of the state; in other words, the government of Canada is the legal guardian of Aboriginal people. In passing the *Indian Acts of 1876 and 1880*, the government took for itself the power to mold, unilaterally, every aspect of life on the reserve and to create whatever infrastructure it deemed necessary to achieve the desired end – assimilation.¹²⁷ The *Indian Act* allowed the government to decide where an 'Indian' person could live. The *Indian Act* defined an Aboriginal person; women who married a non-Indian, and Metis people, were no longer considered 'Indian'.¹²⁸ A decision about who could be considered an 'Indian woman' has had diverse consequences, and has had an impact in terms of food because Aboriginal women played an important role in food acquisition and teaching to the next generation. As stated by Annishinabae Elder Lavallee, in many Aboriginal cultures, women were the ones who gathered and picked medicines, they were the ones who hunted for smaller animals when the men were out hunting for larger game, they were the ones who planted and harvested crops and women would skin,

pack and prepare the food for the men when they went hunting.

Women had a vital role when it came to food and preparation of food. Without the women the communities would not sustain itself in a safe and effective manner. Women who 'married' non-Indian men "where their children were considered mixed Indian and European ancestry were not regarded as either Indian or white and were referred to as 'half-breeds', 'breeds', 'mixed-bloods', 'metis', 'michif' or 'non-status Indian'".¹²⁹ 'Indian' people viewed children as the future because Métis were not considered Indian their children lost their status as Indian people according to the Indian Act. This was another way to erode 'Indian cultural beliefs'.

The Indian Act also set out terms of instructions regarding the sale of Indian lands and, in many cases the government would sell licenses to various companies to cut timber, not just for settlement.¹³⁰ This confused many Indians, who thought they were sharing the land for settlement purposes only, not for the government to take their forests from them. Without the wooded areas, significantly important for Aboriginal peoples in Northern Canada and British Columbia, this meant that medicines, herbs and small game that lived in the forest were no longer available. For Aboriginal peoples, "maintaining the forest was important for the generations unborn ... for time immemorial Aboriginal people knew when, where and how to harvest from the forest, they also developed a respectful relationship with the natural world."¹³¹ Again, the Indian Act was eroding another source of food for Aboriginal peoples.

Additionally, after the rebellion in Batoche, Canada wanted to prevent Indians from participating in further uprisings and therefore a pass system was set in place, in 1886 until 1930s, with Treaties Four, Six and Seven.¹³² However the pass system was

never legislated and as a result, was never legal; however it was enforced well into the 1930s. Initially, the pass system was used to control Indians from joining any resistances but later on it was a system to control the selling and buying of goods, especially produce, by First Nations people. If a First Nations farmer wanted to sell any produce, they had to secure a permit signed by the Indian agent. In a similar fashion, if non-First Nations people wanted to come onto the reserve to sell goods, they also had to obtain a permit from the Indian agent. This pass system not only restricted Aboriginal people from hunting and gathering outside the reserve, it also restricted the Aboriginal people who wanted to become part of the agricultural economy.¹³³

First contact, treaties, and the Indian Act had dire effects on Aboriginal peoples and their food acquisition. The final act that solidified changes to Aboriginal peoples' food patterns was the introduction of residential schools. Just like the Indian Act so too the foundation for the residential schools was based on the idea of civilizing Aboriginal peoples. In the East in Lower Canada, 1828-30, officials agreed, "that Amerindians who did not disappear should either move to communities isolated from the whites or else assimilate ... agriculture and education, entrusted to missionaries, would achieve civilization ... become self-supporting citizens within the cultural framework of colonial life."¹³⁴ Residential schools in the Western part of Canada were instituted on the pre-confederation Gradual Civilization Act of 1857 and the Gradual Enfranchisement Act of 1869¹³⁵ with the same outcome as the Eastern portion of Canada, which was to 'civilize' Aboriginal peoples into the European way of life.

Residential schools

In both Upper and Lower Canada, known as the Canada's, Dickason writes that "Aboriginal people's [sic] viewed education as a tool for adaptation but administrators saw schooling not only as the key to the future, but as a means of assimilation."¹³⁶ In Canada the government began schooling or education using day and boarding schools. However, this became very costly and "the government turned to those who had experience and independent sources of income, and could muster people willing to work in remote areas for low pay for the churches."¹³⁷ Although day and boarding schools were being utilized, "the government administration favored residential schools over day schools, as it believed they speeded the process of assimilation."¹³⁸ In Canada, although students in the industrial or boarding schools were supposed to spend half-a-day at schooling and half-a-day learning a useful trade, lack of funding meant that residents spent most of their time at manual labor ... as well to keep numbers and grants schools often admitted children who were too young to learn a trade.¹³⁹ Sir John A. MacDonald, in 1889 appointed David Nicholas Flood to report on the industrial boarding schools in Eastern Canada. Flood wrote:

An application of industrial boarding schools to be off reserve schools that would teach the principles of the arts, crafts and industrial skills for a modern economy. Children he advised should be removed from their homes as the influence of the wigwam was stronger than that of the day school, and be kept constantly within the circle of civilized conditions, the residential school – where they would receive the 'care of a mother' and an education that would fit them for a life in a modernizing Canada.¹⁴⁰

From Flood's report and with the experience of residential schools in the East, and United States,¹⁴¹ Canada's government officials who negotiated the numbered treaties in Western Canada also agreed that schools should be part of the treaty negotiations. Flood had concluded that, "if anything is to be done with the Indian, we must catch him very young ... Flood's recommendations were widely and quickly implemented; financed by the federal government, the schools were managed by the churches."¹⁴²

Children were now required to attend residential schools and in many cases the children were often forcibly removed from their families and families who did not willingly send their children were threatened with prison.¹⁴³ It was assumed that to educate Aboriginal children effectively they had to be separated from their families – where the parenting process in Aboriginal communities had to be disrupted.¹⁴⁴ This meant children could not learn from their parents including information on hunting, gathering, spiritual customs and food protocols such as serving the Elderly first. The school system grew without planning or restraint and was as a whole, constantly underfunded.¹⁴⁵ The initial curriculum was half-a-day with academic learning and the other half with practical training, which would either be in the form of structured instruction in an industrial shop room or in learn-by-doing chores.¹⁴⁶ With churches having a budget to maintain, this meant these various religious denominations had to find innovative methods to ensure they stayed within budget. For example at Mount Elgin Industrial school, to make up for the shortfall the principal ran an extensive livestock operation; the labor fell to the boys to the detriment of their education, which lead to numerous complaints to the Department of ill treatment of the pupils¹⁴⁷ In other schools, for example, Blue Quills school, Nepoose, in the *Survivors Speak: A Report of the Truth and Reconciliation Committee Commission*,

said, “We did the chores, we were like slaves ... We kind of run the school based on our own labour; we washed, we cleaned, they hired ladies to cook. There were no janitors, we were the janitors.”¹⁴⁸

With the children having no contact with their parents, and grandparents, this meant the parents could not teach their children and grandchildren about utilizing plants for food and medicine. Without the knowledge of traditional healthy food choices transmitted from generation to generation, it meant the food being consumed was not always beneficial to the children’s overall health; as well it also meant a loss of knowledge of food ways. It was not until years later that The Assembly of First Nations (AFN) described the residential schools as:

Total institutions, like armed service camps, prison, and mental hospitals ... where the children were separated from society, from their families and cultural milieu, and kept under strict regimes not of their families’ choosing ... they were totally controlled by the non-Aboriginal staff who were mostly members of the mission division of Christian Churches employed by the Federal government.¹⁴⁹

With churches trying to maintain a budget and children not learning about traditional foods or the sacredness of food how food is viewed is changing. Not only is the view of food changing but food consumption is shifting. The stories about the types of food consumed and how many children could not hunt or gather traditional foods led to a dependence on European foods. A House of Commons Press Gallery reporter, Mears, had forwarded a letter to Duncan Campbell Scott from a young boy, Edward B., at the Onion Lake Residential School, who had written to his parents:

We are going to tell you how we are treated. I am always hungry. We only get two

slices of bread and one plate of porridge. Seven children ran away because there [sic] hungry ... I am not sick. I hope you are same too. I am going to hit the teacher if she is cruel to me again. We are treated like pigs; some of the boys eat cats and wheat. I never ask anyone to give me anything to eat. Some of the boys cried because they are hungry. Once I cry to [sic] because I was very hungry.¹⁵⁰

Mears had wondered if this was an accurate picture of conditions at Onion Lake and with other residential schools. Previously, there had also been other negative reports from Onion Lake on the quality and amount of food and the care of the children. Scott advised that Edward B.'s letter was libelous and should not be published, Scott had concluded, "ninety-nine percent of the Indian Children at these schools are too fat."¹⁵¹ Despite Scott's contention, it was obvious to many that Edward B. and his schoolmates were not the only children who were going to bed hungry. Hunger was a common companion and often children ate what they could steal.

Food shortages also occurred because if food was produced such as eggs from a chicken, the product would be sold to local people in order for the church to utilize the funds obtained to maintain the school.¹⁵² It was reported that these foods were sold because; "the children supposedly did not care for them."¹⁵³ The children caught stealing, were punished by severe strapping to close haircuts because they disobeyed the "thou shall not steal" commandment.¹⁵⁴ However, at Carcross School in Norwest Territories, an auditor general's staff member had reported that children, "were given to understand that they could not have these things (eggs from the hens and milk from the cow), and that they must say they did not care for them ... this to my mind, is not very creditable to the management."¹⁵⁵

Aboriginal children, in many cases, were not allowed to eat the food they grew and traditional food, it seemed, was viewed by missionaries, educators, and doctors as diseased and inferior; in residential schools, teachers taught children to dislike their own foods and inculcated them with the poor eating habits of a non-Aboriginal institution.¹⁵⁶ When I attended the *Hidden Legacy Conference* in February 22-24, 2011 in Winnipeg, Manitoba I heard many residential school survivors telling stories of their experiences. I heard many survivors say that residential schools taught them to hate their food and their mother's cooking and be thankful for the 'Whiteman's food.' As well one survivor at told me that, "residential school taught him how not to share because whatever food you got you learned to hide it from others because you never knew when you were going to get good grub again?" Residential school also, "taught me to become a traitor or a snitch to the nuns because we got extra food if we told on our own friends ... I was hungry I just wanted to eat." Through residential school the greatest change in food habits occurred and were not only adopted by many Aboriginal peoples but taught to the next generation. The modern foods consumed, from European contact to treaty regulations and finally residential schools, has led to the increase of lifestyle diseases, most significantly diabetes.

Diabetes and Aboriginal peoples

In 1979 I moved to Winnipeg from Thompson, Manitoba with the plan of gaining life time employment as an administrative secretary. Instead, I was persuaded to enter university, which was never really my intention. I was thoroughly exhausted from learning in an educational system where I was essentially deemed non-existent, therefore, when I first came to Winnipeg I just wanted to earn a living and was employed at many low-end, unskilled jobs such as a file clerk, hotel cleaner, housecleaner, home care worker and

eventually as an administrative assistant. After three years of low wage positions, a friend convinced me I needed a university degree/education and I graduated from the University of Manitoba in 1985 as a Community Nutritionist with a Bachelors of Human Ecology. In my second year of the undergraduate program, I had taken a course entitled “Native Health and Medicine” and asked to trace the diseases in our family tree. Upon completion, I unearthed the roots of the trees to find them heavily infested with diabetes. On my father’s side of the family tree, thirty-two of my fifty-seven first cousins (or fifty-six percent) have diabetes.

After listening to the stories of diabetes and I wanted to learn precisely about this ‘mysterious’ disease. I read copious publications hoping to find a basic definition of diabetes so that I could teach the material to Aboriginal people who requested information which they could understand. It was an onerous task finding a simple definition. Nonetheless, I did find an uncomplicated definition of diabetes through *Diabetes in Canada* where they described, “diabetes mellitus as a disease in which the pancreas produces little or no insulin, a hormone that helps the body’s tissues absorb glucose (sugar) so it can be used as a source of energy.”¹⁵⁷

The *Diabetes in Canada* also described the three forms of diabetes using basic and simple language. The first category, “More commonly known as Type One diabetes is a type of diabetes that usually is detected in childhood and is sometimes called 'Juvenile Diabetes' or 'Insulin Dependent Diabetes Mellitus' (IDDM).”¹⁵⁸ The second class of diabetes typically develops later in life, in general after forty-five years of age, once known as 'Adult Onset Diabetes' or 'Non-insulin Dependent Diabetes Mellitus' (NIDDM) now called Type 2 diabetes.¹⁵⁹ Reaney quotes Lefebvre, president of the International

Diabetes Foundation, to say that, “Type 2 diabetes is often triggered by obesity, as many as 80 percent of cases of Type 2 diabetes are linked to overweight or obesity, particularly abdominal obesity.”¹⁶⁰ Gestational diabetes is the third category of diabetes that develops during pregnancy. This type of diabetes usually disappears when the pregnancy is over, but women who have had this condition are at a greater risk of developing Type 2 diabetes later in life.¹⁶¹ Diabetes among Aboriginal peoples [sic] is overwhelmingly of the Type 2 diabetes.¹⁶² In some cases, people with Type 2 diabetes will use insulin; however, the majority can control their blood sugar levels through lifestyle and diet. Unless specified, discussion on diabetes in this document refers to Type 2 diabetes.

Even before I began researching diabetes I had heard the stories of ‘sugar diabetes’ but did not realize the significance of the disease. I remember in my undergraduate course writing the stories my family members who had diabetes for one of my research papers. During this period, the stories were not in scientific journals nor were they collected using consent forms therefore professors did not recognize the stories as valid knowledge base. This was the beginnings of my questioning how ‘knowledge’ was deemed valid in the academy and wondering what a research paradigm was or if there was more than one-way to approach research.

Nonetheless, the story of diabetes was always in the back of my mind and imbedded in my soul. In my search, I read the 1974 article *Diabetes in American Indians and other Native populations of the New World* by the West.¹⁶³ With over one-hundred citations in the literature, covering some 80 tribes in the New World, West concluded that diabetes was extremely rare in all tribes prior to 1940, but that an ‘epidemic’ began among many tribes in the postwar years.¹⁶⁴ I remember sitting in the library smiling to myself

because this was the same information I was hearing from my family members. I recall one of my uncles in 1983 saying, “You know it is really strange, I just don’t remember the sugar diabetes happening when I was a child, it is just a recent phenomenon that you start to hear about diabetes. No, never heard about it ever happening in our communities.”

Published data on the prevalence of diabetes among Aboriginal peoples in Canada in the late 1970’s was scarce. “In the early 1980s the initial stages of epidemiological data collection in Canada, other than several studies among Aboriginal peoples [sic] and the Inuit in the North West Territories, the studies were negligible.”¹⁶⁵ Young, Moffatt, and Ling indicate, “The studies that were being published in the early 1980s were also mainly descriptive ones based on physician diagnosed cases”, which meant the findings were not based on evidence from research approved from an ethics board.¹⁶⁶ It was also recognized in the late 1980s and mid 1990s that the prevalence rates tended to be lower for northern groups than for urban Aboriginal peoples [sic] living in the southern area.¹⁶⁷ The *Aboriginal Peoples Survey of 1991*, the most recent data available that includes all Aboriginal peoples across Canada, indicated that First Nations people have a rate of diabetes at 6.4 percent with 8.5 percent on-reserve and 5.3 percent off-reserve; Metis people were reported to have a rate of 5.5 percent which, like the First Nations, is above the national average of 3.1 percent; and Inuit reported a rate of 1.9 percent.¹⁶⁸

In 1996 Canada developed the National Diabetes Surveillance System (NDSS) with a broad stakeholder base including the federal and all provincial/territorial governments, non-governmental organizations, national Aboriginal groups, and researchers.¹⁶⁹ The NDSS can improve the collection and dissemination of critical information on diabetes in Canada by facilitating and coordinating the surveillance of

diabetes nation-wide, in each province and territory and among Aboriginal communities. Before the development of NDSS, the methodologies to collect prevalence data of Aboriginal peoples varied widely, no single set of diagnostic criteria was uniformly adhered to, and most data collected was from First Nations communities.¹⁷⁰

In my search to understand “why we’re having this epidemic”, I continued to read the literature and to listen to the stories. As I read the data many of the researchers initially suggested acculturation. MacNeil defined acculturation as, “The processes of appropriation of cultural features that are seen as characteristic of a dominant cultural group ... as well, the societal acceptance of individuals is based on their adoption of the cultural features of the society into which they are assimilating.”¹⁷¹ The impact of European, the dominant culture, into Aboriginal peoples territory is discussed in detail in the previous section entitled, ‘Historical Changes to Food and Physical activity’.

The second reason cited for the increase of diabetes is related to genetic factors such as the thrifty gene theory, hefty fetal phenotype, and genetic mutations. In the thrifty gene theory or the thrifty genotype Jacobs theorized “That Aboriginal peoples became genetically adapted to patterns of alternating periods of feast and famine.”¹⁷² Jacobs continues, “That they developed a genetic trait that allowed them to efficiently store energy as fat, which greatly increased their chance of survival during times of famine ... then with the shift to a lifestyle that involved less manual labour and constant food, the set of genes developed to enhance fat storage in the body now work against Aboriginal peoples. When individuals with a thrifty genotype are exposed to a continuous supply of energy-rich foods coupled with a reduction in physical activity, the result is often obesity, low-glucose tolerance, and diabetes.”¹⁷³

Whereas with the hefty fetal phenotype, researchers studied women with gestational diabetes and these women were recorded to have increased rates of high birth-weight babies. It is postulated these children born from women with gestational diabetes may have a propensity to develop early age onset Type 2 diabetes.¹⁷⁴ In genetic mutation theory there are some researchers that are identifying genetic mutations that they theorize may be causing the Type 2 diabetes. For example, Hegele and associates identified a private HNF1A mutation, G319S, that has been strongly associated with Type 2 diabetes in the Oji-Cree of Northern Ontario.¹⁷⁵ McDermott comments on these theories, especially the thrifty genotype theory:

As an explanation for the late twentieth century epidemic of diabetes, particularly in post-colonial Indigenous societies ... and how this paradigm serves to exclude considerations of social determinants of disease in epidemiological thinking ... finally there is a need for epidemiology to be continually conscious, critical and transparent with respect to the general disease theories.¹⁷⁶

The third reason for the increase in diabetes was environmental factors and the most important environmental factor cited by the scientific medical community is obesity.¹⁷⁷ However when I could I listened to stories, I would hear people sharing their stories about the loss of food from the land, the loss of spirituality with food, the changes in the land, the introduction of the modern vehicles, such as trucks, cars, snowmobiles, new roads and so on. These losses are considered environmental by Aboriginal peoples but were not identified as environmental factors by the medical community since they could not be categorized in a form of a medical disease.¹⁷⁸ It took several years before I began to understand that stories told by Aboriginal people and the stories told by the

Western medical community were part of the colonization process. It seemed as if the Western scientific community of medicine was not hearing the stories of diabetes from the Aboriginal peoples. Instead, researchers were looking for causal factors and theories to determine why the disease was increasing.

I initially felt I had no scientific knowledge about diabetes because I had not extensively studied it in my undergraduate degree. I had an understanding about the diet and what foods to avoid but very little knowledge about how it affected the body and especially the internal organs such as the kidneys, pancreas, and as well as the colon and heart. Yet diabetes was slowly killing ‘all my relations’. After unearthing the roots of my family tree, something had touched my heart.

When I realized my family tree was ‘contaminated’ with diabetes, this made me think about how many of the branches contained Elders and elderly people. I made the distinction between Elders and elderly people because it is important to understand that Elders are people who have knowledge about Aboriginal worldviews and share that knowledge with their community. Couture explains, “Elders being the exemplars of such a way of living, relating and perceiving ... [they]... are superb embodiments of highly developed human potential.”¹⁷⁹ Whereas elderly people can be older in age they are not necessarily viewed as Elders since they may not have had the opportunities for reflections of their lives. This however does not mean that elderly people are less important. I have learned that diabetes is a disease that does not care if someone is an Elder or Elderly.

I also learned type II diabetes is silently killing my people is vastly different from the Western rates. In the West it is an older person’s disease. However this is not the same scenario for Aboriginal peoples as in the mid 1980’s several studies documented that

diabetes is occurring among 25 years old Aboriginal people.¹⁸⁰ Less than a decade later, in 1992, Dean, Mundy, and Moffat had also reported in Manitoba that, “Between 1984 and 1990, children less than 15 years of age were identified as having diabetes.”¹⁸¹

I began to contemplate that if people in their 40s were getting an old person’s disease they would not become Elders or elderly people of sound mind, body and spirit. These Elders and elderly people would be surviving every day with a disease they did not understand they would not comprehend the disease does not disappear even when they start taking medication to reduce their blood sugar levels. I agree with Kirkness who states:

It is our responsibility to give voice to our ancestors; by learning from our Elders as they pass on to us the teachings of their ancestors ... they are the keepers and teachers of our cultures¹⁸²

As an Aboriginal person, I believe Elders need to be in the circle to continue to sustain spirit and mind, which in turn supports the body and emotional well-being of a person. Without Elders, we will not have oral traditions handed down, without our own stories; we lose our sense of space and place on Mother Earth. The loss of Aboriginal oral traditional knowledge includes losing teachings and information about flora and fauna, such as herbs and medicines, and other potentially valuable knowledge of the earth. To keep our oral traditions alive, the health of Aboriginal peoples, especially the Elders, must endure. We cannot continue to lose ‘our knowledge’ to diabetes.

After twenty years in the field of nutrition, I now recall how many of the nutrition presentations I made in Aboriginal communities would invariably end up talking about diabetes. Aboriginal people would not only be sharing their experiences they would be

espousing their frustrations and the helplessness they felt with the disease. I remember writing their stories on paper, napkins or anything that I could write on so that I could have a written document of their stories in hopes that I would be able to have the opportunity to share these stories with others. At the time, in the mid-1980s, when I was collecting these stories I had no idea there was a procedure for collecting information before publication.

It would not be until 2001 that I would read the similar stories as presented by Sunday, Eyles and Upshur in the article *Applying Aristotle's Doctrine of Causation to Aboriginal and Biomedical Understandings of Diabetes*.¹⁸³ The authors had collected information in the form of stories, with approval by an ethics review board, and had published a peer-reviewed article. In this article, they described many stories from people they had interviewed. One story by David, a community member, described diabetes as:

They say it's heredity but I'm not quite sure. I think it's ... like we probably all have the natural weak genes that causes diabetes ... All native people live a stressful lifestyle. Trying to cope in a society that's not traditionally like the way we used to follow ... And not eating the proper foods that we used to eat. My dad says if it doesn't run, don't eat it. If you can't catch and kill it, don't eat it. Or if it doesn't swim fast, don't eat it. Or if it's just standing there, then it's probably lazy meat you're eating. And all the other things. Like we never had sugar or sweetness. It used to come only in berry form in the summer. The other sweetness we used to get was in the spring time with maple syrup only ... the other thing is because of contact and change and influence from non-native society ... There's no community support like to find

work. There's nothing to do except get into a state of depression, they're eating junk, they're unhealthy, they're getting fat, lazy and stupid.”¹⁸⁴

I was very surprised as this narrative was similar, if not the same, to the stories I had been hearing and had documented from various Aboriginal people across Canada for the past twenty years. I felt elated that this type of knowledge was being acknowledged and accepted in the academy.

Bruyere thesis entitled “Tribal perspectives of diabetes among the Nehinaw (Cree) of the Opaskwayak”¹⁸⁵ identifies Newhayowk ways of talking about diabetes, and the impact that language has on these understandings. In the thesis, Jocelyn concludes that:

Diabetes stands as a powerful political metaphor for the loss of a way of life which had changed during the lifetime ... there is a understanding that the people were strong in the past because they followed a traditional way of life ... however because of imposed change on the environment and increased technology, they observed now, people do not exercise as much, eat ‘pikonata kekon’ (non-valid foods such as junk or fast food, and sweets), fried food (the traditional method is boiling food), and do not have as much wild food as before ... Underlying this understanding is the sense of loss of autonomy and control.¹⁸⁶

In addition to the information, in the form of stories, about diabetes by Aboriginal peoples in print media format, researchers have analyzed and assessed diabetes programs for Aboriginal people.¹⁸⁷ The research describes the programs that include components of Aboriginal culture, such as language tend to have more community members learning to

control their diabetes. Besides the proliferation of the printed data about diabetes and Aboriginal peoples there have also been a number of videos and television programs about Aboriginal peoples and diabetes. In 2002, “The Sweetness in Life: A Diabetes Story” is a national television thirteen-part series, on Aboriginal Peoples Television Network; it highlighted Aboriginal communities working against diabetes.¹⁸⁸ As well there have been various radio commentaries, at least five to seven minutes in length, within a one-hour radio show, aired by different radio stations about Aboriginal peoples and diabetes.¹⁸⁹

Although there has been an explosion of written and visual media documentaries about diabetes and Aboriginal peoples, there is a dearth of documentaries that have recognized *urban* Aboriginal people’s stories of diabetes. Alia described, “Radio as the most grassroots of all news ... it is well adapted to oral cultures – particularly what has been labeled ‘talk radio’ – provides a forum for social and political dialogue, especially in areas where people are often scattered.”¹⁹⁰ I have chosen for the updated oral format radio. According to Clayton, station manager for UMFH 101.5 at the University of Manitoba in Winnipeg, Manitoba, for a show to be considered a full segment; the commentary must run at least for forty-five minutes.

Urban Aboriginal peoples

As a young girl of ten I remember knowing that I lived in a community different from most of my relations. I lived in the town of Thompson, Manitoba. Thompson is a small northern mining community that had the modern amenities of running water, electricity and heat. My father’s relatives who lived in the Métis community of Mosakahiken (Mooselake) Manitoba did not have such luxuries in the mid-1960s nor did my mother’s relatives who lived in Opasquiak (The Pas), Manitoba. Eventually my

relatives from the smaller communities received such modern conveniences but still remained in 'rural' communities. Then, in 1970, Thompson was incorporated as a city and this is when I essentially began to live as an urban Aboriginal person.

In the mid-1980s when I had to research urban Aboriginal people's stories for university research papers for my undergraduate degree, the material was very scarce. As I walked down those lonely aisles at the University of Manitoba I remembered my sister, Louise, and I, would watch our friends and families relocating to urban areas. One-time fifteen families in one summer left Thompson, Opasquiak and Mosakahiken, to move to the big city of Winnipeg, Manitoba. We would be so jealous that our relatives and friends would be moving to the metropolis of Winnipeg to become 'city folk'. As I sit here writing this I think this is quite funny because we, in-fact, were 'city folk' before our friends who left Opasquiak and Mosakahiken. We knew, through the stories we shared with one another and through listening to other people's accounts that the number of Aboriginal peoples moving to urban areas was increasing. Yet, I could not seem to find written literature about this phenomenon that I had witnessed and experienced as a teenager. Nonetheless I kept looking in the stacks and government documents for urban Aboriginal peoples.

In my search I discovered three books, Mark Nagler's *Indians in the City*, Edgar J. Dosman's *Indians: The Urban Dilemma* and Larry Krotz's *Urban Indians: The Strangers in Canada's Cities*, that focused specifically on urban Aboriginal peoples in Canada without making a comparison to 'rural' Aboriginal people.¹⁹¹ I found government documents studying the depressed social and economic conditions of Aboriginal people living in reserves and rural Métis settlements. According to Peters, "A large majority of

these studies were commissioned by federal and provincial governments and the research more often than not had been awarded to non-Aboriginal academics, consultants, and researchers.¹⁹² Peters elaborates that, “these reports, which viewed rural Aboriginal people as ‘problems’ where public attention was drawn into the concern for Aboriginal peoples and where “policy makers looked to urbanization for at least a partial solution.”¹⁹³ It has been in this context of ‘problem’ that Aboriginal peoples living in ‘rural areas’ and moving to urban areas continue to be taken up by non-Aboriginal academics, consultants and researchers. This means that research does not have an Aboriginal worldview and Aboriginal people will continue to be ‘problems’ instead of ‘resilient people’ when given culturally appropriate health tools to combat diabetes.

Peters also critiqued the books by Nagler, Dosman and Krotz, “These three books have become ‘classics’ in their field of study.”¹⁹⁴ I too remember when I had first read these books I had also wondered why the authors presented such a bleak picture. As with Peter’s critique, I also noted the books were gender biased; women were basically missing from the discussions. When I had read these authors back in 1987 I wrote a poem which I entitled “Three writers socially constructing Aboriginal Urbanization” which summates each author’s views of urban Aboriginal peoples.

As I continued to read the various articles by Peters around urban Aboriginal people. I began to recognize that she was not writing as if Aboriginal peoples were problems instead she was trying to explain the situation of urban Aboriginal peoples. This thought was confirmed in the article “Urban and Aboriginal: An Impossible Contradiction” where Peters wrote:

As an academic of Dutch and Ukrainian origins I am not qualified to speak about

the urban experience for Aboriginal peoples ... what I did feel qualified to write about, in a critical way, is how I and my peers have conceptualized the situation of urban Aboriginal peoples, what some of the implications have been, and what are some possible ways to move forward.¹⁹⁵

Historically research that involves Aboriginal peoples in Canada was defined and carried out primarily by non-Aboriginal researchers and the approaches used have not generally reflected Aboriginal worldviews. Without Aboriginal peoples' voices included in the discussions, especially with health, how diabetes is taken up by the academy will only continue to view us as 'problems' but solutions will not include how our communities are capable of resolving their own health. The research has not necessarily benefited Aboriginal peoples or communities.

However, the landscape of research involving Aboriginal peoples is rapidly changing where growing numbers of First Nations, Inuit and Métis scholars are contributing to research as academics and community researchers.

There is some shift to do research for and by Aboriginal people as written in the OCAP Principles.¹⁹⁶ Although there are the OCAP Principles for now, the pragmatic work is needed to resolve the "Indian" problem in First Nations communities where most of the funding is still currently by government bureaucrats, who are mainly comprised of men of European descendants, who will resolve the 'Indian' dilemma. This will be an onerous task for the bureaucrat since the federal government cannot even agree to define who is Aboriginal, Native, First Nation, and Metis. For example, I am a female and raised as a Nahayowak with Métis heritage. My father is Métis and my mother who is status and belongs to the Opasquiak Cree Nation (OCN), lost her status when she married my father,

who is Métis.¹⁹⁷ Later in my thirties my mother was able to have her status reinstated through Bill C-31 and is back to being a member of OCN with status identity.¹⁹⁸

In the beginning there was Columbus and Queen Isabella
An erroneous miscalculation in geography
Defined the inhabitants, not the humans, as los Indios¹⁹⁹
He, not she, good, meek, noble, and a savage, heathen, sinner
Five hundred years later contradictory images float in the European mind
More policy and books for the problem Indian
Urban Aboriginal floating dichotomous image
Naglers: Indians in the City

True and authentic Indian was once a finely patterned mosaic
In the city they are a patchwork of meaningless and unrelated pieces
Culture of family and time not adaptable to the urban jungle
Failure of doom, doom to fail
Dosman: Indians: The Urban Dilemma

Three grouping of Indians in the city
There is the fully assimilated affluent Indian living a middle class existence
Welfare Indian living reserve lifestyle on urban pavement reject industrial values
The anomic Indian strong cultural attachment, assimilate or back to the reserve
Krotz: Urban Indians

Stories of employed urban Cree, Dene, Ojibway Indians living their culture
Make bannock, collect berries, extended families, and work in Native
Organizations
Not homogenous, all different, maintain their culture in the urban context
Not identified by their reserve affiliation or by treaty status, new urban Indian

(Sinclair, "Three writers socially constructing Aboriginal urbanization.")

I then was able to apply to become status and I remember when I did receive my letter from the Department of Indian and Northern Affairs stating that I was now an 'Indian' as defined by the Indian Act, I thought this is hilarious. I had always thought of myself as an 'Indian' and I was reminded by other non-Aboriginal people that I was an 'Indian'.

Through the years when I identify who I am I don't usually say I am a member of OCN, or that I am status, or that I am Aboriginal or that I am Métis instead I say I am 'Cree' but

that too has changed to saying I am Nahayowak or sometimes Nehiyawan.

To rectify the issue of identification, the Aboriginal Peoples Survey (APS) of 1991 defined Aboriginal peoples as, “having Aboriginal ancestry and who consider themselves to be North American Indian, Métis or Inuit.”²⁰⁰ This meant that identity is no longer solely based on government definitions. Instead, if Aboriginal peoples saw themselves as Aboriginal they could identify themselves as Aboriginal. Therefore, the number Aboriginal peoples who self-identified as Aboriginal in the APS rose significantly. In 2001 the city of Winnipeg did an environmental scan and they used the same definition as the APS to define Aboriginal. In the document entitled *United Way Environmental Scan of 2003* there were 55,755 people in Winnipeg who identified themselves as being Aboriginal; this was a 21 per cent increase over the 45,750 recorded in the 1996 Winnipeg census. This was also a 59 per cent increase over the 35,000 recorded in 1991 Winnipeg census and by 2020 it estimated that the Aboriginal community may double to 100,000 people.²⁰¹

I am one of the 45,750 recorded as Aboriginal as I did move to Winnipeg after I graduated from Grade Twelve in Thompson, Manitoba. My migration to a larger urban center was because the opportunity for employment in Thompson was minimal. When I first moved to Winnipeg, I had no idea where I was going to live or even how or where to seek employment other than Canada Employment Centre. I did not know you could look in the newspaper for employment or that you could go introduce yourself to various companies and agencies. I lived with my cousin for a few months until I became financially stable. While living with my cousin I began to do service work with various Aboriginal agencies.

The story of my migration to an urban center is not unique since employment is one of the main reasons Aboriginal peoples move to urban areas. According to Dussault and Erasmus:

Aboriginal people move from the territories and northern regions of the provinces, from the east coast and the west coast, Aboriginal peoples migrate to the cities from Métis settlements, Indian reserves and Inuit communities, from many nations and diverse lifestyles ... others choose to locate there, seeking a better life for themselves and their children ... some are pushed from their home communities by poor economic conditions, substandard housing, limited educational opportunities, and social problems ... and pulled to urban centres by the potential for education, employment and health care.²⁰²

Another common experience for many Aboriginal peoples moving to an urban area is they do not have adequate funding, nor secured accommodations. When I moved to the city of Winnipeg, I was by no means financially stable and I had one cousin I kind of knew, but not really, and I slept on her couch for six months before I was able to find my own apartment. I lived in a bachelor suite that was so tiny that I could crawl out of bed and land in either the kitchen or the bathroom. According to Loxley and Wein:

In Winnipeg Aboriginal peoples as a whole have a much higher level of poverty on average than the rest of society ... poverty for Aboriginal families was 64.7 percent whereas the average rate of poverty among non-Aboriginal families in Winnipeg was 28.4 percent.²⁰³

Aboriginal people wrote Dussault and Erasmus, “Often face overwhelming problems that are rooted in cultural dislocation and powerlessness, discrimination and

economic hardship, and frustrations with governments and service agencies.”²⁰⁴

Hanselmann further wrote:

Statistical data typically reveal that, on indices measuring health, education, employment, or income, urban Aboriginal populations’ fall somewhere in between rural Aboriginal people and urban non-Aboriginal people ... that is, they are better off on these measures than their rural counterparts but still a considerable distance behind the non-Aboriginal population living in the same urban areas.²⁰⁵

However, according to Loxley and Wein, “The majorities of urban Aboriginal populations are becoming better organized and are pressing their claims for consideration to municipal, provincial and federal governments.”²⁰⁶

Understanding the process of how Aboriginal become urban is important because it gives context to why urban Aboriginal people who migrate will come to the urban area without adequate knowledge of living in an urban area. They will come to the urban area without knowledge of services available to them for health care and where and what is inexpensive healthy food. They continue to consume the same processed and convenience foods that will lead to obesity and eventually diabetes.

Aboriginal/Indigenous Worldviews/Knowledge(s)

According to Dei, “In the 21st Century interest in Indigenous Knowledge(s) is rapidly growing”²⁰⁷ because “Indigenous knowledge(s) have illustrated its role in creating shared capacities that can alleviate poverty and create sustainable development.”²⁰⁸

Battiste writes:

The recognition and intellectual activation of Indigenous knowledges is an act of

empowerment by Indigenous peoples. Through this act of intellectual self-determination, Indigenous academics are developing new analyses and methodologies to decolonize themselves, their communities, and their institutions.²⁰⁹

Understanding this context of decolonizing will provide insight into why there continues to be poor outcomes for diabetes despite all the efforts made by the Euro-Western medical community.

Although it is difficult to give exact definitions of Indigenous Knowledge(s) according to scholars Dei, Battiste and Henderson, there are primary characteristics of Indigenous Knowledge(s) and meaning, as illustrated in Table 2.0.210

Dei continues to say, “These knowledges constitute an ‘Indigenous informed epistemology’ and it is these knowledges or worldviews that shapes the community’s relationship to the environment.”²¹¹ The environment is not just the land but how Indigenous people relate to their surroundings, be it in an urban area or the bush country. If, for example, an Indigenous person lives in an urban area they will still respect the area they live in by ensuring they remain kind and gentle with those around them and be a participant in their urban community.

Castellano describes three broad aspects of Aboriginal knowledges as shown in Table 2.1.²¹² Castello suggests these knowledges do not work as separate entities; rather they work together and change as the environment and person changes. They are dynamic worldviews that are not static; they are fluid and ever changing. Sometimes when one knowledge does not seem to fit into the dominant worldview “scholars within the United Nations have called it cultural racism or cognitive imperialism.”²¹³ Battiste, describes this

as, “The imposition of one worldview on a people who have an alternative or another worldview, with the implication that the imposed worldview is superior to the alternative worldview.”²¹⁴ When I read Battiste describing cultural racism I felt a great sense of relief as I finally understood that although I have gained knowledge in the Western dominant system, how I thought about the world was not the same as the Western world.

This has been one of my struggles with the education system-my knowledge or worldview has not been fully honored or understood. According to Dei, “A profoundly challenging task in the academy is to facilitate the recognition and validation of the legitimacy of Indigenous Knowledges as a pedagogic, instructional communicative tool.”²¹⁵ To integrate Indigenous knowledge, “Into the Western academics is to recognize that different Knowledges can coexist, that different Knowledges can complement each other, and also that Knowledges can be in conflict at the same time.”²¹⁶

Table 2 - Primary Characteristics of Indigenous Knowledge)s and Meaning

Characteristics	Meaning
Personal/personalized	No claim to universality
Trust in knowledge	Known that knowledge is tied to integrity, familiarity, and perceptiveness of the speaker
Not isolated	Knowledge learned not alone but from the Earth or from people
Generational Knowledge	Knowledge of cultural traditions, values, beliefs and World views in an Indigenous society handed down from Elders to youth

For this text I want to integrate worldviews, Western and Indigenous, by writing the dissertation in the English language using the protocol of the English grammar rules along with beginning this work with prayer and development of a compact disk that has an audio

component or an oral format. It is important to integrate these worldviews as it will mean Indigenous peoples and Western academics can work together to find solutions that will improve Indigenous peoples' health and the possibility of having a "diabetes free people".

This oral format and prayer are the two main Indigenous Knowledge approaches utilized in my research and presentations. It is through this conscious effort that I have made sure that both Knowledges work together instead of having one seem better than the other. I suppose it is similar to the debate of qualitative versus quantitative research where research is now with both methods instead of people having to choose quantitative or qualitative. I believe that it is possible to integrate Knowledges and it is necessary as Indigenous people begin to enter into the academy.

Table 3 - Aspects of Aboriginal Knowledges

Category	Name	Meaning
One	Traditional	Knowledge passed by Elders to community members
Two	Empirical	Knowledge based on careful observations of one's surrounding environment
Three	Revealed	Knowledge that is provided through dreams, visions and intuition

Besides understanding that Indigenous worldviews have been under assault for many generations I have begun to understand that the view I have of the world has been influenced by my mother tongue, even though I no longer speak it fluently. The Sapir-Whorf hypothesis, named after the American linguists Sapir and Whorf, propose that:

Human beings do not live in the objective world alone, not alone in the world of

social activity as ordinarily understood, but are very much at the mercy of the particular language which has become the medium of expression for their society.”²¹⁷

In other words, “the language one speaks determines the way that they will interpret the world around or they view the world.”²¹⁸ For Indigenous languages, according to Battiste and Henderson:

They are the means for communicating the full range of human experience and are critical to the survival of any Indigenous peoples ... critical links between sacred knowledge and the skill required for survival ... forms of spiritual identity.”²¹⁹

I understand this to mean the words in an Indigenous language are not just about the meaning, but the words themselves have life or a spiritual component. If the words themselves have, a life force imbedded right into the teaching I have heard Elders say, then “Choose your words carefully,” makes sense to me. “Words do have power” as was also reiterated by Hill Jr.²²⁰

I have struggled to understand the English language and all its grammatical rules. I have memorized rules and regulations, yet, I still have a difficult time writing in English unless I fully concentrate on the writing. I recognize that the written word for myself and the academy is important but when I write in English I have to think about whether or not what I write will help other Indigenous peoples have better health. My writing is about the responsibility I feel to convey what my ancestors/relatives fought so hard to keep alive, our culture, our health, and our spirit.

Previous to entering the English-speaking world I was speaking predominately Nahayowak with some ‘smatterings’ of English until the age of seven. My worldview was

essentially Nahayowak until I was ‘forced’ to only speak English but also live in an English environment. My mother who raised us, as my father was away working most of my life, attended residential school from age five to sixteen. Residential schools meant that my mother’s worldview was fragmented and even though she was not able to give me a complete Nahayowak worldview what she instilled in me were the seven teachings as described in Table 1.0; she managed, despite her own fragmented worldview, to give me a personal cognitive map.

Kawagley author of *A Yupiaq World Views: A Pathway to Ecology and Spirit* noted that, “Personal cognitive maps are created by humor, humility, tolerance, observation, experience, and social interaction, and listening to the conversations and interrogations of the natural and spiritual worlds.”²²¹ I immediately understood what he meant because my own personal way of viewing the world has been created by my language, jokes and my relationships with friends and family.

As I think about my parents I remember they would let anyone into our home. For my parents, it did not matter if someone was Black or Chinese or Jehovah Witness; they came in and had a cup of tea. When we would have relatives visit, my parents would speak Nahayowak and they would spend the nights laughing, sharing jokes, and somehow manage to feed the relatives. I also think of the times my parents took us out on the land in their home territories as we grew up in the North and how my mother would have a large pot of stew on the stove if we were outside playing all day. My mom always encouraged us to be outside, as she did not like us spending our time watching television; she felt we learned more if we got ‘fresh air’. As I sit here and reflect, I do not think there was any day we were not outside, even if it was minus 50°C we were outside playing. Today if I

stay in the house for more than one day, I have to go outside to get fresh air. I feel very unbalanced if I have only inside air.

Kawagley's quote also made me think of how I relate with the Earth and listen to how people speak about the ecology of the earth. I realize the relationships that I have with life itself is as equally important as the relationships I have with people. Wilson in *What is an Indigenous Research Methodology* shared a story about how his father talked about how the Nahayowak create relationships and I think it is important to reproduce this story here. In the story Shawn is explaining:

His father was saying how a couch or sofa in the Nahayowak translated literally means 'someplace where you sit' ... rather than calling it an object, you name it through your relationship to it ... ideas and concepts, like objects, are not as important as my relationship to an idea or concept.”²²²

When I first read this story I had to think about what Wilson was saying and how I think about something and how I act upon that something is more important than just thinking or talking about the object or concept. This idea is similar to the colloquial saying, “Walk your talk don't just talk the talk”.

Battiste and Henderson summarize Indigenous and Aboriginal knowledges when they quote Daes who wrote:

The heritage of Indigenous peoples is not merely a collection of objects, stories and ceremonies, but a complete knowledge system with its own concepts of epistemology, philosophy, and scientific and logical validity. The diverse elements of an Indigenous people's heritage can only be fully learned or understood by means of the pedagogy traditionally employed by these people

themselves, including apprenticeship, ceremonies and practice. Simply recording words or images fails to capture the whole context and meaning of songs, rituals, arts or scientific and medical wisdom. This also underscores the central role of Indigenous peoples' own languages, through which each people's heritage has traditionally been recorded and transmitted from generation to generation.²²³

Indigenous knowledge guides how I view the world. It has brought me the desire to write and conduct research using the knowledges that I possess from my blood memories, everyday living, and from the knowledges given through the academy. Castellano in *Indigenous Knowledge in Global Contexts* summarizes, for me, the essence of how I view Indigenous/Aboriginal Knowledge, "Aboriginal knowledge is said to be personal, oral, experiential, holistic, and conveyed in narrative or metaphorical language ... this list not exhaustive."²²⁴ "Where Indigenous Knowledge survives, it is transmitted primarily through symbolic and oral traditions."²²⁵ Therefore transmitting this form of knowledge through radio is important.

Reanimate oral traditions

"In the past decade several authors have been experimenting with diverse ways to represent the spoken word of Aboriginal tradition ... are using writing not to freeze but to reanimate oral traditions ... and using alternative media."²²⁶ Through printed word I want to talk to you how I understand oral tradition by Elders and various teachers. "Often oral cultures have been described as pre-literate as if literacy were a form of communication more advanced on an evolutionary scale."²²⁷ For Aboriginal communities' oral traditions preserved cultural practices of traditional teachings and stories from one generation to the

next. These oral cultural practices were spoken from the heart.

In speaking from the heart Peat in *Lighting the Seventh Fire: The Spiritual Ways, Healing, and Science of the Native American* describes:

When Aboriginal peoples [sic] talk they are not speaking from the head, relating some theory, mentioning what they read in some books, or what someone else has told them ... rather they are speaking from the heart, from the tradition of their people, and from the knowledge of their land, they speak of they have seen and heard and touched, and of what has been passed on to them by the traditions of their people.²²⁸

As stated earlier Hart, a Nahayowak from Manitoba, writes that, “speaking from the heart also includes the attempt to touch the listener’s heart ... this process honors the listener because the speaker is sharing something that is truly meaningful and not merely informational.”²²⁹ Throughout my university career I often wrote papers, especially in my undergraduate degree, from what I knew and I would try to assert my Aboriginal identity within the context of the paper and invariably I was asked to rewrite the papers. It wasn’t until I read Anderson’s work that one more piece of the academic maze or puzzle began to make sense. Anderson quoted Monture-Angus who noted that:

In academic writing, the rule is that authors do not identify their voices ... they speak from a pedestal of knowledge ... the individual speaking is not a central part of that knowledge nor is s/he actively involved in the knowledge s/he has produced ... the knowledge is outside of self.”²³⁰

It was not until I began the doctoral journey that I was able to write, albeit not in every class, using my own voice and knowledge. I have begun to write not only from academic

knowledge but from the heart.

At Morley, Alberta in the mid-1970s, I heard Elders speak from their heart about teachings and through their stories. I remember feeling my whole body re-awakening from a long sleep. I did not realize this was the beginning when Aboriginal peoples in the Americas were reclaiming their ceremonies. Couture, an Aboriginal educator noted that, “in the late 1960 amazingly and concurrently, and virtually everywhere in North America, signs of revitalization appeared.”²³¹ When I was sitting and listening to the Elders it was not only their voice but the surroundings that made me begin to feel whole in body, mind, emotion and spirit. Ortiz, an Acoma writer, explains, “this feeling of wholeness occurs because oral traditions is not exclusive rather it is inclusive in that it includes the actions, behaviors, relationships, practices throughout the whole, social, economic, and spiritual life processes of people.”²³²

Through listening to the voice and story I knew that change was going to happen with me, I felt this deep-seated pride in myself being an “Indian”. I also began to understand how the oral traditions could change because Elders were speaking to us, the youth, in English about the teachings, even though the Elders were taught by their Elders never to speak about the teachings unless it was in an Aboriginal language. In retrospect, I think the Elders knew if they did not start to tell the teachings in the English language that many of the youth who attended this conference would leave. These Elders sacrificed their beliefs for us, the next generation. This still makes me feel weak in the knees to know they did this for me, a young girl, so that I could have a life not only filled with Aboriginal knowledge but also knowing how to live life with Aboriginal knowledge.

Besides listening to Elders years later, I would read Aboriginal scholars, such as

Sarris, who wrote, “That tradition is not fixed, tradition is often considered as that which is changing in a culture, that which is canonical.”²³³ Sarris explained if oral traditions had not changed through time Aboriginal cultures would probably not have survived the colonial assault. In the Eurocentric/Western frameworks many scholarly disciplines try to give a clear and concise definition of orality from their area of expertise, such as sociology, philosophy, and so on, and to espouse that their definition is the preferred definition. Many times I have heard professors say, “the current definition of, for example, sociology and health, does not include components of the current health care system, so keep this in mind as we discuss this topic.” Battiste and Henderson wrote:

The quest of precision and certainty is a typical Eurocentric strategy ... these scholars impose a definition, attempt to make it apply universally, then, when it fails to comply with any universal standard by deductive logic, quibble over its meaning.”²³⁴

Throughout my life as I listened to the teachings and stories, usually in the English language, in retrospect, I never heard Elders argue about whose ‘truth’ was the best or correct. Instead, the Elders would say, “Take what you want from this talk and that which does not make sense leave it.” Elders recognized and understood many people, especially the children, did not speak their language, through no fault of their own. Elders knew it was time to talk about the teachings and the stories, and they knew the time was now. If the teachings had to be re-introduced in the colonized language, which in Canada is more often than not English, rather than an Aboriginal language, then this is what was going to be done. In sharing teachings and stories in the colonial language of English, Elders were resisting what they were taught by their Elders, “to orate in an Aboriginal language.”

Through the years that I have listened to Elders, not once have I heard Elders chastise me for not being able to speak my language. I think if they did, I might have closed my mind to the stories and the teachings. The Elders, in their wisdom, understood the effects colonization had on their people and believed if they could avoid adding more pain, oral teachings would be nurtured and given life so they could be transmitted for generations to come.

During the reclaiming era, when I was listening to the Elders, I continued to observe around me Aboriginal peoples suffering and dying from the effects of racism, classism, sexism, and other isms, all originating from colonization via imperialism. I also witnessed numerous Aboriginal peoples laughing vociferously as they sat listening to the stories and teachings. Farmer explains in *The Trickster Shift: Humor and Irony in Contemporary Native Art*, that:

Because Aboriginal [sic] communities have gone through probably the worst situations in North America that any peoples have gone through they had to have the ability to laugh ... if we didn't we wouldn't be existing today.²³⁵

Farmer coined this form of humor as 'toxic humor' as it is a form of humor based on toxicity ... you have to laugh because there is nothing else to do but laugh at (the situation) in order to face the reality, in order to get past it ... if you don't laugh at it then you can't deal with it."²³⁶

As people laugh, Elders often acknowledged the laughter, reminding the audience, "Laughter is good medicine." I know as an Aboriginal person I will make puns about my situation using words in my language and English words to obtain a 'double entendre'.²³⁷ For example, I recall one time being bitten by a bee, and in the Nahayowak language the

word for bee is a'moo. I began the story of how I was walking and out of nowhere, this bee that was black and yellow and very large struck me in my arm. Near the end of the story I said, "This bee was huge, it was as huge as a cow." I went on to say, "I tell you instead of a buzz sound it went a'moo." I had said the word 'a'moo' in a howling cow sound. My Nahayowak friends burst out laughing as they understood that I was making fun of the Nahayowak word a'moo which is a word English speaking people use to describe how a cow sounds. I had taken the English word "moo" and used the Nahayowak word a'moo to make a 'double entendre' about cows and bees. Many times, I find myself laughing in various situations when no one else is laughing and people look at me and ask, 'what is with her'? I don't even realize I am doing this until I hear myself and get the 'look'.

Besides understanding that the English language is being used as a way to reanimate the oral traditions by utilizing double entendre, play on words and humor. The other method being utilized is the orality in the written. Aboriginal writers, novelists, play writers and poets are using writing not to freeze but to reanimate oral traditions into a method that honors both Aboriginal and non-Aboriginal ways of viewing the importance of text. Blaeser, a poet wrote:

Although most scholars agree that the oral can never be fully expressed in the written, and that experience cannot be duplicated in text ... Aboriginal [sic] authors still believe in the importance of the attempt and the possibilities for bringing text to life."²³⁸

Blaeser explains further that while Aboriginal writers attempt to bring text to life the reader has "response-ability", that is a response to the best of their ability to the text or in

other words “the listener/reader has as much a part in the creation of the story as the teller ... in this way, the listener also carries the responsibility for the knowledge that is transmitted.”²³⁹ Maracle, a Salish writer, described how words:

Are not objects to be wasted ... they represent the accumulated knowledge, cultural values, the vision of an entire people or peoples ... we believe the proof of a thing or an idea is in the doing ... doing requires some form of social interaction and thus, story is the most persuasive and sensible way to present accumulated thoughts and values of a people.²⁴⁰

Although there is this emerging form of orality in the written, “American Aboriginals [sic] literary scholars fear their oral-written literatures is being obscured into interpretive frameworks from western theorists and critics ... thus the textual content is being privileged at the expense of the oral.”²⁴¹ There are also “many Aboriginal [sic] peoples who fear the loss of control that comes with the reproduction of their words, on audio or video tape or paper, because they have seen the dire legal effects of having their words misconstrued, or have other people’s interests in mind, in treaties and court decisions, and the crippling cultural effects of having their songs and histories reduced to quaint fairy tales or parables.”²⁴² Castellano wrote, “This is the reason Elders are cautious and will not allow their presentations or traditional teachings to be taped to be disseminated into print form as the knowledge then becomes co-modified.”²⁴³ Castellano goes on to explain that:

Teachers who try and disseminate information in this manner to the students are not using Aboriginal knowledge in an ethical manner.

There is also a question of the type of relationship that is not developed

between speaker, listener and knowledge when information is shared without ethics.²⁴⁴

Castellano continues with how, “Oral teachings were passed on in the context of a relationship or they were before the arrival of electronic media in Aboriginal communities.”²⁴⁵ In the electronic age one can listen to a great piece of music and/or a great story on the radio. However, I cannot feel the storyteller’s voice, nor am I able to speak at a personal level with the storyteller. What I mean by this is for example when I am sitting listening to an Elder speak I am not only listening I am watching the expression in their face, the gestures of their hands, and I am feeling vibrations of energy being emitted as they speak. I will listen to the same Elder several times before his/her stories become part of who I am; I am in fact building a relationship with the Elder or Storyteller. Sometimes it is several years before I can truly understand what it is the Elder is saying before the story makes sense. Whereas when I listen to a good piece of music or a great story from an electronic source they evoke emotion but they have not created a relationship with me.

Although Castellano stated there is no relationship in the use of electronic media, she goes on to explain how oral traditions need to be updated into the new forms of electronic media since:

Our young people are enamored with Walkman radios and Nintendo games, which are all part of cultural adaptation ... we need to devise appropriate means to navigate in a radically changed environment . . . I think that as Aboriginal peoples, we need to decide how to adapt the traditions to a contemporary environment.²⁴⁶

As I continue in the research journey I think how can a relationship be created using electronic media? I also remember that one needs to hear the same story repeatedly before it becomes part of who they are and if this CD is listened to over and over perhaps a relationship can be built with the listener.

As I write this I have shared information about who I am. However, I must acknowledge that I feel some caution as I share my own personal story. In sharing personal story as an Aboriginal person I feel there must be some form of a relationship between the listener and the speaker. Ross in *Dancing with a Ghost* described the non-interfering behavior he experienced when he was traveling with an Ojibway Justice of the Peace and how he eventually learned, “One of the most effective ways of learning was to listen to the stories of personal experience that were told.”²⁴⁷ When I was in the communities listening to the people’s stories I heard stories of stress from colonization but this was not the same story the Western researchers were hearing. The researchers did not hear how Aboriginal peoples knew what the problem was when they uttered such statements as, “There never used to be diabetes, ever since we signed Treaties our lives have changed.” Imbedded in this statement is the colonial history and many Aboriginal people, may not have post-secondary education, may not use the word colonialism or genocide, but they know a lot of their health has to do with the colonial history and want more than numbers to try and help them to alleviate the problem of diabetes.

For centuries our stories were passed in oral traditions ... With written language came the task of learning how to hammer the voice into the page with these little nails called ‘alphabet’.”²⁴⁸

Data analysis methodology

My background in health had taught me data analysis in qualitative research, “a goal for the generation of taxonomy, themes, and theory germane to health services research.”²⁴⁹ This form of analysis is for the researcher to show how their data can either support or refute their ‘theory’ or thesis statement. Whereas the oral tradition is to communicate meaning through talk from generation to generation that can also involve nonhuman subjects.²⁵⁰ In qualitative work the themes or theories that support a certain process in health will eventually be used to create policy, specifically health policy.²⁵¹

Bradley, Curry and Devers wrote:

There is immense diversity in the disciplinary and theoretical orientation, methods, and types of findings generated by qualitative research²⁵² The many traditions of qualitative research include, but are not limited to, cultural ethnography,²⁵³ institutional ethnography,²⁵⁴ comparative historical analyses,²⁵⁵ case studies,²⁵⁶ focus groups,²⁵⁷ in-depth interviews,²⁵⁸ participant and nonparticipant observations,²⁵⁹ and hybrid approaches that include parts or wholes of multiple study types.

Although there was thematic analysis when I coded the quotes into four different types to fit into a specified framework the research that I conducted for this dissertation was not being undertaken to create policy or curriculum²⁶⁰ but to introduce another way to reanimate the oral traditions using voice instead of written words or images.

SUMMARY

There has been very little research on urban Aboriginal peoples and telling their stories of diabetes. Most research about diabetes and Aboriginal peoples tends to explore Aboriginal people living on reserves or in isolated rural communities in Canada. This project utilized Indigenous methods of research beginning with prayer, working with Elders and community members, respect, reciprocity, storytelling and reanimation of oral methods. The combination of these aspects meant each one of these topics needed to be explored individually to develop an understanding of the importance of learning about urban Aboriginal peoples and their stories of diabetes.

CHAPTER THREE: ABORIGINAL/INDIGENOUS RESEARCH METHODOLOGIES

INTRODUCTION

When I set out to conduct this study I knew I had a worldview that was Aboriginal/Indigenous and I wanted this view to be transparent, and imbedded in the research design. I had to first clarify in my mind what is a research design and the more I read I came to the realization that a research design is the structure or the glue that holds the research together that will eventually give insight and/or an answer to the central research inquiry. There are four main concepts that need clarification before writing about the methods in this research. The first component is how research from an Indigenous paradigm does not just involve the researcher, subjects and the University. The second concept is what influences my writing as a scholar/academic and the third concept is how I feel Western research is imbedded with colonialism. Finally, I wish to describe reciprocity. These are all very large topics that in themselves could become individual thesis research, however I will touch on these concepts to provide a broad understanding of why it is important for me to be a part of academia and a contributor to this changing landscape of Indigenous thought.

The first component that I want to discuss is how research from an Indigenous perspective does not just involve the University, researcher and the participants but it must include Elders, community people, and Aboriginal scholars. My research involves the importance for Aboriginal ways to begin to be recognized as valid as ‘Wamistikooswe’ [Whiteman’s] ways. When Elders across North America were giving this message Indigenous scholars in the beginning of the 21st century were beginning to

ask questions such as, “If they are Indigenous and conducting research in the same way as the Western paradigm does this even make the research Indigenous”? “What is Indigenous research? What makes research Indigenous?” Within these three questions discussions have evolved where Indigenous scholars in the 21st century are now questioning the academy and how it conducts research. Battiste and Henderson wrote:

The Aboriginal/Indigenous scholars trained in the Eurocentric tradition are now challenging the assumptions and methodology of their professions and are beginning the dialogue about the new forms of cognitive imperialism and system discrimination.²⁶¹

When I read this quote I knew I wasn’t alone in the way I have been trying to articulate how research from an Indigenous perspective is possible and necessary. Indigenous research means not only speaking or writing from the mind but it means also infusing the spirit of our ancestors into the work.

The second component that I want to speak to is being an Indigenous/ Aboriginal/ Nahayowk scholar I have come to understand I am a person comprised of body, mind, spirit and emotion, and all the components work together. It is this understanding that I see this as another component that needs to be addressed when conducting research from an Indigenous perspective. For example, I understand as a scholar in the Western paradigm intellect or mind is the component that is valued in the academy. I have come to understand that my mind or intellect is dependent on whether I felt physically able to sit for long hours to write and read or whether I am emotionally able to write or if my Spirit feels drained from everyday family issues, such as a death or birth in the family. With this understanding it has been a difficult process to separate myself as only being an

Indigenous/ Aboriginal/Nahayowk scholar knowing that I am also a mother, daughter, sister, aunt, cousin, community organizer, and so on. All these components and roles make up who I am as a Nahayowak person and they will influence how or what I write. This is not different from other writers/academics that have multiple roles; however, what is different is that I am conscious of these many roles and it is difficult to separate myself knowing that if I do it means something suffers, which is usually me. I think of what the Elders talk about, “Must always try to work as a whole person knowing that you cannot separate yourself because it will affect not only yourself but others.”

The third component, which influences this life work, is the understanding that Western methods for research are imbedded in colonialism and they cannot, nor should they be, replacing or superseding Indigenous ways of viewing the world. Up to this point, the research I had conducted for the Masters’ and undergraduate degrees left me feeling that I could do more or something was missing. I did not know what was missing and I did not even understand or know there were Indigenous ways of doing research, as there were few Indigenous writers speaking or writing about Indigenous ways of doing research. It was not spoken or written about during this time. In retrospect for my first graduate degree, Masters of Science, I would have wanted to speak in the I voice, speak with community members and Elders, write words in the Nahyoakw language, be able to articulate how I conducted a spiritual ritual before I began the research and so on. There were so many Indigenous ways that I wanted to articulate but could not because they were not validated nor did I understand there were such things as Indigenous methods. It was not until I read Fitznor’s dissertation *Aboriginal Educators’ Stories: Rekindling Aboriginal Worldviews* where she had captured what I wanted to say in writing for a long

time.²⁶² She had articulated how colonization continues to be entrenched into our research because colonization still captures a large percentage of our relations, she wrote:

I was cautious about the kind of research paradigms I might employ ... I was /still am suspicious of mainstream research processes concerning Aboriginal peoples .. I wanted to develop a research plan that was ethical and respectful to Aboriginal peoples ... I wanted to work with frameworks that honoured our knowings, self-determination, and ways of doing/being in the world.²⁶³

Besides Fitznor I have also been influenced by other Aboriginal scholars, such as Battiste, Cole, Graveline, Smith, and Henderson.²⁶⁴ There are many other Indigenous scholars, too numerous to mention, but these are the main scholars that have reiterated what I have not been able to say. As with these authors and academics, I wanted to tell the world how much colonization has devastated all my relations and how it still had a hold on 'us' Indigenous peoples.

The final component to consider when looking at research methods is the whole notion of reciprocity or giving back. The research I will conduct can no longer just be about writing a massive paper that will collect dust in a library. Research for me has to be reciprocal process where I am giving back and not just taking. My desire is to create a documentary that communities can use as a tool to start a positive conversation about diabetes while using an Indigenous paradigm to inform the research.

In wanting to give back, I knew I needed to be both an academic and a community member. Therefore, I knew many of our communities still relied on oral transmissions versus written documents. Therefore, the use of the written and oral was necessary to ensure reciprocity was possible for both community and the academy. I did

not want this to be an either or situation but rather an environment where both oral and written components can be utilized together. I believe as Masayesva wrote, “our ‘oral traditions are an expression of our sovereignty in matters of culture and beliefs, encapsulating the totality of its understanding of life and living.’”²⁶⁵ However since I am in an institution where the written word is important, which I respect and understand, I also know that there must be some way to articulate the whole idea of oral traditions in the written language. I struggled about how I could write this dissertation without compromising who I am as a Nahayowak person. I began to write the thesis using the ‘I’ voice, writing as much as possible in story format, infusing Nahayowak words when it made sense and writing poetry in the text to illustrate concepts that are more powerful in this manner rather than explanations. In addition, finally, I include an oral method, by utilizing the medium of radio.

Lastly, I have come to understand that the Aboriginal processes or worldview in retrospect has framed how I conducted the research I had undertaken. I have come to understand and have been able to articulate that I am a person with mixed heritage of Nahyowak, Scottish and English, who self identifies as being Aboriginal or Nahyowak, and whose main work is with Aboriginal peoples. Knowing this information, knowing that I want to conduct research working with Elders; and knowing wholeness of self, colonialism, reciprocity, written and oral meant I had to think about what topics I had to cover. Thus, the topics of discussion for this chapter will begin under Indigenous research methods where first I will provide a brief overview of the components imbedded into Indigenous research or Aboriginal/Indigenous ways of knowing to articulate the Indigenous research approach I employed. This section will lead into a discussion of the

overall process taken to conduct the research. The final segment will further examine the processes utilized in the research process undertaken to achieve the stories of diabetes.

INDIGENOUS RESEARCH METHODS

Aboriginal/Indigenous knowings defining research

As I sat here, writing this section it has been a battle to write when I think in a Nahayowak way and thus English writing continues to be a struggle for me. I want to write this dissertation so the dominant Western scholar understands this work. I know that I live and work in a Western paradigm as I am using the English language when I write and speak. “Eurocentric philosophers have consistently attempted to demonstrate that human beings are significantly different from all other forms of life, and they have stressed that this uniqueness lies in language.”²⁶⁶

I also have the understanding that someone who comes from a Western perspective may question these methods as a form of tokenism and there lies the misunderstanding. If a non-Indigenous person writes a thesis they do not have to explain their location and they can quote from other authors regarding the methods, they used as if the methods chosen are the only methods. Whereas, as an Indigenous writer, I not only have to give context but defend what I am writing without someone questioning what I am doing “sounds as if I am perpetuating tokenism.” Mihesuah explains:

While non-Indian historians and some Indians have made careers out of speaking for tribes and interpreting culture besides the one to which they belong, many Indians will not write about tribes other than their own, even if they have insights into those cultures. When it comes to speculating on Others' motivations and world-views, many Indians are simply uncomfortable and won't do it.²⁶⁷

It is as if the non-Indigenous person is expecting something more and cannot understand that infusing prayer and talking with Elders and community members before and during the research process is not Indigenous enough. It can be very frustrating and many times, I just wanted to give up and write what the dominant culture accepts just so I can complete this part of the academic journey. But I also have this strong inner desire to complete this journey knowing that I worked with the ancestors before me and after me.

As with Fitznor, "I am suggesting that the processes that originate from Western spaces have been problematic for/and disruptive to Aboriginal peoples' lives."²⁶⁸ Nonetheless, I know that even the act of writing in the English language and living and working physically in the Western paradigm will not prevent me from being an Indigenous/Aboriginal/ Nahyowak person. Knowing this I try and be cognizant and honor the fact that I am not only Indigenous but that I also have European descent, English on my mother's side of the family tree and Scottish on my father's side. I do this because one of the teachings that I have come to understand is how we are all related, no matter what our origins. In addition, since we are all related we must work together not only in the physical but also in the mental. Therefore, I purposefully included in the written portion of the thesis not only just my own words but also words of academic scholars, Elders and community members.

I know because of my physical appearance non-Aboriginal people will identify me as Aboriginal person first, even though I have British and Scottish roots. There are many times when someone I have just met will right away ask me if I am Native or will ask me a question or say something related to being Native, such as, “I have a friend who is Ojibway, you might know them?” People do not generally ask me, “As a person of Scottish heritage does Mr. McGregor know you?” It has been an interesting process where non-Aboriginal people remind me that I am Aboriginal and I have come to understand that this constant reminding has reinforced how important it is to maintain my own identity as a Nahayowak person. It has forced me to look deep within myself to know my own Indigenous perspective and to be able to articulate how this perspective guides my life at a personal level and at an academic level.

As an Aboriginal/Indigenous researcher, I have heard my family members talking about, “that white guy that came to our homes and asked us about the flooding but we never heard anything back from him, funny?” I heard the doubt, sadness, fear, anger, and disdain in my relatives’ voices as they spoke about the researcher. When I began to pursue higher education, the voices of my ancestors knowingly and unknowingly have been imbedded in my body, mind, spirit and emotion. As I reflected about my reluctance to conduct research, I did not know the answer until I read Smiths’ *Decolonizing Methodologies: Research and Indigenous Peoples* and in the first page she wrote:

The word research is probably one of the dirtiest words in the Indigenous world’s vocabulary ... when mentioned in many Indigenous contexts, it stirs up silence, it conjures up bad memories, it raises a smile that is knowing and distrustful.²⁶⁹

I read the rest of the book and literally all the pages and lines have circles around paragraphs or highlights with notes on the sides of the pages. Not only is she revealing my fears and doubts, she is simultaneously uncovering the scars from my past struggles with research. I was always very uncomfortable conducting research with Aboriginal peoples especially when I would find out the research would not help facilitate change in an Aboriginal person's community. I have turned down many research projects if I felt the research did not benefit Aboriginal people. Through the book, I began to understand how important it was to conduct research where it was no longer "research for the sake of research".

I also recognize, as a woman, much of the research taken up by the academy has historically had a "strong Western male orientation in the language of methodology."²⁷⁰ Throughout the years, there have been scholars from various academic disciplines, not just Women Studies that analyzed this strong male orientation, such as Sociology, Anthropology, Nursing, and Peace Studies and so on. Feminist research is based on the assumption that the world is socially constructed, displays a relative aversion to empirical positivistic methodology, and rejects the value-free nature of research.²⁷¹

In addition to deconstructing the strong Western male orientation, Aboriginal scholars have begun the work of decolonizing mainstream Western paradigm research. Thus, I have chosen to draw from researchers whose methodologies reflect Aboriginal/Indigenous processes and knowledge. As with Fitznor, "I honor and appreciate the fact that there are now many more Aboriginal/Indigenous researchers who dare to challenge/problematicize Western research dominance while asserting our knowledges and ways in the research process."²⁷² They are not only commenting on

Western Eurocentric research they are beginning to articulate and put into praxis the theory of Aboriginal/Indigenous Knowledge. For example, Hart conducted research using sharing circles as not only a theory but actually conducted sharing circles to elicit research information.²⁷³

Weber-Pillwax, Metis from Alberta, wrote, “Unless we realize that knowledge in actuality through integration into our own ways of being and knowing and doing, our studies have no life.”²⁷⁴ Urion, an Aboriginal scholar, wrote:

People want to know how we will define Aboriginal [sic] perspective in scholarship, and this is clear we need to start to define it ... otherwise it will be defined in comparison with western or European models .. or it will be defined in terms of the exotic, and in the larger context this marginalize Aboriginal [sic] perspectives in the world of research.²⁷⁵

There are so many scholars that I have read over the years that have helped open my eyes, ears, and heart to my struggle with Western ways of conducting research. I want to talk through paper about the Aboriginal/Indigenous scholars who have made an impact on the research I am conducting today. The first person I want to acknowledge is Colorado who opened my eyes when she articulated what Aboriginal science is and how research could in fact be undertaken using an Aboriginal methodology. Colorado in *Bridging Native and Western Science* discussed how she wrote up her work combining the narrative/orality of storytelling and traditional philosophies.²⁷⁶ She also spoke about how she used traditional protocols, as she understood them, as she worked with Elders and Aboriginal peoples when she used the western form of interviewing. She outlined, “Four dynamics of feelings, history as a tool, prayer and relations that create Aboriginal

methodologies.”²⁷⁷ I also incorporated the teachings from Elders that I have heard throughout my life. Much of who I am today is from the Elders who have never turned me away when I would speak to them in the English language and Elders who would take the time to sit and be with me even when I would not utter any words. This quiet patience has helped me continue in this journey and helped me to continue relation building when I interviewed people. It helped as I sat and listened to the storytellers telling their story of diabetes. Before each task writing, interviewing, and analysis I would conduct prayer to pay homage and honor all the ancestors before me, and those ahead of me, who have, and I believe will, never compromised our culture.

The second awakening happened when O'Reily and Cole in February 21, 2002, presented at an Indigenous Education Network Speakers Series at OISE/UT where they presented their poem, “Raven & Coyote Meet High Tech.” It was wonderful; there I was sitting in the chair listening to them present this poem and my whole body was literally waking up. Many times I read articles and I write my thoughts in poetry form then I convert them into ‘proper English.’ I was so excited to hear the poem that I decided immediately that I was going to start to read some of my own poetry and to incorporate poetry into the doctorate dissertation. The room was crowded and very hot, from the body heat, so I knew the euphoric feeling was not from the atmosphere but from information sharing.

I also read Cole's dissertation entitled *First Peoples' Knowings as legitimate discourse in Education: Coming Home to the Village* and I remember feeling as if I could hear him talk as his words flowed from my eyes to my ears.²⁷⁸ His poetry was a continuous flow of words and woven into his story was his Aboriginal worldview,

knowings, thoughts, and understandings of the colonialism his people faced. I read his doctoral thesis over many months, as I had to sit and think about what he was saying through the poetry. This was the same feeling I had when I was fifteen, listening to the Elders speak. I could sit there for hours then I had to sit again to go into myself to understand what it was they were really saying. I remember one teaching that has been with me through my life, “take what you want that makes you feel well and leave the rest.” Throughout the doctoral thesis, Cole would repeat points using different metaphors or he would be upfront about colonialism. A method that I have heard Elders use in their teachings is beginning a teaching or story with an indirect message moving into directly saying what it is they want to convey then back into another way to view the story. Sometimes Elders will make a point in their teachings very subtly and as the teaching continues they will be more upfront about the message they are trying to convey then they will revert back to having the listener listen between the lines to hear the teaching. This re-telling of the same story in the one story is required so that the listener/reader can hear/see the story from different angles. After all, we do not live in a world where there is only one way to know.

The next piece of the puzzle that fit into the bigger picture of what I was trying to articulate occurred when I read the series *Giving voice to our Ancestors* by Kirkness. In the introduction, Kirkness spoke about how Aboriginal/Indigenous scholars were beginning to decolonize the western paradigm by asserting Aboriginal philosophy and methodology in their work and by critiquing the western research paradigm. All the seeds planted in my head by Elders were now germinating and growing. Elders have been telling us to have patience because there will be a time when we will begin to hear our

ways again.

The Elders are Watching

They told me to tell you the time is now.

They want you to know how they feel.

So listen carefully, look toward the sun.

The Elders are watching....²⁷⁹

(Bouchard and Vickers, "The Elders are Watching.")

Kirkness gives thanks to all the non-Aboriginal scholars for working with Aboriginal peoples to keep Aboriginal ways alive and that it was time for "us to accept the responsibility" to continue to stand up against colonialism. Yes, it was time for me to assert Aboriginal methodology and knowings into this research. The next section will discuss the process to carrying out the research.

Process to conduct the research

This research evolved from listening to the voices of Aboriginal people telling me their stories of diabetes for the past twenty years. The urban Aboriginal people who participated in the research will be designated the name storytellers since they are the ones that have shared their voices to speak about their diabetes. Over the years various Aboriginal peoples across Canada would always ask me about, "Why their voices or stories of diabetes were not being heard or published?" People wanted to know why this was not happening even though the disease was increasing. Throughout my career this request has always been in my head and heart. The decision was made to use radio.

Before talking with Knowles I was thinking about producing a diabetes video and I met with various video documentary producers to discuss the topic. When I initially spoke with numerous videographers, I could feel excitement at the possibility but as the conversations continued, I realized that the voice was secondary to the image. When Dr. Knowles suggested a radio documentary, I was surprised, as it was an option I had not even considered. I left his office and thought for many days about this and it somehow felt right, thus began the thesis topic, “Voices of Urban Aboriginal peoples with diabetes.”

I then drafted a proposal and outlined how I felt it was important to include an Aboriginal worldview into the thesis by first ensuring the proposal had a component that would include the offering of tobacco as part of the research protocol. I discussed this with the committee and after a lengthy discussion of this aspect of the proposal it was accepted by the committee then it went for ethics approval. During the time the proposal was being accepted I had moved to Winnipeg, Manitoba where I knew I wanted to conduct the research since I consider Manitoba as my home base. After the ethical approval was gained (Appendix A) I began to talk to various people in Winnipeg about the research.

In addition to speaking to people about diabetes I also sent e-mail messages (Appendix B) to general managers of three radio stations in Winnipeg, Manitoba. One was a commercial radio station that aired Aboriginal content and the other two were University radio stations. I e-mailed a colleague from Toronto and asked if she could find contact names for the radio stations since I had not received any response from the e-mails. The colleague did in fact manage to get the contact name of one university radio

station manager but was unable to identify a contact name for the commercial radio station and the other university radio station. In the meantime, another friend responded with a phone call and said, “Say, you know what, funny you should mention radio because I just got a message from Liz Clayton, radio manager at University Manitoba FM Station (UMFM), who is looking for an Aboriginal person to host a radio show called ‘Aboriginal Connections’.” I quickly e-mailed Liz and let her know when I would be moving to Winnipeg and she e-mailed me back and said she was excited to meet with me.

Upon my arrival I met with the station manager Liz Clayton and my first few months were spent learning about radio. I was also busy networking with agencies to introduce myself and the research project.

Examination of components

This section will give more in-depth explanations of the processes or components used to develop the purpose of the dissertation, urban Aboriginal people as storytellers, the selection of urban Aboriginal people, interview or conversation process, why call it story, and finally, reanimation of oral traditions. These explanations will further enhance the understanding of the process for each component.

Purpose

The main reason or purpose of this study is to document the stories of urban Aboriginal people and Type 2 (non-insulin-dependent) diabetes mellitus. Secondly, to provide a format for the voices that spoke of Type 2 diabetes mellitus into updated and adaptable oral format. Alternatively, I want to reanimate the Aboriginal oral traditions asserting

Aboriginal research methods along with traditional Western research methods used in the academy.

Urban Aboriginal peoples

The population that I conducted research with is identified as storytellers since they were ‘telling their stories of diabetes’. The storytellers in this study were urban Aboriginal people who had resided in an urban area for at least two years after initial migration to the city. They could also be Aboriginal peoples born and raised in the urban area of Winnipeg, Manitoba. They were in the age range of 18 to 75. A health professional such as a physician, nurse, or Community Health Worker (CHR) diagnosed their diabetes.

Urban Aboriginal people’s selection frame

The sampling used a snowball selection frame or reputational sampling frame since urban Aboriginal peoples’ names were not available through a specific listing. A diabetes organization in Winnipeg gave several agency names. Using the information from the Phone Script (Appendix C) phone contact was made to the agencies. However, the majority indicated they were not able to give out client’s names nor did they have the funds or person power to send out the Letter of Information and Administrative Consent Form (Appendix D). One agency indicated they would see me and before the appointed time to meet, I did send them a follow-up letter (Appendix E).

When I met with the agency, they decided they would contact Aboriginal people on my behalf. The agency would call the Aboriginal person and if they said yes they were

interested in participating in the study the agency would call me with the information. I would then call and set up appointments with the person. I conducted three interviews in this manner. The other four names generated from people from a presentation I had made at the colloquia at the University of Manitoba. In the colloquia, I spoke about the research and at the closing of the speech; I mentioned that I was seeking names of people who would be interested in participating in the study. Two people indicated their interest in participating in the study and one of the two people gave me names of three other people he knew. Of the three people I contacted, two said yes.

All seven participants who I interviewed or had conversations with were self-selected volunteers.

Conversations

The primary method of data collection involved conduction of semi-structured interviews or conversations (Appendix F). Since the major goal of this research was to elicit the stories of diabetes using Aboriginal/Indigenous methodology the questions were used as prompts to begin to listen to the voices of diabetes by urban Aboriginal peoples.

Asking questions to elicit answers that can create an understanding about a person, event or issue is a methodology used in a variety of professions and disciplines. Lawyers and police ask questions of suspects and victims of crime; therapists, psychologists and medical staff ask patients about their illnesses; and employers use interviewing as a method of deciding whom to employ. The resulting interviews all differ in accordance with their distinct aims and objectives. However, there are many similarities. There is a large amount of material available on interviewing in general but

the focus here is on social science research where interviewing is used as a method for collecting personal stories as data. Interviewing or conversations are the ‘bread-and-butter’ method of collecting data for many social science researchers. This is reflected in the plethora of texts covering research interviewing, for example Fontana and Frey; Holstein and Gubrium; Jones; Kvale; Memon and Bull; Miller and Glassner; and so on to mention some of the many texts on qualitative research interviewing.²⁸⁰

With contact made with the storyteller, and before the conversations began, the storyteller was offered tobacco, if they followed this way of thinking.²⁸¹ Next, the storytellers received a written explanation for the study (Appendix G). They also had a verbal explanation of the study then asked if they would sign two consent forms (Appendix H) where one they would keep and the other I kept. The signed consent form was filed and with completion of study will be destroyed. The conversations were recorded using a recording device, a min-disk, which is compatible for radio. A designated meeting place was the preferred location. The conversations were recorded until the storyteller felt they had completely told their story. The storyteller decided when they had completed their story. Not one of the seven storytellers requested a second appointment.

After each conversation, the storytellers receive a copy of the audio recording and a hard copy of the transcription. A letter (Appendix I) and transcriptions were sent by mail. A self-stamped envelope was provided for the participant or storyteller if they wanted to mail back their comments or they could call if they wanted to make changes to the transcriptions. None of the seven storytellers made changes to the conversations. The conversations were an average of one hour and thirty minutes. When the tapes were

initially transcribed the “ums and ahs” were included; however, to improve the content of the radio documentary they were omitted unless they provided emotive context. This verbal compilation was then given to the storyteller to hear and to give comment (Appendix J). There were no comments returned.

Why call it story

King has defined Story, as, “Stories are also fundamental to how we see and understand the world and also ourselves” (p. 9). Although the storytellers responded to semi-structured questions around their diabetes and many responses elicited were long and drawn out and because radio documentaries are generally around forty-five minutes or thirty minutes the responses had to be shortened to fit the Nahayowak framework, which is described in Chapter four, and the allowable minutes of forty-five minutes. Both of these factors made it imperative that the stories that were originally told were reduced to fit into a time and framework thus in essence the documentary is not about story but about voice. Although this documentary itself may not fit the usual structure of a story the voices meld together to form a multi-voices of diabetes that was, “designed to ...instruct the hearer” about diabetes.

Editing process

The editing process began with each interview transcribed verbatim. The definitions of each quadrant of the Nahayowak framework-physical, mental, emotional and spiritual-were written out and put on the wall so I would not forget how each quadrant was defined. Each transcribed interview was then read and it was decided which

quote fit best into each quadrant. Each quadrant was given a different color, for example, all quotes that pertained to the physical were highlighted in blue. The other highlighted colors used were pink, orange, and yellow. This helped me keep track of each quote and this process was done for each interview. Once quotes were organized into different quadrants then I took each interview and put all the quotes that had a physical component into a file called physical and the same process for mental, emotional and spiritual. Four files were created and then I printed out each file with the quotes.

The next step was to take each interview and download into Cool Edit pro, an audio editing program that helps to eliminate background noise, convert the files, edit tracks, and eventually output the whole interview into one file. I then created four audio files called body, mind, spirit and emotion. I then took each audio interview, using the written out files as a guideline and I used Cool Edit pro to take all the quotes that I highlighted and put each quote into its appropriate file. I did this process for each interview.

After completing the written and audio editing of quotes to fit into each quadrant I read and listened to each quote and made decisions about fitting the quotes into each quadrant. I also had to keep in mind that the audio recording could not be longer than an hour. This process took over nine months as I listened and read quotes and made decisions about what ‘mini-story’ or quote would best fit into the radio documentary. As I was going through this process, I kept sending out small prayers asking for guidance from the spirit helpers and/or Creator.

I then took each file and created one file called Diabetes and put each quote into that file. I then recorded the introduction, explanation of each quadrant and the closing of

the radio documentary. This last process took about two weeks to complete.

Reanimate oral tradition

In the beginning of the document I had written, “Nunta Keesekwa Oche” or translated into the English language “Listen with your eyes”. I literally would like to ‘talk on paper’. In addition, throughout the journey I thought about why I had wanted to have this line translated into Nahayowak by my mother. What was it that urged me to want to write and say this line “Listen with your eyes”? I recognized that my knowledge of who I am is from stories told to me in an oral format and from stories in written format. Keeping the “Listen with your eyes” in mind and the whole notion of trying to keep transparent my way of doing things, a way of trying to keep honest, I wanted to try and keep our traditions alive through methods that honor orality. Thus I wanted to not only present an oral document I also wanted to write the thesis in a story format as much as possible while also honoring the rigor required for the academy when writing the doctoral dissertation.

In talking about the stories of diabetes this written conversation included some of the components discussed by Murray and Rice in *Talking on the Page*, where Aboriginal novelists, playwrights, and poets are including their Aboriginal language within the text, writing the conversations as story itself, including their own voice into the narrations ... and including poetry in their text.²⁸² As with Anderson, Nahayowak/Metis, because I wanted to put into practice the theory of contextualizing Aboriginal methodology, as with Anderson I began this work with my Nahayowak identity through the use of a Nahayowak opening.²⁸³ I wanted to try to privilege the Nahayowak language as much as

I could in this document. In coming to understand what it means to contextualize self as an Aboriginal/Indigenous person rather than talk about who I am only in one section, I literally imbedded who I am throughout the text. I chose to speak on the page in this manner since I cannot separate myself into a section as each topic has some relevance to who I am as a person. It seemed as I was writing everything made a connection for me, there were connections and interconnections happening throughout this process.

I also want to honor the academy; thus, I have also included in the heart talk written literature from various scholars, Aboriginal and non-Aboriginal. I am literally and figuratively putting my whole body into the work and therefore in writing attempting to create a balance of body, mind, emotion and spirit. I want to write from a holistic space and to be cognizant that I am Aboriginal/Indigenous and of European descent. However, much of my identity has been Indigenous/Aboriginal and this is what I incorporate into this document.

Also in writing the dissertation as voices with their story of diabetes it was suggested by Dr. Knowles it would be better to use a style that incorporates the art of storytelling in written format. After researching the various styles from Modern Language Association (MLA) to Turbain it was decided by both, Dr. Knowles and me to use the Chicago style since it is a style that incorporates academic writing using a storytelling format.²⁸⁴ Academic writers were also into this oral heart talk because when I read a passage, with my eyes and ears open, I know a seed of knowledge is making its way into my brain. I have been literally, and metaphorically, putting my whole body into the work I am writing therefore in writing this way I have attempted to create a balance of body, mind, and heart.

Murray and Rice further discussed how alternative media, which included video and hypertext technology, can offer immense possibilities for stories to move back and forth between young and old, rural and urban, Aboriginal and non-Aboriginal.²⁸⁵

However, these authors did not speak to the alternative media of radio. Radio according to Alia, “has been called the most grassroots of all news... it is well adapted to oral cultures-particularly what has been labeled “talk radio”, which provides a forum for social and political dialogue, especially in areas where people are often scattered.”²⁸⁶ The second method to reanimate the voices of diabetes by urban Aboriginal peoples in Winnipeg, Manitoba will be radio.

I remember when I first met Liz Clayton, Program Manager for UMF 101.5 radio station I felt this sudden surge of excitement because I was actually going to learn about radio. The first task, train about radio technology. For three Saturdays, I attended training sessions and I learned about the various knobs and dials for running the soundboard. A soundboard is a rectangular metal shape that has various volume control buttons that allow the music and/or voices aired from multiple equipment used in radio, such as microphones, mini-disks, compact discs, into radio waves so people can hear the voices and/or music on their radios and/or computers. I also learned how to transpose information from a mini-disc into a computer program called Cool Edit Pro, which is a program that cuts and pastes many voices at the same time into one document. In the editing process the of background noise, increase of volume if voices are very low, large pauses and/or coughing or hic-ups are removed. In the beginning of the radio process, when I first began broadcasting shows, Liz would operate the soundboard since I had not quite learned how to do that on my own. Operating the board means knowing which

button to press when you want to speak on air to knowing how to turn the volume up on certain microphones.

While I was learning about radio, I was also conducting interviews for the radio documentary. I was able to use UMFH's editing room to edit each interview as they were completed. In exchange for the use of the radio equipment I agreed to host a radio show, called Aboriginal Connections, for the year. I did the show for three years.

I remember one day in October 2004 Liz said, "Okay, since you have had your training in running the soundboard, you can now go ahead." I felt this panic in my soul and nervousness in my hand; everything I had learned was slipping out of my brain-it had become mush. I sat at the soundboard looking at the dials and wondering what button does what. Surprisingly I remembered what button to push and what dial to turn.

However, the next three sessions were not as smooth; I forgot to turn the microphone on thus no one in 'radio land' could hear me talking. The second sitting the microphone was on, as a result everyone in the audience could hear the guest and I talk in the background. The final and third session I did not know where my pre-recorded interview went. In each instance, Liz would come running into the studio and turn the appropriate buttons. In February 2005 after running the soundboard on my own for the past month and half without further mishaps Liz said to me, "I just wanted to let you know that you are doing a great job and your board work has really made great strides."

In addition to learning to operate the soundboard I was also running around the city of Winnipeg interviewing people for the show since many people did not want to travel the one hour to the University to conduct, many times, a twenty minute interview. My first few months were spent learning about radio, obtaining interviews, and making

contacts with agencies to solicit interviews for the research project. As I was learning about radio and making connections I had to keep reminding myself this was all part of the research process and that I was not wasting time.

When all the stories were collected and transcribed, I then began to download the voices onto the editing machine and began to re-listen to the voices. As I sat in the editing room, I suddenly realized here I am conducting research using a radio documentary in storytelling format to reanimate oral traditions into a new format. Suddenly a shiver ran up my spine, as I knew I was honoring the whole notion of orality.

To ensure the oral voice part of the data continues to be honored only transcription of the narratives were included, rather than the traditional written data analysis. The radio documentary was not simply a matter of picking and choosing quotes, rather I had to listen and re-listened to the voices along with reading and re-reading their words deciding which quotes best exemplified each component of the Nahayowak framework. Using both these methods, I began to see the body, mind, spirit and emotion themes fitting into the Nahayowak framework. These phrases were put together to form the completed radio documentary.

Once the doctoral dissertation is completed, the next phase will be to send the final documentary to the storytellers and inform them that I would like to send the documentary to other radio stations so other people can utilize the documentary. I will ask the storytellers if they have a preference as to which radio stations they think will be the most useful to send the documentary. If they have no idea, I have a list of community radio stations that I have been compiling since working at UMFm 101.1 radio station. I also have the documentary as a podcast at <http://www.umfm.com/programming/podcasts>.

CHAPTER FOUR: FRAMEWORK FOR IMBEDDING THE RADIO DOCUMENTARY

INTRODUCTION

Before introducing the framework, what I will call the Nahayowak framework, it is imperative that one understands that Aboriginal peoples are a heterogeneous dynamic people not homogenous and static. Colorado writes, “All peoples, including Aboriginal [sic], have some way of coming to knowledge ... each tribe has its specific methods.”²⁸⁷ For example, northwest coastal tribe’s knowledge is based upon the behavior of the water and the animals and plants around the water. The Northwest coast people, for example, considered all fish, birds and land and sea mammals similar to human beings with varying degrees of supernatural power. The majority of animals in this region were very powerful “transformational figures” capable of taking human form.

The buffalo have ‘strong medicine’ because they provided everything from food to stories. Even in the twenty-first Century the buffalo is seen as an important symbol which is witnessed with Stonechild, a Nahayowak-Saulteaux member of the Muscowpetung First Nation in Saskatchewan, the author of, “The New Buffalo: The Struggle for Aboriginal Post-Secondary Education in Canada.”²⁸⁸ Since animals were part of Indigenous peoples’ daily lives they became part of the knowledge systems of Indigenous peoples whereas Western constructs tended not to make animals part of their knowledge systems. Instead, animals are objects utilized for either work or symbols for example as a family crest.

For myself, I recognize that I have knowledge from many different Aboriginal teachings from ceremonies I have attended in the last twenty odd years. However, since I am Nahayowak this is the view I have presented as much as possible in this dissertation. One of the philosophies or teachings that I have heard Elders speak about is the whole notion of medicine wheels. I spoke with Lavallee and he said, “Historically the medicine wheel was a philosophy for spirituality and was probably not presented as a permanent drawing, maybe people used rocks and stones to build a model but it wasn’t permanent; like it is today.”

The medicine wheel is an ancient philosophy and symbol used by almost all Indigenous/Aboriginal peoples of North America and South America. According to Castellano, “The medicine wheel is one of the most powerful instruments currently used to convey the holistic character of Aboriginal people’s knowledges.”²⁸⁹ The medicine wheel, as I understand it, does not just convey Aboriginal people’s knowledges. It also frames or categorizes many abstract concepts from spirituality to health. For example, the quadrants represent, “the four grandfathers, the four winds, the four cardinal directions, and many other relationships that can be expressed in sets of four.”²⁹⁰

After viewing and researching numerous medicine wheel models and wanting to amalgamate how people react when they have diabetes I chosen the model by Ghostkeeper’s.²⁹¹ With the understanding that the theoretical framework will be the medicine wheel, this section will include, (a) components of the medicine wheel, (b) Nahayowak Medicine Wheel or Nahayowak framework.

MEDICINE WHEEL

Components of the medicine wheel

The medicine wheel is a circle with four quadrants where each individual quadrant can represent any set of four relationships depending on the topic. For this dissertation, the medicine wheel will use quadrants to discuss diabetes. When I first heard about the medicine wheel concept it was orated to me and in the teaching I remember the Elder, Wesley, from Manitoba, saying, “As human beings we have many components that make up who we are as a person; we have an emotional, a physical self, intellectual self and a spiritual self. When one of these components is larger than another one feels out of balance.” For example, I could learn about kindness through books and even write about kindness but never really be kind to anyone or kind to myself. I have learned to use my intellect about kindness but have not used my physical or spiritual self to begin to put into practice the concept of kindness. This is a very simplified way to explain the concept of the medicine wheel. However, what is important to note is that it is a concept and like one’s self it evolves and changes with time.

With diabetes the individual is affected. Using Wesley’s explanation that an individual is comprised of body, mind, spirit and emotion, the Medicine Wheel of Health will also utilize these same components for each quadrant, see Figure 1.0. In essence the Medicine Wheel of Health, “constitutes individuals and people who are at ease or in balance with themselves and in all quadrants of the Medicine Wheel ... they are seen as content, happy, and maximally productive; who can share, care and trust, and who are respectful”²⁹²

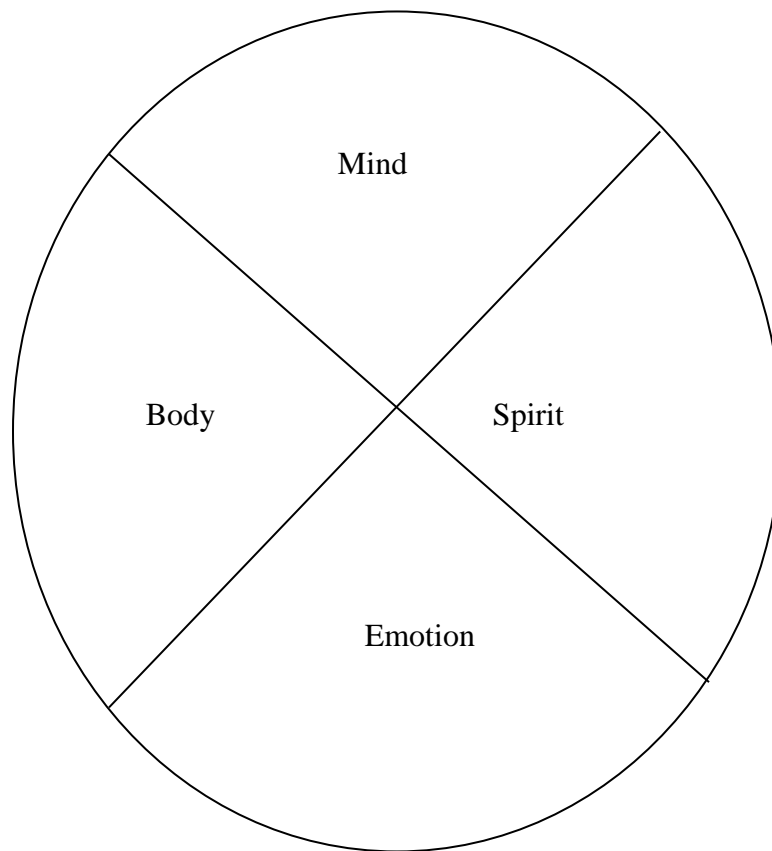


Figure 1 - Holistic Medicine Wheel Model

In this model the body component, according to Bopp:

Is the part of the self which recognizes and nurtures the body and the environment in relation the cycle of life and death of all other things ... the body or physical side is located on the West side of the circle which is the place for looking within, the realm of the adult; and the direction for learning about respect, kindness and activity that nurtures the self and others.”²⁹³

For the mind component, at the top of the circle, intellect or mind is that part of the self

which seeks knowledge, understanding, and wisdom ... the top of the circle is also known as the North, which is the place of the Elders and the direction for learning and caring.”²⁹⁴ On the right side of the circle is the spirit component and “spirit is the part of self which believes in the connection of all things ... this connection allows for an inner awareness of the unity of all things animate or inanimate.”²⁹⁵ The final component, at the bottom of the circle or South direction is where the component of emotion is located. “Emotion is the part of self which can touch all other things through feelings ... in this direction we feel with trust and innocence, finding excitement in discovery and joy in the awareness that new knowledge brings.”²⁹⁶ When all of these quadrants are in alignment there is balance achieved. Note the names of these quadrants for balance of individuals or health, can change, as each Elder will have different teachings. In other words, some Medicine Wheels may have Spirituality on the top of the medicine wheel or in the North direction. Although the placements of the components can change the essence of balance and imbalance does not vary.

When someone makes one complete turn around the medicine wheel this does not mean they have learned and know everything. Instead, it means they have learned what they need to know for that moment in time and/or have gained insight into a question asked. As time and new circumstances occur in life, a visit to the wheel will happen repeatedly. With the medicine wheel all the components are interconnected and if you have too much of one component, the wheel comes out of balance and this in turn means you are out of balance. The continuous revisiting of the medicine wheel has been termed by Bopp as “volition or will, which helps to develop the four aspects to help someone reach their vision of their life.”²⁹⁷

In Western thought, components of self are not generally integrated instead they are compartmentalized. For example, medical doctors heal the body, psychiatrists heal the mind, clergy heal the spirit, and counselors and/or psychologists heal emotion. Each profession is an expert in their field and may not use the components or concepts and methods of another field to heal a person into 'wholeness' or they do not see a person as someone who can become a 'whole' person. In many cases health professionals generally may not work collaboratively, to find workable solutions for an individual who has repeated appointment with for example a psychiatrist, physician or dentist.

In the late 1980s I began to see the medicine wheel as a visual model where it was depicted as a circle. The circle in itself is a strong symbol for Indigenous peoples and according to Black Elk:

Great Spirit caused everything in nature to be round. The sun, sky, earth and the moon are round like a shield; Father Sky is deep like a bowl. Everything that breathes is round, like the stem of a plant. Therefore, humans should look upon the circle as sacred, for it is the symbol of the connection all things in the natural world.²⁹⁸

Although the discussion has been around the medicine wheel being a circle with four quadrants, Loomis, Underwood, and May and Rodberg and others explain that, in addition to the four are numerous adjunct wheels and quadrants.²⁹⁹ May and Rodberg explain, "each position on the wheel is a symbol for certain influences, spiritual laws or experiences in life ... by moving to different positions on the wheel and reflecting upon the attributes of that position, you can recreate and transform the way you see yourself and your life experiences." ³⁰⁰

Nahayowak medicine wheel

Unlike other sources which may give detailed descriptions of Indigenous/Aboriginal teachings according to their nation's practices, the Medicine Wheel concept being produced in this chapter seeks only to give general guidance in the practice of understanding how the stories of diabetes can be analyzed using the Medicine Wheel component. For a deeper understanding of the traditional meanings of the Medicine Wheel, it is best to consult an Elder or spiritual advisor with such queries.

I chose Elmer's overall philosophy of the medicine wheel because he uses a Nahayowak construct to explain the medicine wheel model which Ghostkeeper named as "Medicine Wheel Model" and I renamed it to "Nahowyak Medicine Wheel Model" (Figure 1.1) to distinguish it from the Medicine Wheel of Health.

In the "Nahowyak Medicine Wheel Model" Ghostkeeper explains how the word Neyo-yaw has been translated to mean only the number four in English. Whereas in the Nahayowak language Ghostkeeper described, "Neyo-yaw as not only being a number but it has the meaning of obtaining wholeness through four aspects."³⁰¹ Ghostkeeper describes how a person is to attain wholeness they must:

Have the four aspects imbedded into who they are as a living person, these being the mental, spiritual, emotional, and physical. If one of the aspects is weaker or taken out from the person, they are no longer a whole person. They in fact spend much of their life trying to find what it is that is missing and many times they are unaware this is what they [their spirit] is striving to gain, wholeness.³⁰²

The first components of the Nahayowak circle according to Ghostkeeper:

Begins at the right side of the circle, which represents the mental body; coming from the direction east at sunrise as a gift from a grandfather spirit indicated and signaled by the color yellow. The eastern sky at sunrise is usually a brilliant yellow.”³⁰³

Mental is viewed as the place of beginnings or when a child is born. With a child everything is new and questioning ‘what is what’ happens every day. The color yellow is bright and hot like the sun; it is the beginning of a new journey, in this case the journey of diabetes. The beginning is how one uses their mind or their mental capabilities to accept or deny they have diabetes when they are first given the diagnosis of diabetes. With denial it can be very dangerous and may last for days to years. Statements like, "I'm going to eat what I want," "Exercise isn't important to me," or "My diabetes isn't bad enough to require medication" are all common signs of the denial stage and many individuals cycle back to this phase several times. If they decide to use their mind to accept the diabetes they may ask questions such as: “What is diabetes?”, “Who gets diabetes?” They may listen to a health professional, family and friends about diabetes in order to understand more about the disease.

They may want to know if diabetes is preventable but not necessarily asking “how can I prevent diabetes?” They are seeking information about diabetes; they are using their intellect or mind to understand diabetes. This does not necessarily mean they are putting into practice what they have learned. They may understand intellectually they have diabetes but not necessarily understand that lifelong changes must occur if they want to

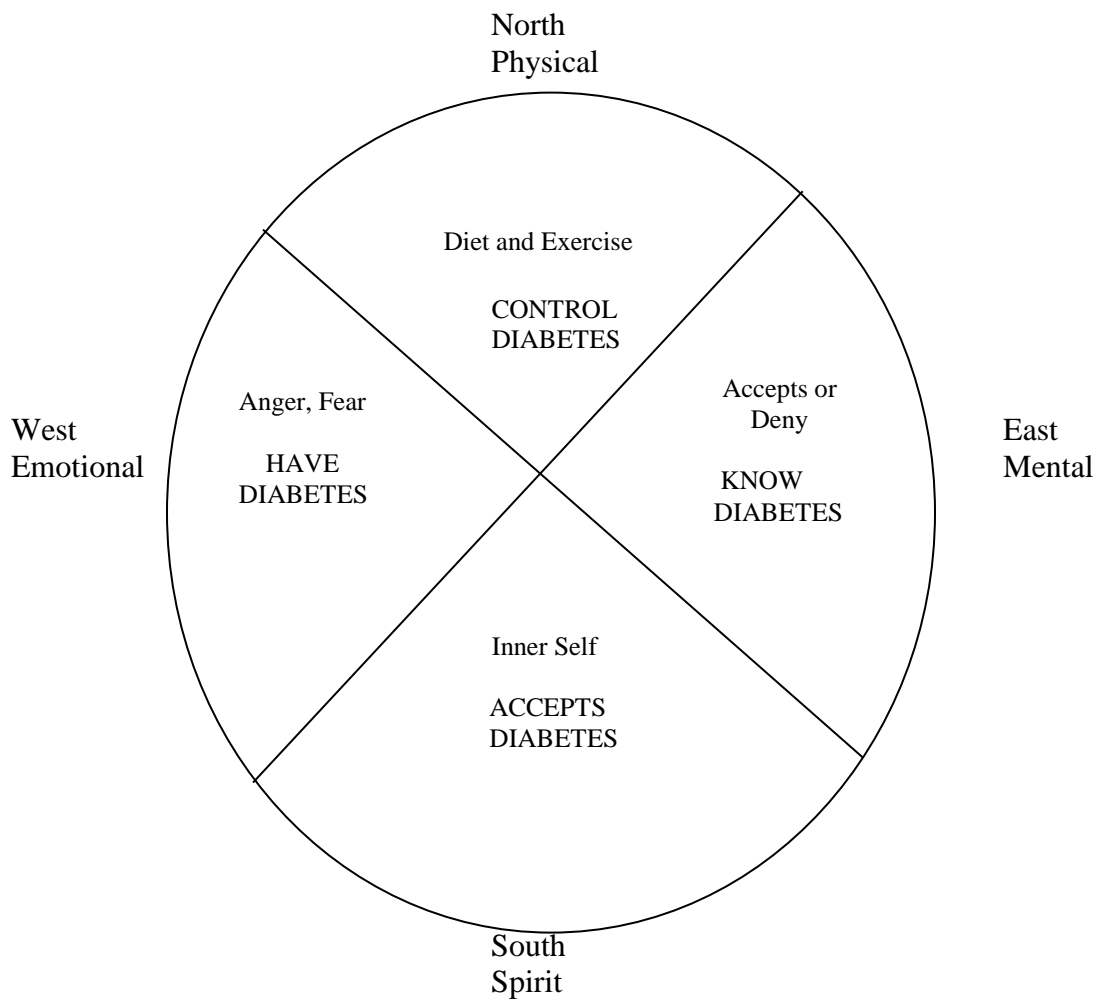


Figure 2 - Nahayowak Medicine Wheel Model

be ‘cured of diabetes.’ As the person goes around the circle and are back in the mental component they may ask questions such as; “Where did the diabetes come from?”, “Does being overweight have anything with developing diabetes?”

As you continue clockwise from the right side to a quarter turn Ghostkeeper describes:

Now you will face south which represents the spiritual body gifted by a Grandfather spirit indicated and signaled by the color white ...

the southern sky at midday is usually white with a pale blue background and giving thanks for the source of their breath of life, daily food and organic matter, and the return of life to the region after the winter season.”³⁰⁴

Spirituality in this stage means how one feels about their self; whether they have a high opinion of their self for having diabetes. They may be making a conscious effort to pray, meditate, and attend traditional ceremonies in order to begin bargaining with God or Creator. A last-ditch attempt is made at reaching a compromise with reality. "If I only overeat on weekends, that won't be too bad." "If I exercise more, I won't have to take insulin." "If I give more to charity, I won't have another heart attack." The danger of this stage lies in the fact that you can't bargain with a chronic illness like diabetes; there is no compromise with reality. In this stage, a person with diabetes may really be hurting their body. As they barter, they will change their habits, in hopes that God or Creator will remove the diabetes, but will not discuss or tell people they have diabetes.

The third component of the medicine wheel is “the emotional body gifted by grandfather spirit, indicated, and signaled by the color red”, as stated by Elmer Ghostkeeper.³⁰⁵ In the emotional body, the emotions of anger and depression are very prevalent. With anger, one is mad at everything and everyone. "I've paid my dues, had my yearly checkups, and gone to church on Sundays. Why did I get diabetes? It isn't fair!" They may feel that people around them act as if their diabetes is not a serious problem or they actually do not have diabetes, which angers them. People who stay in this stage can become very bitter, and others will begin to avoid them. People with type two diabetes trying to lose weight, may envy heavier people who seem to enjoy good

health. One might erupt at someone who innocently offers a dessert. Unfortunately, anger can drastically affect glucose levels.³⁰⁶ With the second emotion, depression, the person with diabetes may cry, feel sorry for their self, or generally give up. Subtler signs include not taking an interest in anything, not sleeping well, and not performing necessary daily tasks related to managing the disease. They will find no joy in anything, and things may seem hopeless. These feelings can become self-destructive. Mild depressive feelings are a normal part of grieving and adaptation. As long as they are not pervasive or prolonged, they may not be harmful. However, when the depression lasts a long time, becomes severe or interferes with diabetic management, one should seek prompt treatment. As they revisit the medicine wheel the anger and depression may decrease and questions and concerns about, “How to deal with stress, anxiety and fear?” may emerge. They begin to make conscience healthy food and activity choices and start to question how they can prevent complications.

Ghostkeeper described, “The final quarter turn clockwise one faces north and it represents the physical body of matter gifted by a grandfather spirit indicated and signaled by color dark blue.”³⁰⁷ In the north, you make decisions in your life to stop physically abusing your body. This is the final stage in Kubler-Ross, known as acceptance.³⁰⁸ People with diabetes finally accept the illness as a part of them—a reality that they must live with, a reality that they cannot escape. People with diabetes recognize that the best chance for future happiness lies in both understanding diabetes and in a disciplined commitment to controlling the condition. Individuals achieve different degrees of acceptance and inner peace. Some will need to experience the denial, anger and depression several times as they move through different phases of life and different

stages of diabetes. Some people move through a chronic disease to a state of much greater self-knowledge. They may actually say that the diabetes was, in part, a blessing. Through their close attention to diet and exercise, and their close monitoring of stress levels, they have arrived at a deeper understanding of themselves and their relations to others. In the north you begin to talk about having diabetes with others; you begin to understand why you have the disease; you begin to consciously make healthy food choices and include activity as part of your daily routine.

Although I have presented written documentation about the concept of wholeness it is important to know it is difficult to write about traditional Aboriginal medicine and Aboriginal values relating to wholeness because the Aboriginal tradition is an oral one and an active one.³⁰⁹ In other words, Aboriginal wholeness is practiced and in most cases will be spoken but not written. Having written this however it is possible to record the concept of wholeness using recording devices such as video and/or tape recording devices such as a tape recorder, mini-cassette recorder or mini-disk player. It is also difficult to talk about Aboriginal medicine and values without relating them to a whole way of life. Keeping this notion of a 'whole way of life' Adelson wrote, "Indeed, from a Cree perspective, health has much to do with social relations, land, and cultural identity as it does with individual physiology." ³¹⁰

CHAPTER FIVE: DOCUMENTARY

INTRODUCTION

The following is a transcription of the “documentary,” which is approximately forty-nine minutes in length. The documentary begins with an introduction then it provides an explanation to the first component, which in this case is the mental component followed by questions and answers. There are in total four components and each component follows the same pattern described in the mental component. The orders of the four components are mental, spiritual, emotional and physical. Along with the four components are Kübler-Ross’ model, otherwise known as the five stages of grief, which postulates a series of emotions: denial, anger, bargaining, depression and acceptance. I added Kubler-Ross’ model because many Aboriginal people see diabetes as a death sentence and many will not make the full circle of the Nahayowak Medicine Wheel model. After presentation of the four components, the documentary ends with a closing.

The purpose of the study was twofold: to create an Indigenous method and to use the component of orality in a new format, the radio. I had also wanted to use Indigenous methodology which began with prayer, talking with Elders and/or community people. It was not to analyze whether or not people felt a certain way for having diabetes but to create a space where people could freely talk about their diabetes without feeling shame or guilt.

To listen to the documentary, go to the podcast site at:

<http://www.umfm.com/programming/podcasts> or you can go to the link

<http://archive.umfm.com/podcast/download.php?filename=20150907-335.mp3>

RADIO DOCUMENTARY

Introduction

Moneca

Tansi and hello. Did you know Type II diabetes is a large concern for Aboriginal people in Canada? To understand more about this disease, we will listen to stories of diabetes from seven people who live in the urban area of Winnipeg, Manitoba. These stories will be framed around the medicine wheel model by Elmer Ghostkeeper, a Metis from Alberta, Canada. The medicine wheel is generally depicted as a circle with four components and each component is given a name, these being body, mind, spirit and emotion. A copy of this documentary is available by e-mailing Moneca Sinclair at smoneca@gmail.com or at the podcast site listed below. This address will be given again at the end of the documentary.

Why is it important to know about diabetes in the Aboriginal population? According to the Aboriginal Diabetes Initiative report entitled *The Evidence*, in March 2000 the prevalence of diabetes among First Nations is now at least three times the national average. And although less is known about diabetes among Metis people, results from the *Aboriginal Peoples Survey* indicate Metis rates are also well above the non-Aboriginal average. In the past Inuit people have been the only exception to this pattern of high rates; however recent regional data indicates that this is changing.

Mental component

Moneca

The stories of diabetes begins on the right side of the circle which represents the mental body or how one uses their mind to know about diabetes. When someone is first diagnosed with diabetes they may deny the seriousness of the condition. This denial Kubler-Ross indicates, “can last for days to years.” We will now listen to storytellers talk about the disease, what they know about their diabetes and how they talk about the disease.

Mental-Question One

Moneca

Diabetes, is the name of the illness that you have?

Carl

Yup (pause) sugar diabetes.

Roger

Yeah, diabetes two. Whoo-hmmm.Yeah. Over 12 years. Hmm, maybe 15 years, yeah about that.

Lambert

Hmmm. Yeah. Type two that’s what I have.

Moneca

Hmm, yeah.

Lambert

But, ah, ah, this is about five years ago I was on insulin.

Moneca

Hmm.

Lambert

Diabetes two with ahh insulin.

Sherry

Type two. I Umh, mm type 2 ... type 2.

Moneca

Type two?

Jane

Yesh. Ah, diabetes, yeah, is the name that I have. We have a word in Cree.

Oh, sozi waspinete.

Moneca

Hmmm.

Jane

Oh sozi waspinete. The name that, yes sugar is in there.

Moneca

Hmmm.

Jane

Yes, sugar illness. Sugar illness in woodland Cree. Yes. Woodland Cree.

Moneca

Woodland Cree?

Jane

Yes, Woodland Cree. Yes.

Annette

No, just my other son, the ones that ahh the border line one or whatever they call it.

Moneca

Hmmm.

Mental-Question Two

Moneca

And what did you think when you heard that word, that you were “diagnosed with diabetes?”

Carl

Well, it was? In thinking back it wasn't ahh shocking as I ah, it should have been, I guess, it was like almost like they were telling me that I had a bad cold, and ahh, for some reason I thought it was ahh , not that I would get over it, but, it wasn't as shocking as (pause) As it should have been, I guess. Like, I wasn't devastated by it, aye. I don't know I think it is ahh (pause) what, what, I fear happened to me, and, and, And I think it has happened to a lot of other people is that ahh (pause) somewhere along the line it's, it's it's... (pause) because I have been asked that question so many times ahh by other people who have diabetes, is if have “do I have diabetes yet?” No I don't.

Moneca

Hmm.

Carl

And for some reason there was no real, real, fear attached to it like, like the same kind of fear maybe ahh cancer. Like uhmm there is fear is attached to cancer, the word cancer for

example, aye. And for some reason there wasn't that same kind of fear attachment to the word or sickness diabetes, aye. And yet it basically functions the same way aye, maybe takes a little longer in some cases, but it still destroys (pause) the person, aye, over a longer period of time. It takes a person piece by piece, from what I have seen, aye.

Lambert

I, I didn't believe it. I didn't believe it. That I was actually diabetic.

Roger

I don't know, I really wasn't ahh troubled by it or anything.

No, I was non-chalant about it. Oh, well.

Sherry

Denial. I denied I had it, and I didn't umm pay attention to it right away. I didn't take it seriously, and uhmmm, I just thought, "oh, well." (Laughs). I just... I denied it.

Jane

Well to me it was quite dramatic, umm, it meant a total change in my lifestyle. I was ha working in Northern Manitoba. In The Pas hmmm. Specifically, I was a social worker. And ah, I was, really upset, you know.

Moneca

Hmmm

Jane

You know but, ahh, ahhm, I didn't ahh. I am still trying to deal with it. And trying to take it seriously. I think that's ahhh, I think that ahh it is very important to ahh accept it.

Mental-Question Three

Moneca

And previous to that you didn't, hadn't heard about the word or know anything about it?

Lambert

I know that my mother was diabetic, I knew that. But I never really, gotten to see what it was or anything like that. You know went on with myself, and that, huh?

Roger

Oh, yea. Members of my family were diabetic. So, I was exposed to it lots. Yeah.

Basically, ohh, ahh, not a great deal really. So, ah, just basically ahh more less the complications associated with it, blindness, amputations, that type of thing.

And ultimately death (coughs) if it's not taken care of. Yeah. No, no. Old people didn't talk about stuff like that aye. It was more or less just a disease that was there.

Sherry

Oh, yeah, yeah. Cause I worked in a health field, you know and stuff like that. Been around people, you know, my family members are diabetic, like my mom.

Moneca

Hmm

Sherry

I also had friends that were diabetic, and stuff like that. Yeah, yeah I knew about it.

Moneca

So, what did you know about diabetes, though?

Sherry

Umm, nothing really. All I knew was that at that time, all I knew was that people couldn't ahh eat certain foods, and uhh they had to go on medication, or ummm, what ya call it, ummm, that was it go on certain medication, couldn't eat certain foods. That was all I knew.

Jane

At that time, I usta go home quite often. I didn't hear about ahh, about ah you know about the disease.

Moneca

Hmmm.

Jane

But ta ah, now a lot of people have it.

Moneca

Yeah.

Jane

Especially older Native women and ahh children. Children are getting it too, now on my reserve.

Annette

You know I never heard about diabetes long time ago.

Moneca

Yeah?

Annette

It wasn't till I moved to the city that all this (pause) started hear about this.

Mental-Question Four

Moneca

How did you know or how did you find out you had diabetes?

Carl

Well I initially, well, went ta finally I went to the doctor and took a blood test and that aye. And before that happen I noticed I was going to the washroom a lot aye, drinking a lot of water. And I knew through education and stuff like that, that was a sign of possibly diabetes aye. So I went and got a blood check where they just pricked my finger and umm they took a sugar level from like a glucose meter.

Roger

Looking back now, yeah, yeah, I had quite a few of them. Drinking a lot, peeing a lot. Ahhh, umm, itching a lot. Oh, itching a lot. Thought I was full of bugs all the time (laughs). Yeah. Cause I was constantly itchy. Ahh, that type of thing. You know, your main hhhmmm. Yeah.

Moneca

And how long were you sick before you actually went to see a doctor?

Roger

Well, ahh, really, to tell the truth it really didn't bother me. That's not why I went to the doctor for. No. No. No. He was he just I more or less just went for my annual physical and then the doctor I was he was quite a good doctor. He was very thorough. And so ah he said, "Yeah, we need to do some more checking because we think you might be borderline diabetic, at that time?"

Lambert

First time when I was diagnosed I didn't even know what I had because I was ahh for a week there I was fighting it and I thought I was just exhausted from my job?

Moneca

Hmmm.

Lambert

Cause I was working long hours so I went on a holiday for a week and I couldn't shake it and I was drinking lots of water and stuff like that. Hmmm. I guess the water wasn't going anywhere. My body started swelling up and ahhh I got congestive heart failure. And I landed in the hospital for ahh, ahh, I think it was almost for eight days and finally somebody told me I was diabetic.

Sherry

I really don't know.

Moneca

Hmmm.

Sherry

You know, so I don't know. I went to my doctor and bang I had diabetes. (Laughs). You know. (Laughs). I didn't understand what the onset was. I mean I didn't understand what happened. Well, what was happening before I went to the doctor, I was getting dizzy spells, I was getting tired. I was feeling uhmm, ahh. like after I ate a meal that I would get really tired.

Moneca

Hmmm.

Sherry

You know. After I ate a meal and I had to sleep or I just didn't feel good, you know. Like something just wasn't right.

Jane

Oh, yes I was going to the washroom quite a bit. And you know being thirsty. And uh you know having ahh dizziness. You know and that's ... So I went to the doctor.

Diagnosed me as a being diabetic.

Moneca

And umm, why do you think it started when it started with you?

Carl

I don't know, uhh, there could be probably a number of reasons, I was in my mid forty's and I think it had to with my diet (coughs) and ah, my high use of sugar intake, like that Christmas before, I like, was diagnosed, I literally ate a bowl of candies, like a big bowl, not just a soup bowl, but ah, something, a bowl you would put a salad in or something, literally at the whole thing, between Christmas and New Year's.

Moneca

Hmmm.

Carl

Since, like, I would eat candy as if I was eating a bag of chips or something.

Moneca

Hmm.

Carl

A lot of sugar intake and the way I ate too, aye. I think that, ahh, by drinking milk. I usta

drink milk by the gallons (pause), ummm, pop, like soft drinks and stuff.

Moneca

Hmmm.

Carl

And, uh, that was full of sugar, aye, (pause) after I got diagnosed I kinda huh huh like shouldn't say that I wasn't totally unaffected by the diagnosis (pause) I was affected, aye?

Lambert

I don't know, what, where I got diabetes, to tell the truth, I, I, I, I told my poor, my poor, mother that, "Oh, you give me everything mom I said, how come?" So ... diabetic, and ahh, ahh, none, none, of the other girls got it, just me in the family, and were nine of us in the family. Mom I said, "How come, how come, you're giving me all of this stuff?" But I always like to tease my mother.

Spiritual component

Moneca

We will now move clockwise and be at the bottom of the wheel which is the south direction of the wheel which is the spiritual component. Spirit in this stage means how one feels about their self, whether they have a high opinion of their self as they have diabetes. In this stage the storytellers are making a conscious effort in prayer, meditation, attending traditional ceremonies. This is the bargaining stage as defined by Elizabeth Kubler-Ross. Also whether or not storytellers will discuss their diabetes with others indicates their acceptance of their selves having the disease.

Spiritual Question One

Moneca

Since finding out you have diabetes do you talk about having diabetes with any of your family members or friends?

Lambert

And I, I, ah, try to educate my grand, my grandkids because they'll say, "Pappa what are you doing?" "How come you gotta take that?" And I will say, "Pappa needs this to live?" If I don't take this, I don't live, I say. And they say, "What is it?" And I say, "Insulin for being diabetic." They don't know what diabetic is. But they are very interested in learning, how come I do that, and why I do that. Everyday around a certain time they are around the table because they know that I am going to take my insulin. (Laughs) They are scared of that needle. Does it hurt? You know. So, yeah. So, ahh, even the little ones are aware of what's going on. And they ask their parents, "How come Pappa has to take that to live?" And it is hard for the young ones, like my son and daughter, to explain to them about diabetes.

Roger

Like I have grandchildren, and I, I, don't want to see them to go through what I had to go through. Like I have been lucky. Still there are times like ... I'd rather not have it. It would make my life so much easier. You know, could enjoy things that I can't anymore, food wise I am talking about.

Margaret

I sit here and explain to them everything. I've ahh ahh showed them different papers and that, that I pick up from the hospital, and that.

Moneca

Oh, yeah.

Spiritual-Question Two

Moneca

So, before you had diabetes is there anything that you could do then that you can't do now?

Carl

(pause) ahhm, yah, I eat all things that I want to eat, like icecream and uhh, you like know when I have a birthday party I gotta tell them to cut me .. give me a piece a quarter piece, give me a quarter piece of cake then the usual size that everyone else is getting and knock the icing off, that kind of thing. So I am not enjoying the same thing as everybody else is, aye. Say like my kid's birthday party or my own, ahh, sheesh. Lucky I have some left.

Moneca

So, when you go, I guess, to these things, birthday parties, parties, do you feel different somehow, when you like have a smaller piece of cake or something?

Carl

Yah, because, like ahh, ahh, I um am feeling different, because ahh you know ahh ahh because of my own thinking and I am trying to convince myself that diabetes is back, bad, which it is and I am trying to motivate myself more to think about it, and to uhh to take measures in what I do, in terms of food eating, aye, or junk eating, ahhh, so I'm different that way, like when I go to a party and I ask for a diet drink and nobody has, nobody thought of bringing diet drinks, aye. So when I go to a party or gathering I am the

one who takes a diet pop or water, bottled water because it seems like nobody seems to think about ahhh people that's diabetic unless, unless you have it aye

Lambert

No, not really. Cause I, I, I, ah. They don't think anybody treats me differently just the fact they give me heck because I am not looking after myself. I think that is the difference. Oh, Lambert you're not looking after yourself. Nada, nada, nada. That's all I hear. Yeah. But nobody treats me differently. I just. I try to live a normal life. I try to have that in the back of my head, that I am normal you know still trying to ahh I know I got it but I just don't want to think about it. Like I don't want it to beat me or anything. I just want to try and live as normal without having to ahh worry about my diabetes all the time.

Sherry

So, that is what I find with people. Like you. I go to people's places and they serve food and stuff like that. I really am careful about what I eat. And, umm, I mean, they still eat (pause) like you get that come on eat some more you, eat some more, you know? And their plates are heaping and there is you sitting there with this little. And I know what I have to eat and I can't eat more than that.

Moneca

Hmmm.

Sherry

And ummm I don't want to be rude, but I say I just can't eat anymore.

Moneca

So, do you tell people that, "I can't eat anymore because I have diabetes?"

Sherry

No, I don't.

Moneca

Yeah.

Sherry

I don't usually. I usually just say that I am full.

Spiritual-Question Three

Moneca

So, do you take traditional medicines?

Roger

Yeah. Along with other medicines. Hmm.

Sherry

Hmmm. I think, I think, like I had said it before, I think it is, you know when we reach to our First Nations communities with diabetes I think it is important to teach them in ahh I mean even just for me, for my own purpose, teach them ways that will be more understandable. I mean it is good to have that, I guess. But I think if you are going to go in a Cree community, speak to Elders, speak to young people, or even people my age, or whatever. Umm, I think they need to be ... the visual stuff needs to be there at the same time.

Margaret

Yeah. Yeah. And my youngest daughter is 14 and she will be 15. And that's, that's my ahh, ahh, right hand (laughing) She's so helpful. Yeah. Hmm. She does, she gives me blood work. She does blood testing for me. And she said one day she is going to learn

give me a needle. But not yet. My husband gives me insulin. I sit here and explain to them everything. I've ahh ahh showed them different papers and that, that I pick up from the hospital, and that. And ah, ah, I explain to them that when I am sick you do this, you do that.

Annette

At one time I wouldn't. I, I, ah, found it hard to talk about. Oh, I just tell them that I have diabetes, and have had it for so many years. Especially people are just, just found out they got it. Yeah. But nobody treats me differently I just. I try to live a normal life. I try to have that in the back of my head, that I am normal you know still trying to ahhh I know I got it but I just don't want to think about it. Like I don't want it to beat me or anything. I just want to try and live as normal without having to ahh worrying about my diabetes all the time. At one time I wouldn't. I, I, ah, found it hard to talk about.

Carl

No, not yet. I umm dah I hear there is a medicine man up in Nelson House that I am going to give a try. Ahhh, I am going to do that. I'm going to ahhh learn that medicine, learn how to pick it, learn how to prepare it for myself, at least if I know that, and I know what it is, then I don't have to depend on anybody to get it for me, I'll, I'll, I will get it myself as long as I can.

Moneca

Yup.

Carl

But there is, there is definitely medicine, traditional medicine that does actually treat diabetes, aye.

Moneca

Hmm.

Carl

I read some stories, I heard some stories, and I've heard some people totally recovered from diabetes through traditional medicine. Ahh, and other people have said they, they, have gotten off my needles, have gotten off medication and I am maintaining my sugar levels, they're still taking blood tests and that with their gly...glucometers, glucometers and that. And I will continue to do that because it is something I want to try and keep an eye on. I am kinda deciding that I wanta try and keep healthy. I didn't put too much thought on it, but for some reason lately, all of a sudden that has become important, maybe it's my granddaughter has something to do that.

Margaret

I remember years back; I remember my dad being sick out in the country. People, people say that like my older brothers and sisters say that he was on medicine for diabetes then. But I can't recall that.

Sherry

No, I haven't taken what umm whatchamacallit. Umm, I mean I haven't been on any medication. Traditional medicines I have heard of umm I do use other types of medicines. But I have west is.

Lambert

Well, lots of times like I go out and try traditional medicines I, I, tried. And I, I, I, tried all kinds of different medicines with different ahh you know different medicine man just

to look for a cure out there in our traditional ways. Well, hah, I, I, I, tried lots that I have seen but tahh my ... right now I think it's the fact that the insulin I am working with right now and ahh ahh my diet and weight.

Jane

I have heard that ahh too that tradition, Native traditional medicine. Hmmm. Indian medicine.

Spirituality-Question Four

Moneca

Do you notice that lots of people have diabetes? Do you notice a change in the way people present food at feasts or anything?

Carl

Yah, yah, that's also a concern for me, even in the 70's when I would go to feasts people usta to bring at least cooked food, deer stew, stew, or something like that with something. I notice more and more that people would bring pop, sugar pop not diet pop, cookies, stuff that is already bought, made in the store already, aye. Champ's Kentucky fried chicken, stuff like that. They would put it in the feast. And so then that this food is distributed to everyone and a lot of these people in the crowd are diabetic. And so there is kinda of a dilemma since the food is pray upon, and so then, it concerns me. Like even our feasts are changing now. Like uhmm, you usta be I remember when we usta first go to feasts ...so you need to bring meat, berries, maybe corn. And what else did they say, honey, honey they usta ask for honey and now people are bringing brown sugar. And I hear, I hear, that honey is slower processing than regular sugar. And those were the main four things that were being asked to bring to feast. So at least when we had the feasts in

the early 70's and 80's we had meat, like deer or meat, moose meat or something like that, potatoes, boiled usually, corn, wild rice, was the main things, was the main, you would see there. And tea, regular tea, kind of thing. That was about what you would see at a feast. But now you see everything there. People bring bottled juice, soft drinks, uhh, ahh, cookies, in packaging and stuff like that, potato chips and stuff. I remember one time somebody brought popcorn and some of the people were making fun of that and saying, "what's that popcorn doing here?" But they don't realize that popcorn is actually an indigenous food, we're the ones that introduced popcorn to the world. Aboriginal people. It didn't come from Europe, aye. So actually popcorn is our own food?

Moneca

Right.

Carl

But people didn't actually realize that they were making fun of it, they were saying that's white man's food, maybe the way that we are using it is whiteman way but the food itself is indigenous food, aye.

Emotional component

Moneca

We will now turn to the third component of the medicine wheel which is the emotional body. In the emotional body the feelings of anger and depression are very prevalent. With anger, one is mad at everything and everyone. However, as the storytellers revisit the medicine wheel the anger and depression may decrease and questions and concerns about, "How to deal with stress, anxiety and fear?" may emerge. The storytellers begin to make conscientious healthy food and activity choices: they start to question how they can

prevent complications of the diabetes.

Emotional-Question One

Moneca

What are some of the emotions you have felt with having the diabetes?

Lambert

It's scary. It's really scary when you read about diabetes and what could happen in your body and what ta ahh could happen it's just...I always think to myself when is it going to happen to me.... oh my god. You know, so, so, it's a bit scary.

Carl

Yah, I was talking to a friend over the weekend here that ahh, cause,cause, she, she, she was, uh, uh, she was talking about diabetics in the hospital, because she works in the hospital, aye. And ahh she worked in the unit where people where there like they have their legs gone, their arms gone, hands gone, one guy was there blind getting ready prepped to get have both of his hands removed because of diabetes.

Moneca

Hmmm

Carl

And I was thinking, if I don't watch what the hell I am doing that's what's going to happen to me, aye. I'd rather just, just, die than go through that. You know quick (haa). (pause) Then I thought you know, while she was talking about that, I was listening to her I was thinking, I should some uh uh I should go to, I should actually go to some clinics and learn more about this, more about what, what I can do and what I can eat, and learn how to cook, aye. And trying actually preserve my, not only my life but my fricken limbs

and stuff, aye. My eyes. (pause). You know one of my bigger, bigger fears about diabetes for me is going blind, aye.

Moneca

Hmm.

Carl

I could always, ah um, at one point I could live without my toes or something like that. Aye. But I don't want to go blind. But then, after what, hearing what she was telling me about what these people in the hospital. And this is not just, just, a few, there's hundreds, hundreds of people like that coming through. And a good big, big, majority of them are Aboriginal people. Like, she was talking about ah dah she was talking with one of the main nurses at work there, and said, you said you see the grandmother coming in aye, and you see the grandfather coming, and all of a sudden the son comes and then the daughter and this is to get ampu... amputations because of diabetes. And then they are just coming in, they are just coming in, aye. And then the, the next thing the grandchild came type of thing. And I was thinking, "Holy Christ". That story really kind of really shook me up, aye. (pause) So now I am getting scared (nervous laughter).

Roger

Because I mean it is not the nicest thing to have. It's not I mean it does bother me of course. And I am sure everybody you know has diabetes, who is diabetic, worries about, severe complications that could arise. Like, for example with me I notice that my healing, like this little cut over here I have had it for nearly two weeks. So, things like that bother me, and I have had friends who have died because of diabetes. I have had friends who have ahhh I had this one friend in particular he ahh handled it very well, he was very

positive minded. But, he lost his limbs. First his toes, then one of his legs, and then, then, both. But, he was very up about it. He said, “what am I going to lose next?” “Next thing you know I am will just be a little old clump of flesh here, no feet, not nothing, just me.”

You know.

Sherry

It horrifies me when I hear people you know their limbs being taken ahh like, that’s, that’s just scary? You know. Cause I know a few days ago a friend of mine her brother has lost both his legs. And now his arm. Like...And he is not much older than I am. Like that scares me, you know?

Margaret

Yeah. Hmm. My dad used ta, used ta, do lots for me when he was alive. But when he got sick tried to do good for him. Never watched his diabetes. Never looked after it. And so. Yeah, he ah, he ended up in St. Boniface hospital and they were going to amputate his leg in the morning. And he had a mild heart attack in the bathroom and he died. Hmmm...As I was saying at least he has gone to his grave with his whole body. And just seeing him and that really got, got, me thinking, and I really started to do fast umm fast changes with my life after that. And that really freaked me out. I usta think that could be me in there.

Emotional-Question Two

Moneca

So when you found out you had diabetes did you go to any classes to learn about diabetes or how to deal with the diabetes?

Carl

Never went to a class. I got invited to an ah an office where huh (pause) its suppose to serve diabetics, aye. But they did was give me pamphlets and stuff like that. Huh, and they told me don't change my lifestyle too much, aye.

Lambert

I did that the first thing and you know. The very first time I, ahh, I got my insulin I did. But they didn't do very much for me. No. Not even my ahh not even my ahh the specialist I was seeing, the diabetic specialist. He just called me in his office and asked me how I was and ahh I took off outta there m ahhh there in a few minutes and like before that I used to wait sometimes. Like sometimes if there was a white person ahead of me they're in there for 45-50 minutes and me they rush me in there couldn't be more than 5 minutes. And I said I don't want to see the guy I said he doesn't do nothing for me. Why wait go see somebody and they just ask you a few questions and send you on your way. So that was the frustrating part of being diabetic too. Was going to go see these ahh people and they do nothing for you really. Trying to scoot you out of their office in a hurry. That was about it. Not explaining anything to you or ah or ah or taking tests so I thought (shrugs shoulder here).

Sherry

I have attended workshops. I have also gone; I have seen a nutritionist. Umm. I have also ahh, ahh, what you call it. Read on it. And stuff like that. I worked in an environment where that ahh diabetes was a big topic all the time. And then umm when I went to that dietician he was great. And everything. He showed me everything. Like, you know, the portion sizes, and ahh the cooking. And how to do ahh all that stuff. And ahhh also

mentioning the fact that I should try and see an eye doctor for a check-up for ahh at least once a year.

Jane

Oh yes. I have to ahh umm err a workshop, a three-day workshop on diabetes in Saskatchewan. I also went to see a dietician, you know. *What to eat...and all those things.

Roger

I never been to one. No, I just never had time. Whenever I had an appointments were set up something else came up and I just couldn't make it. So I never been to one. No, no never.

Emotional-Question Three

Moneca

Some people say that diabetes is an illness. Do you see it that way or do you see it as something else?

Lambert

Well, I guess. I think it is both. It is an inconvenience and it is a sickness so it is just ahh. That is something else that I have to, that I have to, that I have to ahh, to ahh, I feel that I have to, as an Aboriginal person I wanna wan want to see if there is a cure for it out there. You know you try things different. And stuff like that. Like with Aboriginal medicines, like I mentioned before. Yeah, it is something I really think there is a cure out there for r us with our traditional medicines.

Carl

Ahh, it's an illness in the sense that it makes you sick in that it causes ah ah damage to the health and the body, aye. Well, at the same time if you ahh preventable, something I believe it is totally preventable, because if you know if I just kicked into exercising and really watching what I eat I think I can eliminate it, and maintain it up until I am 80 or 80 anyway. After that I will go back to sucking on sugar, just kidding.

Jane

I think that ah it is a disease ...stroke, cholesterol, killing disease associated with diabetes. You know it is very important to accept it. You know trying to control it. But ah um I still find myself, I'm still not, I am still taking risks. That I would be able to cure myself and all that. But that is not the case. Because once you have it ah the only way to deal with it is to control it. You know? I think tend to talk about it like it is a death sentence. I always tell somebody that I ahh you know how I am going to die. You know there is quite a few complications that can develop when you have diabetes. And ahum yeah, and ahh, I guess, ah ahh, you know it is a really serious type of disease. You know. Once you get it you're stuck with it. You just have to try and control it. Although I have heard ahh a lady that I usta work with she said she cured her diabetes.

Roger

Diabetes is the sweet killer It is the killer that is good to the taste.

Emotional Question Four

Moneca

In thinking about diabetes have you thought about what are some things that Aboriginal peoples need to change or re-learn so that diabetes can be reduced?

Carl

Learning about our own foods, trying to get back to our traditional foods aye, like wild rice. For example, my community has a bison herd, like ahh. It's too bad they can't provide that meat to other communities and set up a marketing system. And provide half decent meat to other communities. Like people can get into elk farming for stuff for nutritional purposes and try to raise nutritional...raise the value of nutrition through by going back to our indigenous foods. Like its legal to elk farm, you know? And it's not legal to deer farm. And we can't even sell deer meat; it's illegal to do that, aye. We can't even own a gun now to go hunting, so. That's bugged. Unless you already own a gun, that type of thing. So people are moving away from those traditional foods that we usta have. To me right now if I have a traditional meal its either bison, deer meat, moose meat, elk. If I could get caribou that would be good with wild rice maybe. And huh, had roasted wild rice over the weekend like the last Friday and holy Christ that was good. And I have never had roasted wild rice before: it was good.

Sherry

You know we lived off the land with my grandparents, and we ate wild meat. I heard an Elder say one time, you know, it is unnatural to eat that kind of food, you know it is not our food, it wasn't our food to begin with. He was trying to convince us to eat our traditional foods...live off land.

Jane

We never had too much sweet stuff when I was growing up. We couldn't ahh afford it. It wasn't readily available, huh. And we ahh didn't eat any starchy food and all that aye. Cause moose meat and deer meat are not very fattening.

Moneca

Yeah?

Jane

Yeah.

Roger

Well I think ahhh due to the foods we are taking now. We are not no longer eating the traditional foods we used to, we are not living a traditional lifestyle like we used to. And that is what is the cause. Yeah, I mean because it is common knowledge that the metabolism within Aboriginal people compared to non-Aboriginal people is different. You see. And umm as Aboriginal people is very different too. Because we are very, you know, connected to the land. Did things with the land. Depended on the land for all our ahhh resources and that. Yeah, so. But what it boils down to is lifestyle. We have got to get back to the ahh if it's all possible, and I believe it is, like get back to where we were, and quit you know, quit sitting around. Become more active. You know? I think one of the things with my mother, getting back to my mother. Towards the end she used to boil a lot of her food rather than fry or even roast. And she even notices. And she used to say, "You know I feel better, you know, since I have been boiling my food, and stuff like that."

Physical component

Moneca

We will now move to the fourth and final direction, which is the physical. In this direction the storytellers make decisions in their life to stop physically abusing their

body. This is the final stage in Kubler-Ross, known as acceptance. People with diabetes recognize that the best chance for future happiness lies in both understanding diabetes and making physical changes in their lifestyle such as diet and exercise.

Physical-Question One

Moneca

Since knowing and finding out that you have diabetes have you changed the way you eat?

Carl

I changed my diet I cut back on a lot of sugar and stuff like that and I ahh certain foods I cut back on aye (pause). Like pasta I guess. Milk, cut back on really lot of milk, I don't use sugar anymore, as uhh, uhh, the white sugar, like I don't put sugar in my coffee, or sprinkle it on my cereal, you know sugar sat in my house and uh the only that time it gets used is when people come.

Lambert

I, I, ah, changed my eating habits quite a bit. I usta, usta, be a bachelor for a long time. And ahh ahh usta ahh cook lots of greasy foods. That's how my ahh my ahhh cooking consisted of always frying stuff. And stuff like that.

Moneca

Hmm.

Lambert

Not boiling it or anything.... or fast foods. Or not even eating actually. Yeah, I gotta watch what I eat. Like one of our traditional foods macaroni,

Moneca/Lambert

Laughing

Lambert

And I, I, ahh, got to watch, got to watch, different things like that I eat that brings it up and stuff like that and a lot of my food is, ahhh, boiled or broiled not fried. And I eat a lot of fish. Eat lots of fish. But I love fish anyway so it doesn't really matter.

Roger

I have a sweet tooth. But my cravings for sweets have dropped a lot. Because there, there is a lot of stuff out there I can eat that is sugar free, yeah. Vegetable I love as well. But in moderation. Everything in moderation. Yeah, ummm, my starches I cut down a lot. Like I don't eat potatoes very much, I don't eat white bread period. Rye bread is what I eat. And even that I cut back a lot on too. Ahh, I am kind of person who ahh I could live on sandwiches. I love sandwiches. But, even then I notice now that my bread intake is cut down a lot. A lot of starchy stuff I stay away from, and a lot of greasy stuff. I don't fry as much anymore and stuff like that. Yeah.

Annette

I don't ahh, I don't really go on a eating binge, but it is just sometimes you get more hungry than other times. Yeah, I know when I go to a restaurant I try and have a salad, chicken or fish, I like them, but I guess you can't eat it everyday. I usually try and bring a sandwich, soup or something that is quick. Yeah, like today all I had was a couple of pieces of toast, an apple, and ahh decaf coffee.

Sherry

Umm, I am supposedly ahh controlling my diet. And that is something that you know like I had to control that myself, like, you know, with the dessert piece, I know a lot of people hang around know that I don't have dessert. I just don't even like dessert. Once in a while I will cheat and have something, but it is not very often?

Jane

Yes. Ahh, you know it ahh, I learned to ahh avoid too much sweet. You know, ahh, food, you know sweet stuff like cakes, cookies, and ah candies. But, I tend to ahh au you know have chocolate candy once in a while. Especially at Christmas time You know Easter time and all that. So...I think my problem is ahh ahh is that umm I tend to ahh to eat large proportions. You know, that's one thing I gotta learn not to do. Cause, ahh, you know tend to be well fed if you do that (laughing)

Moneca

When did your food habits change?

Jane

Well, I went to residential school. Ummm. When I was nine. So the diet changed at ahh that time. Very ahh totally different lifestyle. Change in lifestyle. In the school we ate as fast as we can because you never knew if you had to do something or if your food was going to be taken away.

Physical-Question Two

Moneca

So when you found out you had diabetes were, were, you around the same weight, were you heavier?

Carl

I was actually surprised like the first time was actually 200. I was actually really heavy, like, now I am down to a 100, last time I weighted myself I was 190. I was around 240 that time, aye.

Lambert

I was very overweight. Yeah, I was very overweight. That could have, that could have been ahh because at ahh one time I took a scale at 320 so aahhh... I lost quite a bit. I'm, I'm, 260 right now. And ahh ahh been losing slowly I don't... Before I usta loose fast and ahh I gain it back double. And so now it's just slowly?

Sherry

Yeah, yeah, I have lost weight.

Jane

Well by, by, by my weight. I am quite overweight. I was ahh umm you know good at taking care of my weight. But, lately I haven't ahh I have gained quite a bit of weight.

Physical-Question Three

Moneca

I guess that is one thing we didn't talk about was exercising, do you exercise now?

Carl

Ahh, not, not the way I should be, I know I can be walking, walking every day. I know I can be more active. Like over the summer ahh there is opportunity to be active every weekend, that's rigorous exercise. Like this weekend I went to a pow-wow this weekend. And ahh you know just walking around dancing and ahhh did that a few times, aye. But, and then all of a sudden the whistles went, and in order to honour the whistles that drum

you get at ah ah least ten minutes of dancing out of each whistle kind of thing, cause that's how long it takes to. But there were four of them. By the time I was finished with the four whistles and that I was sweating. I was getting warmed up. You know the feeling of getting warmed up? You know you're getting to, getting loose and all that aye. And I know that's the point I need to get to at least once a day to get my body working healthy, aye. So like I was thinking this is what I need to get to do aye, what I need to do to...least get my body to a point, where I am feeling like you know that heat, feeling loosened up and stuff like that. I was geeze thinking if I could do this I think I could do at least this once a day, I think I could be okay.

Lambert

Not, not, for about ahh, ahh, just about in the last year or so I got married and ah my, my, my, wife is a nurse. And she has been bringing down my numbers, bringing down my cholesterol, bringing down almost everything and ah ah making me walk quite a bit and huh...That's my goal as to keep it going. And exercising, like I, I, I, ahh walk ahh although I can't walk as far as I used to also I have two ruptured disks in my back, so, its ahh my easy way of exercising was walking. And now I can't walk too far without my back aching. Really. I, I, I, wasn't...didn't like I wasn't into walking, like, I, I, I, wasn't my ahh my, how can I say. I was, I was, very active, like I usta go to different meetings here and there but you know how meetings are, they have snacks all the time, different things and stuff like that. But, yeah, I was active in meetings and going around but not exercising or er ah watching my weight or anything like that. But, I think what really got to me was that long hours and not eating.

Sherry

And umm umm its and also my ahh I mean I exercise. I have joined the ahh Y. As part of the routine of. I mean that ... there are other reasons that I exercise too. As part of the routine of ... I mean that ... there are other reasons that I exercise too.

Annette

I don't get that much err ahh exercise at home. Like, I said I sit and watch and watch television and do the leg exercises. But I walk around here as much as I can. Ah probably in the summer...winter stuck inside.

Jane

And that's you know. And that can present complications. And also I don't do enough exercises. And you know my diet it is not really ah ah you know ah correct, correct diet to try and control diabetes. That's ahh, ahh, and myself I have tried to ahh you know go for walks. So, I umm you know ahh he has really been after me to take care of myself and control my diabetes. So ahh, my husband tries to help me and go for walks. Yeah, ah, so it has been support all around.

Margaret

And, it really bugs me cause I usta do a lot of exercise and that. And now if I go out of the house towards the end of the street I am lucky if I can make it. By, like, without having to stop. Because my legs ...so sore.

Closing

Moneca

You have been listening to voices of diabetes from seven people who live in the urban area of Winnipeg, Manitoba. These stories were framed around the medicine wheel

model by Elmer Ghostkeeper, a Metis from Alberta, Canada. The seven individuals shared their story of diabetes in hopes that you, the listener, will know that diabetes is not a life sentence for ill health. Instead it is a way to ensure that we will one day be “diabetes free”. A thirty-minute segment of this documentary was podcasted twice at the University of Manitoba UMFM radio station, once in 2008 and the second in 2009 with several positive responses. One listener said, “I am glad I listened to this show; it helped me realize that diabetes is nothing to be ashamed about.” It is for feedback such as this that this documentary was made, to help people begin to be able to speak about diabetes without shame and that it is a disease that does not have to be a life sentence.

If you would like a copy of this documentary please contact Moneca Sinclair at smoneca@gmail.com or go to <http://www.umfm.com/programming/podcasts> and here is the link for the podcast

Ekosani, thank you for listening.

**CHAPTER SIX: KISIPUNOK KICHETA'WINO'SKE (ENGLISH: AN END TO A NEW
BEGINNING)**

Words mean more than what is set down on paper. It takes the human voice to
infuse them with the shades of deeper meaning.

(Maya Angelou, *I know Why the Caged Bird Sings* 98)

KISIPUNOK KICHETA'WINO'SKE

Between April 2003 and June 2008 in Winnipeg, Manitoba, the dissertation from interviews to completion of the radio documentary is an accomplishment for me. The next years were spent writing and re-writing the document. It is a project that began in the 1980s when I began to look at my relatives who felt shame to have diabetes. I believe when there is space created for Aboriginal people to be able to speak about their diabetes, or any other lifestyle diseases, then it may be possible for Aboriginal people to want to find ways to be “diabetes free” or become healthy individuals once again.

From the interviews/conversations before the start of the project, it seemed that it was simply a matter of talking to people but then it became real work. Real work to get through Euro-Western ethics and finding people who were willing to talk about their diabetes. Clearly I had underestimated the amount of time and energy it would take not only learning the technical aspects of developing a radio documentary but the emotional energy it would take to find people who were willing to have their stories aired on public radio. For the people who shared their story I have so much gratitude and respect. They

agreed because they also wanted to have their voices heard in hopes their story would help others feel more comfortable to talk about their diabetes without feeling shame.

When asked, “Why not a radio documentary?” I literally felt my whole body ‘tingle’ and I knew that this was the right path to be able to have a space for people to be able to share their voices of their stories of diabetes without feeling shame.

It is difficult to say whether or not if I would have used the same process where I e-mailed various community radio stations and presented what I wanted to do. I am not certain how one would find a way to develop these skills if they did not have a strong background in the editing process. Possibly, I could have learned how to use Cool Edit Pro on my own and then approach radio stations to air the segment. However, I think the way I managed to create the documentary and learn new skills was not just about creating a product but it was about developing a relationship with the staff at UMFm and with the documentary. There are pros and cons for each approach but I think the way I approached the process was what was meant to be because in the end I not only created a documentary but I was a host of a radio program and I was able to talk about so many issues surrounding Aboriginal peoples.

Although the radio documentary meant having to cut and paste voices to fit into the 45-minute documentary style required by most stations I did have some thoughts about this process. I wish I had been able to present each person’s interview as one interview with comments up front about the interview and comments after the interview. It would have been great to be able to present each individual interview as several documentaries one would hear in a community radio station where, “Younger people continue to learn from the stories told by elders” (p. 33) as described by Valentine in

Making it their own: Severn Ojibwe Communicative Practices (1991). However, I am not certain if having several ‘conversations’ would be accepted as a doctoral dissertation. I think having done a radio documentary in this manner is the beginnings of possibly a new way to begin to look at reanimating the oral traditions.

Although this approach meant learning new programs and listening intently, I would recommend this method. In addition, if someone wants to do a documentary about reanimating oral traditions where the voice is the focus I would recommend this method. I think making a radio documentary can be used for many disciplines besides health. For example, you could have various experts in education talk about “How Elders can be incorporated into the Education system from elementary to graduate school.”

The final documentary I presented in this thesis is the result of work that I did together with the storytellers, UM radio staff, and the thesis committee. I also wanted to further discuss the valuable knowledge about the research process of working with Urban Aboriginal peoples, which I found difficult to articulate and fit into this dissertation. It is important for me to share my lessons and teachings to help anyone wanting to assert Indigenous research processes and methodologies. I begin this Kisipunok kicheta’ wino’skeby first giving a brief research summary, followed by my reflection on the research process and ending with concluding remarks.

Research summary

The purpose of this study was to document the voices with Urban Aboriginal people with Type 2 (non-insulin-dependent) diabetes mellitus. Secondly to bring together voices of urban Aboriginal people with Type 2 diabetes mellitus into updated and

adaptable, oral format or to reanimate the oral traditions using the media of radio.

Through voice this dissertation documented the stories of people with Type 2 diabetes and the creation of a radio documentary using storytellers' voices. By creating this documentary using the method of radio this also created more space for Indigenous research methods to be in the academy.

These voices people with of diabetes will one day create Indigenous space that is in line with the thinking of an ecosystem in nature where it will be recognized that everything is related and interconnected. Without respect and understanding of stories being told from an Indigenous worldview, without the voices to tell the stories, without the listener to hear the stories, a part of our culture dies as will the ecosystem if it is not respected and people continue to decimate the ecosystem for their own greed. If an entire ecosystem collapses, the species that depend on its resources in time will become extinct and non-existent. This is the same for an oral story, in order to thrive, the oral voice that tells the story must exist in harmony with its environment or its audience and in the culture it was created.

Research reflections

Although this process took much longer than I intended, I often found myself lost between two worlds, the Nahayowak way where traditional practices required relationship building and the Western academic world. As I began to formulate the form of this work I knew I had to find my own voice and methodology to be able to work in both worlds until they complemented one another. I found the beginning process of research challenging as I did not want to begin with the idea that one view was better but

that somehow there had to be a way to work both worldviews. I also wanted to create a space for Indigenous methods for other Indigenous students who wanted to use their own Indigenous methodology. This, for me, was a huge responsibility as both worldviews needed to be honored and respected; we have the non-Indigenous worldview where generally the written word is valued and the Indigenous worldview where the oral is more important. Walking between these two worlds it often took a great amount of effort and time to decide what to write about and what I should include or exclude in the radio documentary. In addition, what personal knowledge would be significant and relevant to share?

Although I had written a Master's degree thesis this project was also a learning process as there was little guidance on what a dissertation should look like when approached from an Indigenous perspective since I essentially had a methodology and research topic that had very little literature to work from. I found myself listening to many Indigenous speakers, reading copious amounts of information, contemplating within myself and working from intuition, throughout most of this journey. The guidance from other Indigenous scholars' works help to fuel my confidence that the methodology and methods of the thesis were both traditional and academic.

Conversational interview is a method that would elicit storytelling and allow the storytellers to tell their stories without strict guidelines of questions and answers, and it also allowed for their own traditional oral histories to be told. Using the medicine wheel has been a great research tool for health and wellness as it is easily categorized into four components of body, mind, emotion and spirit. This framework had greatly helped me think of each experience and story in a certain context without feeling restricted by

themes or rigid categories. I felt the medicine wheel model worked well with the outcomes of hearing the storyteller's voices and experiences with their diabetes. In telling their stories using the medicine wheel model it allowed for stories of pain, joy, uncertainty, and hope.

I have also thought about if this method is ever taken up by other scholars could it be evaluated? What would the process of evaluation look like? Possibly one could have an introduction class entitled "Everything you wanted to know about Type II Diabetes" and begin the class asking people what they know about diabetes. Record what they know and then people a lesson about the medicine wheel teaching. Then ask them if anyone would like to share any stories of their diabetes according to the medicine wheel model. Then have them listen to a portion of the documentary and assess whether or not if people will share more stories if they hear the documentary. At the same time there could be another class where people follow the same format except no information about the wheel instead they would immediately listen to a portion of the documentary and again the instructor would assess whether or not if people share their stories of diabetes. This could be one method to evaluate if listening to other people's voices helps create space.

Finally, upon reflection and committee members comments I believe this model can be presented to many different groups of people, Indigenous to non-Indigenous, as it is a model about being a human who has a physical body with a mind, spirit and emotion. It is a philosophy that can be explained simply as a way to understand diabetes using how someone thinks about their diabetes upon first diagnosis by a health professional or even before they are diagnosed and reflecting why they have diabetes and is there anything

they can do to make sure they can stay healthy even though they have diabetes. The medicine wheel is a model that can help any person understand how diabetes doesn't just affect their physical body but that it also plays a role in their mental, emotional and spiritual activities.

Conclusion

While gathering the stories of experience, it was heartwarming to be witness to community members having the courage to voice their story of diabetes and how they deal with the disease. Also, while interviewing the storytellers, many were grateful to have this opportunity to share their story, "so that others could learn and not experience the hardships," was a sentiment that was uttered when the tape recording was completed. Many of the storytellers shared how they got diabetes and how they coped with having diabetes. The need for Aboriginal peoples to be able to voice their stories from their own experience is necessary and needed if Aboriginal peoples are going to be "a diabetes free people."

The research findings are not only found in the interpretation of the radio documentary but also in the review of the literature and in my own personal journey to this study. To capsule the personal journey, which is what the storytellers did, it was essential that my voice was also included in this dissertation. I also think there needs to be research into whether or not radio is a viable method for learning for adult learners. This is an understudied area of research. It can engage people who have low literacy skills. In addition, it can be for communities that do not have access to current technology or still use radio.

BIBLIOGRAPHY

- Aboriginal Affairs and Northern Development Canada. *Treaties with Aboriginal people in Canada*. Ottawa: Government of Canada (2010). Accessed September 2010, <http://www.aadnc-aandc.gc.ca/eng/1100100032291/>.
- Absolon, Kathy and Cam Willett. Aboriginal research: Berry picking and hunting in the 21st Century.” *First Nations Peoples Child & Family Review* 1, no. 1(2004): 5-17.
- Adelson, Naomi. *Being Alive Well: Health and the Politics of Cree Well-Being*. Toronto: Toronto University Press, 2000.
- Agar, Michael H. “Recasting the ‘Ethno’ in ‘Ethnoepidemiology’.” *Medical* 16 (1996): 391-403.
- Albala, Ken. *Food in Early Modern Europe, 1500-1800*. Westport: Greenwood Press, 2003.
- Alia, Valeria. *Un/Covering the North: News, Media, and Aboriginal People*. Vancouver: UBC Press, 1999.
- Allen, Paula Gunn. “Special problems in teaching Leslie Marmon Silko’s Ceremony.” In *Natives and Academics: Researching and writing about American Indians*, edited by Devon A. Mihesuah, 55-64. Nebraska: University of Nebraska Press, 1998.
- Anderson, Kim. *Recognition of Being: Reconstructing Native Womanhood*. Toronto: Second Story Press, 2000.
- Angelou, Maya. *I know why the caged bird sings*. New York: Penguin, 1995.
- Antone, Robert A., Diane L. Miller, and Rian A. Myers. *The Power within People: A Community Organizing Perspective*. Deseronto: Peace Tree Technologies Inc., 1986.

- Archibald, Jo-ann. "Coyote Learns to make a story basket: The place of First Nations stories in Education." Ph.D. diss., Simon Fraser University, 1997.
- Assembly of First Nations. *Breaking the Silence: An Interpretive Study of Residential School Impact and Healing as Illustrated by the Stories of First Nations Individuals*. Ottawa: Assembly of First Nations, 1994.
- Auger, Dale. "Empowerment through First Nation control of education: A Sakaw Cree philosophy of education." In *First Nations in Canada: Perspectives on Opportunity, Empowerment, and Self-determination*, edited by John R. Ponting, 326-351. Toronto: McGraw-Hill Ryerson Limited, 1997.
- Barnhardt, Ray and Angayuquag Oscar Kawagley. "Indigenous Knowledge Systems and Alaska Native Ways of Knowing." *Anthropology and Education Quarterly* 36, no. 1 (2005): 8-23.
- Barron, F. Laurie, "A Summary of Federal Indian Policy in Canada West. 1967-1984." *Native Studies Review* 1, no. 1 (1984): 28-39.
- Baskin, Cyndy, Bonnie Guarisco, Ruth Koleszar-Green, Ndya McLanson and Cheryl Osawamick. *Struggles, strengths, and solutions: Exploring food security with young Aboriginal moms*. (CUHI/CIHR Report) Toronto: Canadian Urban Health Initiative (CUHI), April 2008. Accessed September 15, 2015, [http://www.ryerson.ca/content/dam/foodsecurity/Cyndy%20Baskin %20Report.pdf](http://www.ryerson.ca/content/dam/foodsecurity/Cyndy%20Baskin%20Report.pdf).
- Batal, Malek, Katherine Dondald-Gray, Harriet V. Kuhnlein, and Olivier Receveur. "Estimation of traditional food intake in Indigenous communities in Denedeh and the Yukon." *International Journal of Circumpolar Health* 64, no. 1 (2005): 46-54.
- Battiste, Marie. "Indigenous Knowledge and Pedagogy in First Nations Education A

Literature Review with Recommendations.” National Working Group on Education and the Minister of Indian Affairs Indian and Northern Affairs Canada (INAC), Ottawa, 2002.

Battiste, Marie. “Maintaining Aboriginal Identity, Language and Culture in Modern Society.” In *Reclaiming Indigenous Voice and Vision*, edited by Marie Battiste, 192-208. Vancouver: UBC Press, 2000.

Battiste, Marie and James (Sa’ke’j) Youngblood Henderson. *Protecting Indigenous Knowledge and Heritage: A Global Challenge*. Saskatoon: Purich Publishing Ltd., 2000.

Belinsky, Devorah Leah and Harriet V. Kuhnlein. “Macronutrient, mineral, and fatty acid composition of Canada goose (*Branta canadensis*): An important traditional food resource of the Eastern James Bay Cree of Quebec.” *Journal of Food Composition and Analysis* 13, no. 2 (2000): 101-115

Benton-Banai, Edward. *The Mishomis Book: The Voice of the Ojibway*. Hayward: Indian Country Communications, 1988.

Berkes, Fikret and Carol S. Farkas. “Eastern James Bay Cree Indians: Changing patterns of wild food use and nutrition.” *Ecology of Food and Nutrition* 7 (1978): 155-172.

Berkhoffer Jr., Robert. *The Whiteman’s Indian*. New York: Random House Publishing, 1979.

Bishop, Russell. "Freeing Ourselves from Neo-Colonial Domination in Research: A Maori Approach to Creating Knowledge." *Qualitative Studies in Education* 11, no. 2 (1998): 199-219.

Blaeser, Kimberly. *Gerald Vizenor: Writing in the Oral Tradition*. Oklahoma: University

of Oklahoma Press, 1996.

Blaeser, Kimberly. "Writing Voices Speaking: Native Authors and an Oral Aesthetic." In *Talking on the Page: Editing Aboriginal Oral Texts*, edited by Laura Murray and Keren Rice, 53-68. Toronto: University of Toronto Press, 1999.

Blair, Kathryn. *First Nations to Fight Diabetes: Kahnawake, Sandy Lake Watched Closely*. Produced and directed by Kathryn Blair. 71 minutes. Raw Radio, Retrieved 30 January 2002. Radio Commentary. Accessed January 30, 2002, <http://www.fims.uwo.ca/radio/newraw/news/archives/jan302002/jan302002articles/jan302002diabetes.htm>.

Blanchard, Jamie F., Heather Dean, Kristin Anderson, Andre Wadja, Sora Ludwig, and Noella Depew. "Incidence and prevalence of diabetes in children age 0-14 years in Manitoba: 1985-1993." *Diabetes Care* 20, no. 4 (April 1996): 512-15.

Blanchard, Jamie F., Sora Ludwig, Andre Wadja, Heather Dean, Kristin Anderson, Ora Kendall, and Noella Depew. "Incidence and prevalence of diabetes in Manitoba: 1986-1991." *Diabetes Care* 19, no. 8 (1996): 807-11.

Blanchet, Carol, Eric Dewailly, Pierre Ayotte, Suzanne Bruneau, Olivier Receveur, and Bruce John Holub. "Contribution of selected traditional and market foods to the diet of Nunivak Inuit women." *Canadian Journal of Dietetic Practice & Research* 61, no. 2 (2000): 50-59.

Blue Hills Production and Canadian Diabetes Association. *The Sweetness in Life: A Diabetes Story*. Produced and Directed by Doug Cuthand. Video-Part national television-13 Series, 312 minutes. Sweetness in Life, Accessed January 2002, <http://www.shenoahfilms.com/Sweetness-in-life--An-Aboriginal-Diabetes-Story-13->

Episodes_p_290.html.

Bobet, Ellen. *Diabetes Among First Nations People*. Ottawa: Authority of the Minister of Health and Minister of Public Works in the Government Services of Canada, 1998.

Bopp, Judie, Michael Bopp, Lee Brown, and Phil Lane. *The Sacred Tree*. 3rd ed. Twin Lakes: Lotus Light Publications, 1989.

Boston, Patricia, Steven Jordan, Elizabeth MacNamara, Karne Kozaolanka, Emily Bobbish-Rondeau, Helen Iserhoff, Susan Mianscum, Rita Mianscum-Trapper, Irene Mistacheesick, Beatrice Petwabano, Mary Sheshamush-Masty, Rosie Waphacee, and Juliet Weapenicappo. "Using participatory action research to understand the meanings Aboriginal Canadians attribute to the rising incidence of diabetes." *Chronic Disease Canada* 18, no. 1 (1997): 5-12.

Bourne, Larry Stuart and David F. Ley. *The Changing Social Geography of Canadian Cities*. Montreal: McGill Press, Queen's Press, 1993.

Bradley, Elizabeth, Leslie A. Curry and Kelly J. Devers. "Qualitative data analysis for health services research: Developing taxonomy, themes and theory." *Health Services Research* 42, no.4 (2007): 1758-1772.

Brill, de Ramirez and Susan Berry. "Introduction." In *Contemporary American Indian Literatures and the Oral Tradition*, edited by Ramirez de Brill and Susan Berry, 1-20. Tucson: The University of Arizona Press, 1999.

Bruce, Sharon G. "The impact of diabetes mellitus among Metis of Western Canada." *Ethnicity and Health* 5, no.1 (2000): 47-57.

Bruyere, Jocelyn. "Understanding about Type II Diabetes Mellitus among the Nehinaw (Cree)." Master's thesis, University of Manitoba, 1998.

- Bruyere, Jocelyn and Linda C. Garro. "Nehinaw (Cree) understandings of diabetes: He travels in the body." *Canadian Nurse* 96, no. 6 (2000): 25-28.
- Bynum, Caroline Walker. *Holy Feast and Holy Fast: The Religious Significance of Food to Medieval Women*. Berkeley: University of California Press, 1990.
- Cajete, Gregory. *Look to the Mountain: Ecology of Indigenous Education*. Durango: Kivaki Press, 1994.
- Calliou, Sharilyn. "Peacekeeping Actions at Home: A Medicine Wheel Model for a Peacekeeping Pedagogy." In *First Nations Education in Canada: The Circle Unfolds*, edited by Marie Battiste and Jean Barman, 47-72. Vancouver: UBC Press, 1995.
- Campbell, Marie K. and Gregor Francis. *Mapping Social Relations: A Primer in Doing Institutional Ethnography*. Walnut Creek: Alta Mira Press, 2004.
- Canada. "2001 Census consultation Guide." *Statistics Canada*, no. 92-125-GIE, 2001.
- Canada. "Aboriginal Peoples in Urban Centers." In *Royal Commission on Aboriginal Peoples: Report of the National Round Table on Aboriginal Urban Issues*. Edmonton: Supply and Services, 1993.
- Canada. *Indian Act. R.S.C. Section 5, 6, 7. C I-5*. Ottawa: Minister of Justice, 1985.
- Canada. Parliament Senate, Sessional Papers. 6th Parliament, Session 1st, 1887A of January 3, Vol. XX, No. 20b-4. (Ottawa: MacLean Roger & Co. Parliamentary Printer, 1887) 1-38.
- Capon, Robert Farrar. *The Supper of the Lamb: A Culinary Reflection*. New York: Random House, 2002
- Cardinal, Phyllis. *The Cree People*. Edmonton: Duval House Publishing and Tribal Chiefs Institute, 1997.

- Carpenter, Edmund. "Alcohol in the Iroquois Dream Quest." *RES: Anthropology and Aesthetics* 1 (1981): 84-87.
- Castellano, Marlene Brant. "Updating Aboriginal Traditions of Knowledge." In *Indigenous Knowledges in Global Context: Multiple Readings of Our World*, edited by George Sefa Dei, Budd L. Hall, and Dorothy Goldin Rosenberg, 21-36. Toronto: University of Toronto Press, 2000.
- Chandler, Daniel. "Chapter 2: The Medium of Language." In *The Act of Writing: A Media Theory Approach*, edited by Daniel Chandler, 13-39. Aberystwyth: University of Wales, 1995.
- Chilisa, Bagele. *Indigenous Research Methodologies*. Los Angeles: Sage, 2010.
- Clatworthy, Stewart. *The Demographic Composition and Economic Circumstances of Winnipeg's Native Population*. Winnipeg: Institute of Urban Studies, University of Winnipeg, 1980.
- Cole, Peter J. "First Peoples' Knowings as Legitimate Discourse in Education: Coming Home to the Village." Ph.D. diss., Simon Fraser University, 2000.
- Colorado, Pam. "American Indian Science." *Paper presented to the 46th Congress of Americanists*. Amsterdam, Holland, July 4-8 1988: 1-21.
- Colorado, Pam. "Bridging Native and Western Science," *Convergence* 1, no. 2/3 (1988): 49-68.
- Colorado, Pam. "Wayfinding and the New Sun: Indigenous Science in the Modern World." *Noetic Sciences Review* 22 (1992): 10-24.
- Couture, Joseph E. "Explorations in Native knowing." In *The Cultural Maze: Complex Questions in Native Destiny in Western Canada*, edited by John W. Friesen, 53-73.

- Calgary: Detselig Enterprises, 1991.
- Couture, Joseph E. "Native Studies in the Academy." In *Indigenous Knowledges in Global Contexts*, edited by George Sefa Dei, Budd L. Hall, and Dorthy Goldin Rosenberg, 157-67. Toronto: University of Toronto Press, 2000.
- Creswell, John W. and Garry A. Miller, "Research Methodologies and the Doctoral Process." *New Directions for Higher Education* 1997, no. 99 (1997): 33-46.
- Cuthand, Stan, ed. *Nehiyaw Atayokewina-Cree Legends: Stories of Wisakechahk*. Saskatchewan: Saskatchewan Indian Cultural Centre Federation of Saskatchewan Nations, 1973.
- Daes, Erica-Irene. *Working Paper: Special Rapporteur of the Working Group on Indigenous Populations*. (New York: United Nations, 1994): E/CN/Sub.21/1991/34, para. 8.
- Damman, Siri, Eide Wench-Barth, and Harriet V. Kuhnlein "Indigenous peoples' nutrition transition in a right to food perspective." *Food Policy* 33, no.2 (2008): 135-155.
- Daniel, Mark, Lawrence W. Green, Stephen A. Marion, Diane Gamble, Carol P. Herbert, Clyde Herzman, and Sam B. Sheps. "Effectiveness of community-directed diabetes prevention and control in a rural Aboriginal population in British Columbia, Canada." *Social Science and Medicine* 48, no. 6 (1999): 815-832.
- Daniel, Mark and Lynn C. Messer. "Perceptions of disease severity and barriers to self-care predict glycemic control in Aboriginal persons with type 2 diabetes mellitus." *Chronic Disease Canada* 23, no. 4 (2000): 130-38.
- Dashuk, James.W., Paul Hackett, and Scott MacNeil. "Treaties and Tuberculosis: First

- Nations People in Late-Nineteenth-Century Western Canada, A Political and Economic Transformation.” In *Aboriginal History: A Reader*, edited by Kristin Burnett and Geoff Read, 71-80. Don Mills: Oxford University Press, 2012.
- Davis, Timothy, Daniel McAullay, Wendy A. Davis, and David G. Bruce, “Characteristics and outcomes of Type 2 diabetes in urban Aboriginal: The Fremantle Diabetes Study,” *International Medical Journal*, 37, no. 1 (2007): 59-63.
- Dean, Heather. “NIDDM-Y in First Nation Children in Canada.” *Clinical Pediatrics* 37, no. 2 (1998): 89-96.
- Dean, Heather J., Ronald L. Mundy, and Michael Moffatt, “Non-insulin-dependent diabetes mellitus in Indian children in Manitoba.” *Canadian Medical Association Journal* 147, no. 1 (1992): 52-57.
- Dei, George J Sefa. “Rethinking the role of Indigenous Knowledges in the academy.” *International Journal of Inclusive Education* 4, no. 2 (2000): 111-132.
- Dei, George J. Sefa, Budd L. Hall, and Dorothy Goldin Rosenberg, eds. *Indigenous Knowledges in Global Contexts: Multiple Readings of our World*. Toronto: University of Toronto Press, 2000.
- Denzin, Norman K. and Yvonna S. Lincoln. “Preface.” In *Handbook of Critical and Indigenous Methodologies*, edited by Norman K. Denzin, Yvonna S. Lincoln and Linda Tuhiwai Smith, ix-xv. Los Angeles: Sage, 2008.
- Dickason, Olive Patricia. *A Concise History of Canada’s First Nations*. Don Mills: Oxford University Press, 2010.
- Dosman, Edgar. *Indians: The Urban Dilemma*. Toronto: McClelland and Stewart, Ltd., 1972.

- Douglass, Frederick. "Great is the Miracle of Human Speech: An Address Delivered in Washington, D.C.," edited by John W. Blassingame. *The Fredrick Douglass Papers*, vol. 5. New Haven: Yale, 1979.
- Dunsmuir, Mollie. *Constitutional Activity from Patriation to Charlottetown (1980-1992)*. Ottawa: Parliamentary Information and Research Service, Law & Government Division, report BP-406E, Nov. 1995.
- Durie, Mason. "Understanding health and illness: research at the interface between science and indigenous knowledge." *International Journal of Epidemiology* 33, no.2 (2004): 1138-1143.
- Dussault, Renee and George Erasmus. "Royal Commission Aboriginal Peoples in Urban Centers: Report of the National Round Table on Aboriginal Urban Issues," *Royal Commission on Aboriginal Peoples*, 1996, Accessed June 12, 2004, <http://www.ubcic.bc.ca/RCAP.html>.
- Dyck, Roland F., Helena Klomp, and Leonard Tan. "From 'thirty genotype' to 'hefty phenotype': The relationship between high birth-weight and diabetes in Saskatchewan Registered Indians." *Canadian Journal of Public Health* 92, no. 5 (2001): 340-344.
- Earle, Lynda. "Traditional Aboriginal Diets and Health", 2011, Accessed December 12, 2001, http://www.nccahccnsa.ca/docs/social%20determinates/1828_NCCAH_mini_diets_health.
- Encyclopedia Britannica, *Hippocrates- Quotes*, Accessed November 12, 1997, <http://www.eb.com/Hippocrates>.
- Ermine, William, Raven Sinclair and Bonnie Jeffery. *The Ethics of Research Involving*

- Indigenous peoples*. Saskatoon: Indigenous Peoples' Health Research Centre, 2004.
- Evers, Susan, Eric McCracken, Irwin Antone, and George Deagle. "The prevalence of diabetes in Indians and Caucasians living in Southwestern Ontario." *Canadian Journal of Public Health* 78 (1987): 240-243.
- Faries, Robert and Edwin A. Watkins. *A Dictionary of the Cree Language*. Toronto: The Anglican Book Centre, 1986.
- Fernand, Braudel, *Civilization & Capitalism, 15-18th Centuries, Vol.1: The Structure of Everyday life*. London: Collins & Sons, 1981.
- Finkel, Alvin. "The Fur Trade and Early European Settlement." In *Working People in Alberta: A History*, edited by Alvin Finkel, 19-38. Edmonton: Athabasca Press, 2012.
- Fitznor, Laara. "Aboriginal Educators' Stories: Rekindling Aboriginal Worldviews." Doctorate diss., University of Toronto, 2002.
- Fitznor, Laara. "The circle of life: Affirming Aboriginal philosophies in everyday living." In *Life Ethics in World Religions*, edited by Dawn C. McCance, 21-40. Atlanta: Scholars Press, 1998.
- Fontana, Andrea and James H. Frey. "The Interview: From Structured Questions to Negotiating Text." In *Collecting and Interpreting Qualitative Materials*, edited by Norman K. Denzin and Yvonne S. Lincoln, 61-106. Thousand Oaks: Sage Publishing, 2003.
- Fox, Caroline, Stewart B. Harris, and Elaine Wahlen-Brough. "Diabetes among Native Canadians in Northwestern Ontario: 10 years later." *Chronic Disease* 15 (1994): 92-96.
- Frideres, James S. *Native Peoples of Canada*, 6th ed. Scarborough: Prentice Hall Inc,

1997.

Friesen, Gerald. *The Canadian Prairies: A History*. Toronto: Toronto University Press, 2004.

Garro, Linda C. "Cultural knowledge about diabetes." In *Diabetes in the Canadian Native Population: Bicultural Perspectives*, edited by Kue T. Young, 97-110. Toronto: Canadian Diabetes Association, 1987.

Garro, Linda C. "Individual or societal responsibility? Explanations of diabetes in an Anishinaabe (Ojibway) community." *Social Science and Medicine* 40, no. 4 (1995): 37-46.

Garro, Linda C. "Intercultural variation in causal accounts of diabetes: A comparison of three Canadian Anishinaabe (Ojibway) communities." *Culture, Medicine, and Psychiatry* 20 (1996): 381-420.

Garro, Linda C. and Gretchen C. Lang "Explanations of diabetes: Anishinaabeg and Dakota deliberate upon a new illness." In *Diabetes as a disease of civilization: The impact of culture change on Indigenous people*, edited by Jenny R. Joe and Robert S. Young, 81-164. New York: Mouton de Gruyter, 1993.

Garrouette, Eva Marie. *Real Indians Identify and the survival of Native American*. Berkeley: University of California Press, 1993.

Ghostkeeper, Elmer. "WECHE Teachings: A partnership of Aboriginal Wisdom and Western Scientific Knowledge applied to the Diabetes mellitus puzzle." In *Final Report on Proceedings of Metis Health Policy Forum. April 5 and 6, 2002*. Saskatoon: Metis Centre National Aboriginal Health Organization and Metis National Council, 2002.

- Gillham, Bill. *Research Interviewing, the range of techniques*. Maidenhead: UK Open University Press, 2005.
- Gittelsohn Joel, Stewart B. Harris, Krista L. Burris, Louisa Kakegamic, Laura T. Landman, Anjali Sharma, Thomas M. Wolever, Alexander Logan, Annette Barnie, and Bernard Zinman. "Use of ethnographic methods for applied research on diabetes among the Ojibway-Cree in northern Ontario." *Health Education Quarterly* 23 (1996): 3365-3382.
- Glancy, Diane. *Claiming Breath*. Nebraska: University of Nebraska Press, 1992.
- Glaser Barney G. and Anselm L. Strauss . *The Discovery of Grounded Research: Strategies for Qualitative Research*. New York: Aldine De Gruyter, 1967.
- Goodwin, Marshall, Margaret Murihead, Jacob Huynh, Bruno Helt, and Joanne Grimmer. "Prevalence of gestational diabetes mellitus among Swampy Cree women in Moose Factory, James Bay," *Canadian Medical Association Journal* 160 (1999): 1299-1302.
- Gosh, Hasu. "Urban Reality of Type 2 Diabetes among First Nations of Eastern Ontario: Western Science and Indigenous Perspectives," *Journal of Global Citizenship & Equity Education* 2, no. 2 (2012): 1-24, Accessed September 12, 2015, <http://journals.sfu.ca/jgcee/index.php/jgcee/article/viewFile/63/65>.
- Government of Saskatchewan, Government Relations and Aboriginal Affairs, Accessed May 20, 2004, <http://www.graa.gov.sk.ca/aboriginal/html/commo/glossary.htm>. Updated: April 18, 2004.
- Grams, Garry D., Carol Herbert, Clare Heffernan, Betty Calam, Mary A. Wilson, Stefan Grzybowski, and Diane Brown. "Haida perspectives on living with non-insulin-dependent diabetes." *Canadian Medical Association Journal* 155, no. 11 (1996):

1563-1568.

Graveline, F. Jean. *Circle Works: Transforming Eurocentric Consciousness*. Halifax: Fernwood Publishing, 1998.

Greenwood, M., De Leeuw, S., Lindsay, N. M., and Reading, C. *Determinants of Indigenous Peoples Health in Canada: Beyond the Social*. Toronto: Canadian Scholar's Press, 2015.

Gregory, David, Wendy Whalley, Judith Olson, Marilyn Bain, Grace G. Harper, Leslie Roberts, and Cynthia Russell. "Exploring the experience of type 2 diabetes in urban Aboriginal peoples." *Canadian Journal of Nursing Research* 31, no. 1 (1999): 101-115.

Guba, Egon and Yvonna S. Lincoln. "Do Inquiry Paradigms Imply Inquiry Methodologies?" in *Qualitative Approaches to Evaluation in Education*, edited by David D. Fetterman, 89-115. New York: Praeger, 1988.

Guba, Egon and Yvonna S. Lincoln. *Fourth Generation Evaluation*. Thousand Oaks: Sage, 1989.

Gurstein, Michael. *Urbanization and Indian people-an analytical literature review*. Ottawa: Minister of Supply and Services, 1977

Hagey, Rebecca. "The phenomenon, the explanations, and the responses: Metaphors surrounding diabetes in urban Canadian Indians." *Social Science and Medicine* 18, no. 3 (1984): 265-272.

Hagey, Rebecca. "The Native diabetes program: Rhetorical process and praxis." *Medical Anthropology* 12 (1990): 7-33.

Hagey, Rebecca and Ed Buller. "Drumming and dancing: A new rhythm in nursing care."

Canadian Nurse 79, no. 4 (1983): 28-31.

Haig, Brian Douglas. "Feminist research methodology." In *Educational research methodology and measurement*, 2nd ed., edited by J.P. Keeves, 297-302. New York: Pergamon, 1997.

Hampton, Eber. "Memory Comes before Knowledge: Research May Improve if Researchers Remember Their Motives." *Canadian Journal of Native Education* 21 (1995): 46-54.

Hanselmann, Calvin. *Urban Aboriginal People in Western Canada: Realities and Policies*. Calgary: Canada West Foundation, 2001.

Harris, Stewart, Bruce A. Perkins, and Elaine Whalen-Brough. "Non-insulin-dependent diabetes mellitus among First Nations children: New Entity among First Nations people of northwestern Ontario." *Canadian Family Physician* 42 (May 1996): 869-876.

Harris, Stewart, Joel Gittelsohn, Anthony Hanley, Annette Barnie, Thomas M.S. Wolver, Joe Gao, Alexander Logan, and Bernard Zinman. "The prevalence of NIDDM and associated risk factors in native Canadians." *Diabetes Care* 20, no. 2 (February, 1997): 185-187.

Harris, Stewart, Laura E. Caulfield, Mark E. Sugamori, Elaine A. Whalen, and Beth Henning. "The Epidemiology of Diabetes in pregnant Native Canadians." *Diabetes Care* 20, no. 9 (1997): 1422-1425.

Hart, Michael. "An Ethnographic Study of Sharing Circles of a Culturally Appropriate Practice Approach with Aboriginal People." Master's Thesis, University of Manitoba, 1997.

- Hart, Michael. "Indigenous Worldviews, Knowledge, and Research: The Development of an Indigenous Research Paradigm." *Journal Indigenous Voices in Social Work* 1, no. 1 (2010): 1-16.
- Hart, Michael. *Seeking Mino-Pimatisiwin: An Aboriginal Approach to Helping*. Halifax: Fernwood Publishing, 2002.
- Health Canada. *Diabetes in Canada*, 2nd ed. Ottawa: Authority of the Minister of Health, 2002.
- Health Canada. *Native Foods and Nutrition*. Ottawa: Minister of National Health and Welfare, 1994.
- Heffernan, M. Clare. "Diabetes and Aboriginal Peoples: The Haida Gwaii Diabetes Project in a Global Perspective." In *A Persistent Spirit towards Understanding Aboriginal Health in British Columbia*, edited by Susan J. Elliot, Leslie T. Foster, Peter H. Stephenson, and Jill Harris, 261-296. Victoria: Western Geographical Press, 1995.
- Hegele, Robert A. "Genes, Environment, and diabetes in Canadian Aboriginal communities." *Advanced Experimental Medical Biology* 498 (2001): 11-20.
- Hegele, Robert A., Cao Henian, Anthony Hanley, Bernard Zinman, Stewart Harris and Carol Anderson. "Clinically Utility of HNF1A Genotyping for Diabetes in Aboriginal Canadians." *Diabetes Care* 23, no. 6 (2000): 775-778.
- Henisch, Bridget Ann. *Fast and Feast: Food in Medieval Society*. Pennsylvania: The Pennsylvania State Press, University Park, 1976.
- Herbert, Carol P. "Community-based research as a tool for empowerment: The Haida Gwaii Diabetes project example." *Canadian Journal of Public Health* 87, no. 2

(1996): 109-112.

Hill, Norbert S. Jr., ed. *Words of Power, Voices from Indian America*. Colorado:

Fulcrum, 1994.

Holstein, James a. and Jaber F. Gubrium. "Active Interviewing." In *Qualitative research: theory, method and practice*, edited by David Silverman, 140-161. London: Sage Publishing, 1997.

Hopkinson, Jennifer, Peter H. Stephenson, and Nancy J. Turner. "Changing Traditional Diet and Nutrition in Aboriginal peoples of Coastal British Columbia," in *A Persistent Spirit: Towards Understanding Aboriginal Health in British Columbia*, edited by Peter H. Stephenson, Susan J. Elliott, Leslie T. Foster, and Jill Harris. Victoria: University of Victoria Press, 1995.

Howell, Kerry E. *Introduction to the Philosophy of Methodology*. London, UK: Sage Publications, 2013

Hrdlicka Ales. "Disease, Medicine and Surgery among the American Aborigines."

Journal of the American Medical Association XCIX, 20 (1937): 158-169.

Ingham, Roger, Ine Vanwesenbeeck, and Denise Kirkland. "Interviewing on Sensitive Topics." In *Handbook of the Psychology of Interviewing*, edited by Amina Memon and Ray Bull, 145-164. Chichester: John Wiley & Sons, 1999.

Iwasaki, Yoshitaka and Judy Bartlett. "Stress coping among Aboriginal individuals with diabetes in an urban Canadian city: From woundedness to resilience." *Journal of Aboriginal Health* (2006): 15-25.

Jacob, James. "Non-Insulin Dependent Diabetes Mellitus: Thrifty Genotype or Thrifty Phenotype." Accessed June 04, 2004, <http://www.jqjacobs.net/>

southwest/diabetes.html.

- Johnson, Susanne, David Martin, and Christopher Sarin. "Diabetes mellitus in the First Nations population of British Columbia, Canada: Part 3-Prevalence of diagnosed cases." *International Journal of Circumpolar Health* 61, no. 3 (2002): 254-59.
- Jones, Sue. "Depth interviewing." In *Social research methods, a Reader*, edited by Clive Seale, 257-260. London: Routledge, 2004.
- Juengst, Sara. *Breaking Bread: The Spiritual Significance of Food*. Louisville: Westminster John Knox Press, 1992.
- Katz, Elinor L. "Key Players in the dissertation process." *New Directions for Higher Education* 1997, no. 99 (1997): 5-16.
- Kawagley, Oscar A. *A Yupiaq World View: A Pathway to Ecology and Spirit*. Illinois: Waveland Press, 1993.
- Kearney, Michael. "Worldview Theory and Study." *Annual Review of Anthropology* 4 (1975): 247-270.
- Keeshig-Tobias, Lenore. "Stop Stealing Native Stories." *Globe and Mail*, January 26, 1990, Editorial Section, A7.
- Kelm, Mary-Ellen. *Colonizing Bodies*. Vancouver: UBC Press, 1998.
- Keoke, Emory Dean and Kay Marie Porterfield. *American Indians Contributions to the World*. New York: Checkmate Books, 2003.
- King, Hilary. "Epidemiology of glucose intolerance and gestational diabetes in women of childbearing age." *Diabetes Care*, Supplement 2, 21 (1998): B9-13.
- King, Thomas. *The truth about stories: A Native narrative*. Toronto: House of Anansi Press Inc., 2003.

- Kiple, Kenneth F. and Kriemhild Conee Ornelas, eds. *The Cambridge World History of Food*. Cambridge: Cambridge University Press, 2000.
- Kirkness, Verna. "Giving voice to our ancestors." *Canadian Journal of Native Education* 19, no. 2 (1992): 145-149.
- Kirsch, Kesa. *Ethical Dilemmas in Feminist Research: The Politics of Location*. New York: University of New York Press, 1999.
- Kneen, Brewster. *From land to mouth: understanding the food systems*. Toronto: NC Press Limited, 1993.
- Kovach, M. *Indigenous Methodologies: Characteristics, Conversations, and Contexts*. Toronto: University of Toronto Press, 2009.
- Kubler-Ross, Elizabeth. *On death and dying*. New York: Simon & Schuster, 1997.
- Kuhnlein, Harriet. "Change in the use of traditional foods by the Nuxalk Native People of British Columbia." *Ecology of Food & Nutrition* 27 (1992): 259-281.
- Kuhnlein, Harriet and Oliver Receveur. "Dietary change and traditional food systems of Indigenous peoples." *Annual Review of Nutrition* 16 (1996): 417-422.
- Kuhnlein, Harriet and Olivier Receveur. "Levels of Nutrients for Arctic Canadian Indigenous Adults and Children." *Journal of Nutrition* 137 (2007): 1110-1114.
- Kuhnlein, Harriet, Olivier Receveur, Rula Soueida, and Grace M. Egeland. "Arctic Indigenous Peoples Experience the Nutrition Transition with Changing Dietary Patterns and Obesity." *Journal of Nutrition* 134 (2004): 1447-1453.
- Kvale, Steinar. *Interviews: An Introduction to Qualitative Research Interviewing*. Thousand Oaks, USA: Sage Publications, 1996.
- Krueger, Richard A. and Mary Anne Casey. *Focus Groups: A Practical Guide for*

- Applied Research*. Thousand Oaks, CA: Sage Publications, 2000.
- Krotz, Larry. *Urban Indians: the Strangers in Canada's Cities*. Edmonton: Hurtig Publishers, 1980.
- Lambden, Jill, Olivier Receveur, and Harriet V. Kuhnlein. "Traditional food attributes must be included in studies of food security in the Canadian Arctic." *International Journal of Circumpolar Health* 66, no. 4 (2007): 308-319.
- Lambropoulos, Vassilis. *The rise of Eurocentrism: anatomy of interpretation*. New Jersey: Princeton University Press, 1993.
- Louis, Margaret, Anne C. MacCaulay, and Naomi Adelson. "Diabetes Mellitus in Mohawk of Kahnawake, PQ: A Clinical and Epidemiologic Description." *Canadian Medical Association Journal* 141 (1989): 549-552.
- Lightening, Walter. "Compassionate mind: Implications of a text written by Elder Louis Sunchild." *Canadian Journal of Native Education* 19, no. 2 (1992): 215-253.
- Louter, Louise. "The new AVR: Aboriginal Radio." *Toronto Star*, December 08, 2003, Editorial Section, A3.
- Loxley, John and Fred Wien. "Urban Aboriginal Economic Development." In *Not Strangers in these parts: Urban Aboriginal peoples*, edited by David Newhouse and Evelyn Peters, 217-242. Canada: Policy Research Initiative, 2003.
- Lux, Maureen. *Medicine that walks: Disease, Medicine and Canadian Native Plains people, 1880-1940*. Toronto: University of Toronto Press, 2001.
- MacDonald, Frank, Wendy M. Shah, and Nancy M. Campbell. "Developing the strength to fight diabetes: Assessing the educational needs of Native Indians with diabetes mellitus." *Beta Release* 14, no. 1 (1990): 13-16.

- MacNeil, Tanya. "ACCULTURATION/Acculturation." In *Dictionnaire International des Terms Litteraires*, edited by Jean Marie Grassim. Accessed June 2004, <http://www.dit/info/art/definition.php?term=108>.
- Macaulay, Ann C., Gilles Paradis, Louise P. Potvin, Edward J. Cross, Chantal Saad-Haddad, Alex McComber, Serge Desrosier, Rhonda Kirby, Louis T. Montour, Donna L. Lamping, Nicole Leduc, and Michele Rivard. "The Kahnawake Schools Diabetes Prevention Project: Intervention, Evaluation and Baseline Results of a Diabetes Primary Prevention Program with a Native Community in Canada." *Preventative Medicine* 26 (1997): 779-790.
- Mancall, Peter C. *Deadly Medicine*. New York: Cornell University Press, 1995.
- Manitoba Education and Youth. *Integrating Aboriginal Perspectives into Curricula: A Resource for Curriculum Developers, Teachers, and Administrators*. Winnipeg: Manitoba and Youth Cataloguing in Publication Data, 2003.
- Manitoba Health. *Epidemiology of diabetes in First Nations*. Winnipeg: Manitoba Health, Epidemiology and Diabetes Units, 1997.
- Maracle, Lee. *Oratory: Coming to Theory*. North Vancouver: Galleria Publications, 1990.
- Marker, Michelle. "Going Native in the Academy: Choosing the Exotic over the Critical." *Anthropology and Education Quarterly* 29, no. 4 (1998): 473-480.
- Martin, Debbie, H. "Two-Eyed Seeing: A Framework for Understanding Indigenous and Non Indigenous Health Research L'approche a double perspective: un cadre pour comprendre les approches autochtones et non utochtones a la recherché en sante autochtone." *Canadian Journal of Nursing Research* 44, no. 2 (2012): 20-42.

- Masayesva, Victor. "It shall not end anywhere: Transforming oral traditions." In *Talking on the Page: Editing Aboriginal Oral Texts*, edited by Laura J. Murray and Keren Rice, 91-95. Toronto: University of Toronto Press, 1999.
- Maurice Punch. "Politics and ethics in qualitative research," In *Handbook of Qualitative research*, edited by Norman. K. Denzin and Yvonna S. Lincoln, 82-97. California: Sage, 2000.
- May, Vickie and Cindy Rodberg. *Medicine Wheel Ceremonies: Ancient philosophies for use in modern daily life*. California: Naturegraph Publishers, 2003.
- McCracken Grant D. *The Long Interview*. Newbury Park: Sage Publications, 1988.
- McDermott, Robyn. "Ethics, Epidemiology and the Thrifty Gene: Biological determinism as a Health Hazard." *Social Science Medicine* 47, no. 9 (1998): 1189-1195.
- McGhee, Robert, Ernest S. Burch, Yvon Csonka, Don E. Dummond, Hans Christian Gullov, Susan Rowley, Peter Schldermann, Eric Aden Smith, Douglas R. Stenton, George W. Wenzel, and William B. Workman. "Disease and the Development of Inuit Culture." *Current Anthropology* 35, no.5 (1994): 564-594.
- McGrath-Hanna, Nancy, Dana M. Greene, Ronald J. Tavernier, and Abel Bult-Ito. "Diet and Mental Health in the Arctic: Is Diet and Important Risk Factor for Mental Health in Circumpolar Peoples?" *International Journal of Circumpolar Health* 62, no. 3 (2003): 228-241.
- Meyer, Manulani Aluli. "Indigenous and authentic." In *Handbook of critical and Indigenous methodologies*, edited by Norman K. Denzin, Yvonna S. Lincoln and Linda Tuhiwai Smith, 217-232. Los Angeles: Sage Publications, 2008.
- Memon, Amina and Ray Bull. *Handbook of the Psychology of Interviewing*. Chichester:

- John Wiley & Sons, 1999.
- Miewald, Christiana. "The nutritional impacts of European contact on the Omaha: A Continuing legacy." *Great Plains Research: A Journal of Natural and Social Science*, 5 (1995): 71-113.
- Mihesauh, Devon. A. *Natives and academics: Researching and writing about American Indians*. Lincoln: University of Nebraska Press (1998).
- Miller, Jody and Barry Glassner. "The 'Inside' and the 'Outside': Finding Realities in interviews." In *Qualitative research: theory, method and practice*, edited by David. Silverman, 125-139. London: Sage Publishing, 1997.
- Milloy, John S. *A National Crime: The Canadian Government and the Residential School System, 1879 to 1986*. Winnipeg: The University of Manitoba Press, 1999.
- Minh-ha, Trinh T. *Women, Native, Other*. Indiana: Indiana University Press, 1989.
- Minichiello, Victor, Rosalie Aroni, Eric Timewell, and Loris Alexander. *In-depth interviewing: principles, techniques, analysis*. 2nd ed. Melbourne: Longman, 1995.
- Mitchell, Herman. "Pakitinasowin: Tobacco offerings in exchange for stories and the ethic of reciprocity in First Nations research." *Journal of Indigenous Thought*, 2, no. 2 (Fall,1999). Accessed October 1999, <http://www.sifc.edu/Indian%20Studies/IndigenousThought/Journal-home.htm>.
- Montour, Louis T. "The Medicine Wheel: Understanding 'Problem' Patients in Primary Care." *The Permanente Journal* 4, no.1 (2000): 34-39.
- Montour, Louis T. and Ann C. Macaulay. "High prevalence rates of diabetes mellitus and hypertension in a North American Indian reservation." *Canadian Medical Association Journal* 132 (1985): 1110-1112.

- Montour, Louis T., Ann C. Macaulay, and Naomi Adelson. 'Diabetes mellitus in Mohawk of Kahnawake, PQ: A clinical and Epidemioloci description." *Canadian Medical Association Journal* 141 (1989): 549-552.
- Monture-Angus, Patricia. *Thunder in my soul: A Mohawk woman speaks*. Halifax: Fernwood Publishing. 1995.
- Murray, Laura and Keren Rice, eds. "Introduction." In *Talking on the Page: Editing Aboriginal Oral Texts*. Toronto: University of Toronto Press, 1999.
- Nabigon, Herb and Anne-Marie Mawhiney. "Aboriginal Theory: A Cree Medicine Wheel Guide for Healing First Nations." In *Social Work Treatment: Interlocking Theoretical Approaches*, edited by Francis J. Turner, 18-38. New York: The Free Press, 1996.
- Nagler, Mark. *Indians in the City*. Ottawa: Canadian Research Centre for Anthropologist, St. Paul University, 1970.
- National Aboriginal Diabetes Association-Association Nationale Autochtone du Diabetes. *National Aboriginal Diabetes Association-Association Nationale Autochtone du Diabetes*. Winnipeg : pamphlet, n.d.
- Neihardt, John. *Black Elk Speaks: Being the life of a holy man of the Oglala Sioux*. Nebraska: University of Nebraska Press, 1961.
- Nerad, Maresi and Joseph Cerny, " From Facts to Action: Expanding the Educational Role of the Graduate Division." *Communicator* 5, no. 80 (1991): 1-12.
- Neville, Helen A., Roger L. Worthington, and Lisa B. Spanierman. "Race, Power, and Multicultural Counseling Psychology: Understanding White Privilege and Color Blind Racial Attitudes." In *Handbook of Multicultural Counseling*, 2nd edition, edited by Joseph C. Ponterotto, Manuel Casas, Lisa A. Suzuki, and Charlene A. Alexander,

257-288. Thousand Oaks: SAGE Publications, 2001.

Nisga'a, Ayuukhl and Nisga'a Tribal Council. *The Land and Resources, Traditional Nisga'a System of Land Use and Ownership*. New Aiyanshi: Wilp Wilxo'oskwhl Nisga'a Publications, 1995.

Official Languages and Bilingualism Institute, *The First Nations*, Accessed January 10, 2009, http://www.slmc.uottawa.ca/?q=first_nations.

Ortiz, Simon. *The Woven Stone*. Tucson: University of Arizona Press, 1992.

Parker, Arthur C. "The Constitution of the Five Nations." In *Parker on the Iroquois*, edited by William N. Fenton, 101-116. Syracuse: Syracuse University Press, 1968.

Parsons, Reginald and Gordon Prest. "Aboriginal Forestry in Canada," *The Forestry Chronicle* 79, no. 4 (2003): 779-784.

Patton, Michael Quinn. *Qualitative Research and Evaluation Methods*. Thousand Oaks: Sage Publications, 2002.

Peat, F. David. *Lightening the Seventh Fire: The Spiritual Ways, Healing, and Science of the Native Americans*. Toronto: Canadian Manda Group, 1994.

Peters, Evelyn. "Aboriginal People in Urban Areas." In *Visions of the Heart: Canadian Aboriginal Issues*, edited by David Long and Olive Patricia Dickason, 242-272. Toronto: Harcourt Canada, 2000.

Peters, Evelyn. "Urban and Aboriginal: An Impossible Contradiction?" In *City Lives and City Forms: Critical Research and Canadian Urbanism*, edited by Jon Caulfield and Linda Peake, 47-62. Toronto: University of Toronto Press, 1996.

Peterson, Jacqueline and Jennifer S.H. Brown. "Introduction" In *The New Peoples: Being and Becoming Metis in North America*, edited by Jacqueline Peterson and Jennifer

- S.H. Brown, 3-18. Winnipeg: The University of Manitoba Press, 1985.
- Pettitt, David J., Robert .G. Nelson, Mohammed F. Saad. "Diabetes and obesity in the offspring of Pima Indian women with diabetes during pregnancy." *Diabetes Care* 6, no.1 (1993): 310-314.
- Pettit, David J., Peter H. Benner, Mohammed F. Saad, Marie A. Charles, Robert G. Nelson, and William C. Knowler. "Abnormal Glucose Tolerance during Pregnancy in Pima Indian Women: Long Term Effects on Offspring." *Diabetes*, Supplement 2, no. 40 (1991): 126-130.
- Preiswerk, Roy and Dominique Perrot. *Ethnocentrism and History: Africa, Asia, and Indian America in Western Textbooks*. (New York and London: NOK, 1978)
- Province of Manitoba, "Minister of Aboriginal and Northern Affairs" in *Province of Manitoba Web Page*, 2006. Accessed August 15, 2006, <http://www.gov.mb.ca/minister/minabg.html>.
- Quinn, Naomi. *Finding Culture in Talk*. New York: Palgrave MacMillan, 2005.
- Reading, Jeff, "Diabetes and the Urban Aboriginal population," Urban Aboriginal Knowledge Network-Research paper series (2012): 1-22, Accessed September 12, http://uakn.org/wp-content/uploads/2014/08/2012-UAKN-Research-Paper-Series_Diabetes-and-the-Urban-Aboriginal-Population-Dr.-Jeff-Reading
- Reaney, Patricia "Obesity/Diabetes Could Hit Life Expectancy-Experts," in *Diabetes News*, Accessed June 2004, <http://www.lifescan.com/care/news/dn052804-1/>.
- Receveur, Olivier, Marjolaine Boulay, and Harriet Kuhnlein. "Decreasing traditional food use affects diet quality for adult Dene/Metis in 16 communities of the Canadian Northwest Territories." *Journal of Nutrition* 127, no. 11 (1997): 2179-2186

- Redwood, Diane G., Elizabeth D. Ferucci, Mary C. Schumacher, Jennifer S. Johnson, Anne P. Lanier, Laurie J. Helzer, Lillian Tome-Orme, Maureen A. Murtaugh, and Martha L. Slattery. "Traditional Foods and Physical Activity Patterns and Associations with Cultural Factors in a Diverse Alaska Native Population." *International Journal of Circumpolar Health* 67, 4 (2008): 334-348.
- Rimas, Andrew. *Empires of Food, Feast, Famine, and the Rise and fall of Civilizations*. New York: Free Press, 2010
- Rodrigues, Shaila, Elizabeth Robinson, Katherine Gray-Donald. "Prevalence of Gestational Diabetes Mellitus among James Bay Cree Women in Northern Quebec." *Canadian Medical Association Journal* 160 (1999): 1293-1297.
- Ross, Rupert. *Dancing With a Ghost: Exploring Indian Reality*. Markham: Reed Books, 1992.
- Royal Commission on Aboriginal Peoples. "Chapter 9: The Indian Act," pp. 235-308. In *Report of the Royal Commission on Aboriginal Peoples: Looking Forward, Looking Back*. Volume 1. Ottawa: the Royal Commission on Aboriginal Peoples, 1996.
- Royal Commission on Aboriginal Peoples. "Chapter 10: Residential Schools," pp. 309-394. In *Report of the Royal Commission on Aboriginal Peoples: Looking Forward, Looking Back*. Volume 1. Ottawa: the Royal Commission on Aboriginal Peoples, 1996.
- Ryan, Allen. *The Trickster Shift: Humor and Irony in Contemporary Native Art*. Vancouver: UBC Press, 1999.
- St. Germain, Jill. *Indian Treaty Making Policy in the United States and Canada: 1867-1877*. Nebraska: University of Nebraska Press, 2001.

- Sack, Daniel. *Whitbread Protestants: Food and Religion in American Culture*. New York: St. Martin's Press, 2000.
- Said, Edward W. *Culture and Imperialism*. New York: Vintage Press, 1994.
- Samson, Colin and Jules Pretty. "Environmental and Health Benefits of Hunting Lifestyle and Diets for the Innu of Labrador." *Food Policy* 31, 6 (2006): 528-553.
- Sarris, Greg. *Keeping Slug Woman Alive: A Holistic Approach to American Indian Texts*. Los Angeles: University of California Press, 1993.
- Savony, Eva. *Food Stories: Diabetes and Diet*. Produced by Savony Eva. 12 minutes. CBC Radio, 16 January 2004. Radio Commentary.
- Schaefer, Otto. "Glycosuria and diabetes mellitus in Canadian Eskimos." *Canadian Medical Association Journal* 99 (1968): 201-206.
- Schaefer, Otto. "Glucose tolerance testing in Canadian Eskimos: A Preliminary Report and a Hypothesis." *Canadian Medical Association Journal* 99 (1968): 252-262.
- Siggins, Maggie. *Bitter Embrace: White Society's Assault on the Woodland Cree*. Toronto: McClelland & Stewart, Ltd., 2005.
- Silman, Janet. *Enough is enough: Aboriginal Women speak out*. Toronto: The Women's Press, 1987.
- Silverman, David. *Qualitative research: theory, method and practice*. London: Sage Publishing, 1997.
- Simpson, John; Edward Weiner, eds. *Oxford English Dictionary*, 2nd edition. United Kingdom: Clarendon Press, 1989.
- Skocpol, Theda. "Doubly Engaged Social Science: The promise of comparative historical analysis" pp 407-428. In James Mahoney and Dietrich Rueschemeyer, editors,

- Comparative Historical Analysis Social Science*. New York: Cambridge University Press, 2003.
- Smith, Linda. *Decolonizing Methodologies: Research and Indigenous peoples*. New York: Zed Books, 1999.
- Schnarch, Brian. "Ownership, Control, Access and Possession (OCAP) or Self-determination Applied to Research: A Critical Analysis of Contemporary First Nations Research and Some Options for First Nations Communities." *Journal of Aboriginal Health* 1, no. 1 (2004) 80-95.
- Socha, Teresa, Mendi Zahaf, Lori Chambers, Rawnda Abraham and Terry Fiddler. "Food Security in a Northern First Nations Community: An exploratory study on food availability and accessibility. " *Journal of Aboriginal Health* March (2012): 5-14.
- Spradley, James. *Participant Observation*. New York: Holt, Rinehart, and Winston, 1980.
- Stanbury, William T. and Jay H. Siegel. *Success and Failure: Indians in Urban Society*. Vancouver: The University of British Columbia Press, 1975.
- Standage, Tom. *A History of Humanity*. New York: Walker Publishing Co. Inc, 2009.
- Statistics Canada, *Aboriginal Peoples Survey: Language, tradition, health, lifestyle and social issues*. Ottawa: Printed by Government of Canada, 1996.
- Steckley, John L. and Bryan D. Cummins. "Chapter Twelve: The Royal Proclamation and the Indian Act" pp. 121-131. In *Full Circle: Canada's First Nations*, 2nd Ed. Toronto: Pearson Prentice Hall, 2008.
- Stein, Nancy L. "The definition of story." *Pragmatics* 6, no. 5-6 (1982): 487-507.
- Stonechild, Blair. *New Buffalo: The Struggle for Aboriginal Post-Secondary Education in*

Canada. Winnipeg: University of Manitoba Press, 2005.

Sunday, Julie, John Eyles, and Ross Upshur. "Applying Aristotle's doctrine of causation to Aboriginal and biomedical understanding of diabetes." *Culture, Medicine and Psychiatry* 25, no. 10 (2001): 63-85.

Suzuki, David. "A Personal Forward," in *Wisdom of the Elders: Sacred Native Stories of Nature*, edited by David Suzuki and Peter Knudson, xxvii-xliv. Toronto: Bantam Books, 1992.

Szathmary, Eموke. "Non-insulin dependent diabetes mellitus among Aboriginal North Americans." *Annual Review Anthropology* 23 (1994): 457-482.

Tohtonka, directed by Charles Nauman (USA: Western Mania. 1966), Video.

The Canadian Pediatric Society. "Risk Reduction for Type 2 Diabetes in Aboriginal Children in Canada." *The Canadian Journal of Pediatrics* 10, no. 1 (2005): 49-52.

The Chicago Manual of Style. *The Chicago Manual of Style*. Fifteenth Edition. Chicago: The University of Chicago Press, 1996.

The National Diabetes Surveillance System (NDSS). *The National Diabetes Surveillance System*. Ottawa: Health Canada, 1990.

Thompson, Samantha J. and Sandra M. Gifford, "Trying to keep a balance: The meaning of health and diabetes in an urban Aboriginal community." *Social Science and Medicine*, 51, no. 10 (2000): 1457-1472.

Tobias, John. "Civilization, Protection, Assimilation: An Outline of Canada's Indian Policy." *The Western Canadian Journal of Anthropology* 6, 2 (1976): 13-17.

Tafoya, Terry. "Coyote's eyes: Native cognition styles." *Journal of American Indian Education* 21, no. 2 (1989): 21-33.

- Toussaint-Samat, Maquellonne. *A History of Food*. United Kingdom: MPG Books Ltd., 1992.
- Truth and Reconciliation of Canada. *Survivors Report: A report of the Truth and Reconciliation Commission of Canada*. Ottawa: Truth and Reconciliation of Canada, 2015. Accessed September 15, 2015, http://www.trc.ca/trcinstitution/File/2015/Findings/Survivors_Speak_2015_05_30web_o.pdf.
- United Way Winnipeg. *2003 Environmental Scan and Winnipeg Census Data*. Winnipeg: United Way Winnipeg, 2003.
- Urien, Carl, Roy Norton, and Tom Porter. "Roundtable discussion #1-The first biannual Indigenous scholars' conference." *Canadian Journal of Native Education*, 21 Supplement (1995): 55-69.
- Valaskakis, Gail Guthrie, Madeleine Dion Stout, and Eric Guimond, eds. *Restoring the Balance: First Nations Women, Community and Culture*. Winnipeg: University of Manitoba Press, 2009.
- Valentine Lisa Philips. *Making it their own: Severn Ojibwe communicative practices*. Toronto: University of Toronto Press, 1991.
- Van Oostadam, Jay, Shawn G. Donaldson, Mark Feely, Doug Arnold, Pierre Ayotte, Greg Bondy, Laurie Chan, Eric Dewailly, C.M. Furgal, Harriet V. Kuhnlein, E. Loring, G. Muckle, E. Myles, Olivier Receveur, S. Tracy, L. Gill, and S. Kalhok, "Human Health implications of environmental contaminants in Arctic Canada: A Review." *Science of the Total Environment* 12 (2005) 351-352, 165-246.
- Vogel, Virgil. *American Indian Medicine*. New York: Ballantine Books, Inc., 1973.

- Warren, Ruben, Ballus Walker, and Vincent Nathan. "Environmental factors influencing public health and medicine: Policy implications." *Journal of National Medical Association* 94, no.4 (2002): 185-193.
- Waisberg, Leo and Tim E. Holzkamm. "A tendency to discourage them from cultivating Ojibway agriculture and Indian Affairs administration in Northwestern Ontario." *Ethnohistory* 40, no. 2 (1993): 175-211.
- Weber-Pillwax, Cora. "Coming to an Understanding: A Panel Presentation-What is Indigenous Research?" *Journal of Native Education* 25, no. 1 (2001): 9-16.
- Weiner, Michael. A. *Earth Medicine-Earth Foods*. New York: Collier, New York, 1972.
- Wein, Eleanor E. "The traditional food supply of native Canadians." *Canadian Home Economics Journal* 44, no.2 (1994): 74-77.
- Wein, Eleanor E. and Milton Freeman. "Frequency of traditional food use by three Yukon First Nations living in four communities." *Arctic* 48, no. 2 (1995): 161-17.
- Wein, Eleanor E., Jean Henderson-Sabry, and Frederick Evers. "Nutrient Intake of native Canadians near Wood Buffalo National Park." *Nutrition Research* 44, no.33 (1991): 15-31.
- Wertherim, Margaret. "God of the Quantum Vacuum: Modern Cosmology and Religion." *New Scientist* 156 (1977): 28-31.
- West, Kelly M. "American Indians and other Native populations of the New World." *Diabetes* 23 (1974): 841-855.
- White, Lena Odjig. "Medicine Wheel Teachings in Native Language Education." In *From Our Eyes: Learning from Indigenous Peoples*, edited by Sylvia O'Meara and

- Douglas A. West, 107-122. Toronto: Garland Press, 1996.
- Whorf, Benjamin Lee. "Introduction." In *Language, Thought and Reality: Selected Writings of Benjamin Lee Whorf*. Edited by John B. Carroll, 1-22. Cambridge, MIT Press, 1956.
- Wicken, William C. *Mikmaq Treaties on Trial: History, Land, and Donald Marshall Junior*. Toronto: University of Toronto Press, 2002.
- Willows, Noreen. "Determinants of Health Eating in Aboriginal people in Canada: The current state of Knowledge and Research Gaps." *Canadian Journal of Public Health*, 96 (July/Aug 2005): S32-6, S36-41.
- Wilson, Alexandria. "How Our Stories Are Told." *Canadian Journal of Native Education* 22, no.2 (1998): 274-278.
- Wilson, Angela Cavender. "Grandmother to granddaughter: Generation of oral history in a Dakota family." *American Indian Quarterly* 22, no.1 (1996): 7-14.
- Wilson, Shawn. "What is an Indigenous Research Methodology?" *Canadian Journal of Native Education* 25, no.2 (2000): 175-179.
- Wilson, Shawn. "Self as-relationship in Indigenous Research." *Canadian Journal of Native Education* 25, no.2 (2001): 91-92.
- Wilson, Shawn. *Research is Ceremony: Indigenous Research Methods*. Winnipeg, Fernwood Publishing, 2008.
- Wilson, Stan. "Honoring Spiritual knowledge." *Canadian Journal of Native Education*, 21 Supplement (1995): 55-69.
- Winzer, Christine, Oswald Wagner, Andreas Festa, Barbara Schneider, Micheal Roden, Dagmar Bancher-Todesca, Giovanni Pacini, Tohru Funahashi, and Alexandra

- Kautzky-Willer. "Plasma Adiponectin, Insulin Sensitivity, and Sub-clinical Inflammation in Women with Prior Gestational Diabetes Mellitus." *Diabetes Care* 27 (2004): 1721-1727.
- Yardley Lucy. Dilemmas in Qualitative Health Research. *Psychology and Health* 15 (2000): 215–28.
- Yin, Robert K. *Case Study Research: Design and Methods*. Thousand Oaks: Sage Publications, 1994.
- Young, Patrick, Todd Paquin, Leah Dorion, and Darren Préfontaine. *Métis food and diet*. Saskatchewan: Gabriel Dumont Institute of Native Studies & Applied Research, 2009.
- Young, T. Kue, ed. *Diabetes in the Canadian Native population: Bicultural perspectives*. Toronto: Canadian Diabetes Association, 1987.
- Young, T. Kue. "Diabetes mellitus among Native Americans in Canada and the United States: An epidemiological review." *American Journal of Human Biology* 5 (1993): 1560-1578.
- Young, T. Kue. *The Health of Native Americans: Towards a Bicultural Epidemiology*. New York: Oxford University Press, 1994.
- Young, T. Kue, Cynthia D. Schrager, Eugene V. Shubnikoff, Eموke J. Szathmary, and Yuri P. Nikitin "Prevalence of diagnosed diabetes in circumpolar Indigenous populations." *International Journal of Epidemiology* 21, no. 4 (1992): 730-736.
- Young, T. Kue, Eموke J. Szathmary, Susan Evers, and Brian Wheatley. "Geographical distribution of diabetes among the Native population of Canada: A national survey." *Social Science and Medicine* 31 (1990): 129-139.

- Young, T. Kue, Jeff Reading, Brenda Elias, and John O'Neil. "Type 2 diabetes mellitus in Canada's First Nations: Status of an epidemic in progress." *Canadian Medical Association Journal* 163, no.5 (2000): 561-566.
- Young, T. Kue and Lynn L. McIntyre. "Prevalence of diabetes mellitus among the Cree-Ojibwa of Northwestern Ontario." *Circumpolar Health* 84 (1984): 276-281.
- Young, T. Kue, Lynn L. McIntyre, Joseph Dooley, and Jude Rodriguez. "Epidemiologic features of diabetes mellitus among Indians in northwestern Ontario and northeastern Manitoba." *Canadian Medical Association Journal* 132 (1985): 793-797.
- Young, T. Kue, Micheal M.E. Moffatt, and Norma Ling, "Risk factors for diabetes among Northern Indians," *Arctic Medical Research* 47, supp. 1 (1988): 445-458
- Young, T. Kue, Patricia J. Martens, Shayne P. Taback, Elizabeth A.C. Sellers, Heather J. Dean, Mary Cheang, and Bertha Flett, "Type 2 Diabetes Mellitus in Children." *Arch Pediatrics Adolescence Medicine* 156 (July 2002): 651-655.
- Zimmerman, Susan. "The Revolving door of despair: Aboriginal Involvement in the Criminal Justice System." *UBC Law Review*, Special Edition (1992): 367-412.

APPENDIX A: ETHICAL APPROVAL

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UNIVERSITY OF TORONTO

OFFICE OF RESEARCH SERVICES

PROTOCOL REFERENCE #9910

June 6, 2018

Prof. J. Gary Knowles	Ms. Moneca Sinclair
Dept. of Adult Education	2- 686 Mulvey Avenue
and Counselling Psychology	Winnipeg, MB
Ontario Institute for Studies in Education	R3M 1H6
252 Bloor Street West	
University of Toronto	

Dear Prof. Knowles and Ms. Sinclair:

Re: Your research protocol entitled "Voices of urban Aboriginal Peoples and Diabetes"

ETHICAL APPROVAL

Original Approval Date: December 5, 2003

Expiry Date: December 4, 2004

We are writing to advise that the Education Research Ethics Board has granted approval to the above-named research study, for a period on **one year**. Ongoing projects must be renewed prior to the expiry date.

The following consent documents have been approved for use in this study: Letter of Information and Administration Consent Form (received December 1, 2003), Information to Participants. Participants should receive a copy of their consent form.

During the course of the research, any significant deviations from the approved protocol **(that is, any deviation which would lead to an increase in risk or a decrease in benefit to participants)** and/or any unanticipated developments within the research should be brought to the attention of the Ethics Review Unit.

Best wishes for the successful completion of your project.

Yours sincerely,

Bridgette Murphy
Assistant Ethics Review Officer

xc: Prof. M. Schneider (Chair, Education REB)
Mr. D. Cavanagh (Dept. Liaison)

Simcoe Hall, Room 10 A, 27 King's College Circle Toronto Ontario M5S 1A1
TE:: 416/946-3273 FAX: 416/946-5763 EMAIL: ethics.review@utoronto.ca

APPENDIX B: E-MAILS TO RADIO STATIONS

Date: Thursday, April 3, 2003 3:50 PM -0500

From: Moneca Sinclair

Subject: Radio Documentary Information Seeking

To: info@ncifm.com

cjum@cjum.com

uwinnipeg@uwinnipeg

Tansi (Hello):

My name is Moneca Sinclair and I am a Cree Aboriginal woman from Manitoba. Currently I am a graduate student at Ontario Institute for Studies in Education at the University of Toronto. I am in the process of writing a proposal to do a radio documentary about "Urban Aboriginal peoples and their stories of Diabetes". I want to do this documentary to incorporate the whole notion of our oral traditions and plus use a medium that I am able to give back the work to the community.

I am planning to go back to Winnipeg at the end of June 2003 and would like to conduct the research in Winnipeg and have a place where I can begin to work with people in radio. I do not have experience in radio but am learning about the industry here in Toronto with the newly incorporated Aboriginal Voices Radio here in Toronto. I have set up meetings with Chris Spence; from Aboriginal voices Radio, to talk about the logistics of how I would interview people, what equipment I would use (microphones, tapes, digital etc.). Since I am planning to move back to Winnipeg I would like to try and work with Aboriginal people involved in radio to keep the project very aboriginal focused.

I am also in the process of pulling together a demo tape so that you can have a better understanding of what it is that I am planning on undertaking. I can send you a copy of the proposal that I have written and what I plan to do.

As I said my knowledge of radio is limited and am wondering if there is anything I can

do in Winnipeg to learn more about radio, such as classes or volunteering at the Radio station.

If you require further information please do contact me at 416-927-7436 or e-mail me.

Ekosani (That's it for now)

Moneca Sinclair

APPENDIX C: SAMPLE PHONE SCRIPT

TO BE ON OISE/UT DEPARTMENTAL LETTERHEAD

Opening for Scenario One and two:

Hello my name is Moneca Sinclair and I am a Cree woman originally from Opasquiak First Nations in The Pas, Manitoba. I am currently a graduate student at the Ontario Institute for Studies in Education (OISE) at the University of Toronto. I am conducting research about Urban Aboriginal people and their stories of diabetes. I understand your agency has a mandate to offer health services to urban Aboriginal people.

Would you have a few minutes for me to explain what the project is about?

1. Scenario if they don't have the time:

If not, when would be a good time to discuss the project?

Then we would schedule an appointment.

2. Scenario if they do have the time:

Thank-you for taking time out to listen about the research project.

First of all the purpose of the research:

The purpose of this study is to learn how urban Aboriginal peoples understand, and how they talk about diabetes. How and what people think about their illness, and how they express this understanding through their stories.

One of the important objectives of this research is to have these conversations aired on radio. Concurrent with data collection I will be making contact with the following radio stations such as Aboriginal Radio, Aboriginal Peoples Television Network radio Affiliate (APTN Radio), Native Communications Incorporated (NCI) and Canadian Broadcasting Corporation (CBC). The medium of radio will honor the oral tradition that is still being used with Aboriginal people of North America.

The title of the research is:

“Voices of Urban Aboriginal Peoples with Diabetes”.

Once I have made contact with the interviewees or participants through *agency name* arrangements will be made with the participants in a location that is safe for the participant and me, the researcher. I will explain the research to the participant and give them a copy of the “Information to the participants” which I can send when I send the follow-up letter to this phone-call. If the participant says yes a consent form, which will also be attached to the follow-up letter, will then be signed.

Once the consent form is signed I will offer sacred tobacco, if they follow this way of life, if not I will offer other sacred gifts, such as food, for agreeing to share their story of diabetes. The sacred tobacco will be wrapped in cloth and the participant will know to offer this back to the earth or have it be burnt in a sacred fire. The other sacred gifts will also be wrapped in cloth and the participants will use the gifts in an appropriate way, such as giving thanks for the gifts.

I will be having open-ended interviews/conversations (Appendix A) with urban Aboriginal people. The research will be conducted with urban Aboriginal people who have lived in the urban area for at least two years and are between the ages of 18 to 75 years. I hope to conduct seven interviews with a balance of males and females and age groups. These interviews/conversations will then be transcribed and portions of the interviews/conversations will be used to formulate a radio documentary. One of the objectives of this project is to possibly have these conversations aired on public radio. Before they are aired on radio a copy to the tape and a transcription of the conversation will be given to the participants so they may decide what portions of the conversations they do not want included in the documentary. Concurrent with the conversations I will be making contact with public radio broadcasters such as Aboriginal Radio, Aboriginal Peoples Television Network radio Affiliate (APTN Radio), Native Communications Incorporated (NCI) and Canadian Broadcasting Corporation (CBC).

This radio documentary will then become the oral script for the written portion of the dissertation. To learn how urban Aboriginal peoples understand and talk about diabetes. These stories will then be formatted as a radio documentary for other urban Aboriginal people to hear other urban Aboriginal people given a space to talk about their stories of diabetes. This documentary could be used as a tool to begin to have urban Aboriginal

people dialogue and begin to find solutions to their diabetes.

I will also send a copy of the guiding interview questions in the follow-up letter. In the information to the participants they will be given an overview of the study and where I can be contacted if they need to change the time of the interview.

Do you have any questions?

If you want I can fax a letter to you or mail it with the following attachments:

1. Information for agency to use for your administrative purposes;
2. Information to participants;
3. A copy of the consent form;
4. A copy of the poster.

I can fax this information to you or I can send it through the mail?

You can call me at (204) 474-6825 to indicate if you require further information.

Thank-you for your time

APPENDIX D :FOLLOW-UP LETTER TO AGENCY

TO BE ON OISE/UT DEPARTMENTAL LETTERHEAD

Ms. Moneca Sinclair
C/O: Aboriginal Student Centre
537 University Centre
University of Manitoba
Winnipeg, Manitoba R3T 2N2
Phone: (204) 474-6825

Dear _____:

Thank you for considering participating in or contributing to the research project. As I noted in our first contact, **date**, my name is Moneca Sinclair, and I am Cree from Opasquiak First Nations. And I am currently a graduate student at the University of Toronto/Ontario Institute for Studies in Toronto, Ontario. As you will recall the title of the research project is “Voices of Urban Aboriginal Peoples with Diabetes”. The purpose of the research is to learn how urban Aboriginal peoples understand and talk about diabetes. I am conducting research where I am asking people with diabetes in your programs if they would be willing to talk to me about their story about diabetes. This will then be transferred into a radio documentary format. One of the objectives is to possibly have this radio documentary aired on public radio broadcasts such as, such as Aboriginal Radio, Native Communications Incorporated, and CBC radio (Tapestry or Ideas). If I am able to find a radio venue to publicly broadcast this documentary these stories will be heard by other urban Aboriginal people. This documentary could be used as a tool to begin to have urban Aboriginal people dialogue and begin to find solutions to their diabetes.

The purpose of this letter is to provide you with the written information that you will need to understand what I am doing, and to decide whether or not your agency chooses to continue to participate in this research project by way of having me introduce myself to

potential participants in your agency.

If the agency requires that I need to make a specific presentation to the program where diabetes is being discussed I will conduct this presentation. I have attached a copy of the presentation I can conduct with your agency. If the agency requires a one-page summary of the research process they need to give to their agency personnel this can be provided. I have attached this one page summary. If the agency decides I can have a poster in a designated area. A copy of the poster is enclosed. I would like to stress the participation of the agency in this process is completely voluntary, and as an agency you are free to withdraw at any time if you feel that your agency cannot accommodate this request. As per our conversation of **date** I contacted **agency name** since it is an agency that provides health services to a large proportion of urban Aboriginal people.

Once I have made contact with participants through **agency name** arrangements will be made with the participants in a location that is safe for the participant and me, the researcher. I will explain the research to the participant and give them a copy of the "Information to the participants" which I have also attached. If the participant says yes a consent form, also attached, will then be signed. Once the consent form is signed I will offer sacred tobacco, if they follow this way of life, if not I will offer other sacred gifts, such as food, for agreeing to share their story of diabetes. The sacred tobacco will be wrapped in cloth and the participant will know to offer this back to the earth or have it be burnt in a sacred fire. The other sacred gifts will also be wrapped in cloth and the participants will use the gifts in an appropriate way, such as giving thanks for the gifts.

The research will be conducted with urban Aboriginal people who have lived in the urban area for at least two years and are between the ages of 18 to 75 years. I hope to conduct seven interviews with a balance of males and females and age groups.

Enclosed is a copy of the guiding interview questions I will be asking, a copy of the consent form for the participants to sign, and information I will be giving to the participants. In the information to the participants they will be given an overview of the study and where I can be contacted if they need to change the time of the interview.

Please call me at (204) 474-6825 to indicate if you require further information. Also, if you wish to contact my thesis supervisor, Dr. J. Gary Knowles, at the Department of Adult Education he can be reached at (416) 923-6641, extension 2403. Otherwise I will

meet you at **date and location** as per our conversation of **date**.

Yours sincerely,

Moneca Sinclair
Graduate Student
/ms

Encl:

- Presentation
- One page summary
- Poster
- Information to participants
- Consent form to participant

APPENDIX E: LETTER OF INFORMATION AND ADMINISTRATIVE CONSENT FORM

TO BE ON OISE/UT DEPARTMENTAL LETTERHEAD

Moneca Sinclair
c/o: Aboriginal Student Centre
537 University Centre
University of Manitoba
Winnipeg, Manitoba R3T 2N2
Phone: (204) 474-6825

Date

Dear _____:

My name is Moneca Sinclair and I am Cree from Opasquiak First Nations and I am a graduate students in the Adult Education and Counselling Psychology at the Ontario Institute for Studies/University of Toronto. I am currently planning a research project that will involve interviewing urban Aboriginal peoples who have been diagnosed with diabetes to talk to me about their story of diabetes. This study will be conducted under the supervision of Dr. J. Gary Knowles, Department of Adult Education and Counselling Psychology, Institute for Studies/University of Toronto.

I am writing because I am seeking formal agreement from the **agency name** to participate in this study. The title of the project is **Voices of Urban Aboriginal Peoples and Diabetes**. The research will start by gaining ethical approval from the University of Toronto followed by a listing of agencies, provided by the National Aboriginal Diabetes Association, that deal with Aboriginal peoples and health. A phone call will be made to these agencies and if they require a formal agreement to participate in this study this letter of information and Administrative Consent Form will be provided. Otherwise, if the agencies do not require a formal letter of agreement the agencies will be sent a follow-up letter which will include a one-page information letter, a copy of a poster.

As indicated above this letter will provide background information about the study, and what kinds of time commitments are involved. Your signature on the form at the bottom of this letter will indicate your formal administrative consent for this study to go ahead.

Background:

Prior to 1940 diabetes was apparently a rare condition in North America Aboriginal populations. I have learned that the form of diabetes. I have learned that the form of diabetes that was silently killing Aboriginal people was historically known, by western standards, as an 'older person's disease' since it affected people in their late 50's. Yet in 1985 several studies were conducted in Aboriginal communities and researchers documented diabetes occurring as early as 25 years old. In 1992 Heather Dean, Ronald Mundy, and Michael Moffatt had reported, "Between 1984 and 1990 in Manitoba children less than 15 years of age were identified as having diabetes."

One of the first academics to provide a global picture of diabetes in North America was Kelly West who hinted at the emergence of an epidemic in the Native population. Following the research by West the academic investigation into the area of diabetes and Aboriginal peoples has continued. In addition to the written data there have also been many videos and television programs about Aboriginal peoples and diabetes. For example "The Sweetness in Life: A Diabetes Story" is a national television 13 part series, on Aboriginal Peoples Television Network, that show cased Aboriginal communities working against diabetes. As well been various radio commentaries about Aboriginal peoples and diabetes.

Although there has been a explosion of written documentation and visual media documentaries about diabetes and Aboriginal peoples there seems to be no radio documentaries that have recognized Aboriginal peoples stories of diabetes. Radio has been called, "the most grassroots of all news... it is well adapted to oral cultures – particularly what has been labeled 'talk radio' – provides a forum for social and political dialogue, especially in areas where people are often scattered" according to Alia. Urban Aboriginal people continue to be marginalized in terms of services and supports. For example in Alia, "researched media in northern Canada and documented radio as a media that has been used extensively by Aboriginal peoples in the north since the 1930's and in the 1960s they were owned and operated by Aboriginal peoples in the north." Whereas in the south the first Aboriginal radio station, owned and operated by Aboriginal peoples, was launched in December 2002 in Toronto, Ontario. From this information and

from living in the urban area I believed it is interviews/conversations with urban Aboriginal *peoples of Winnipeg* that need to be recorded and heard.

Four main questions will guide the research:

I want to know how urban Aboriginal people understand this illness, diabetes.

1. Can you tell me in your own story of your illness?
2. Diabetes? Is this the name you use for this illness?
3. Can you tell me about the time when you found out you had diabetes?
4. Can you tell me what it did to you when it began? Before you were told you had diabetes, did you know something wasn't right?

Data Gathering Activities

The main data gathering activity will consist of documents searches of diabetes and urban Aboriginal peoples, interviews or conversations with individuals. Individual conversations will last about 1 to 2 hours. With the permission of the participants, I will have to tape record the interviews for two reasons. In the first place, the participant's results will be used to make a radio documentary. Eventually I hope to be able to find a public radio program where I am able to air this documentary. I plan on contacting radio stations such as Aboriginal Radio, Native Communications Incorporated (NCI) or Canadian Broadcasting Company (CBC). Second, the conversations results will be more accurate and will better represent your responses if participant's actual words and expressions are recorded.

Will individual names be used?

If individuals choose not to have their identity known they will be given a different name and I can change how their voice sounds on the radio documentary. Also all information that might identify individuals will be removed from any data that is stored for use by the researcher. No one but the researcher will have access to the data, and it will be destroyed five years after the completion of the project. If I am able to have this radio documentary aired on public radio each person would still have to give written permission later before I can air the documentary in a public forum

Can we change our minds?

Of course, the conduct of this study is completely voluntary and could be called off at any time if something goes terribly wrong from the perspective of the participant. Also, individuals may refuse to answer any questions at any time, or withdraw completely from the study. They may then request that any information they contribute be eliminated from the study at any point prior to its public broadcast and publication in the dissertation. The only foreseeable risk is that the participant may understand how serious their diabetes really is and they may feel scared and/or powerless of this disease. If this should happen then I will have names of counselors who work with people who live with chronic diseases. Other than this foreseeable risk there are no other risks or harm that will come to the individuals or your organization because of participating in, or withdrawing from this study. There are also no direct benefits, no pay or other compensation offered. However the participants will be given sacred tobacco, if they follow this cultural sensitive protocol, when asked to participate in this research. Sacred tobacco means the tobacco will be wrapped in red cloth and the participant will know to return the tobacco to the earth or burn the tobacco in a sacred fire. If the participants do not follow this cultural tradition they will be given other sacred or ceremonial gifts, such as sage, cedar or food. They will receive a copy of the transcripts in audio and written format and a copy of the final radio documentary.

How do we indicate our formal consent?

I need you to indicate your agreement on by signing the Administrative Consent form below. It indicates that you have understood the nature of the research, what I am asking from you and your staff and what I am promising in return. I will give you a copy of this signed letter and form for your records. It tells you how to contact my supervisor, Dr. J. Gary Knowles and me.

Sincerely,

Graduate Researcher
Moneca Sinclair
C/O: Aboriginal Student Centre
537 University Centre
University of Manitoba
Winnipeg, Manitoba R3T 2N2
Phone: (204) 474-6825

Supervisor
Dr. J. Gary Knowles
OISE/University of Toronto
252 Bloor Street-7th Floor
Toronto, Ontario
M5V 1V6
Phone: (416) 923-6641 ext: 2403

Administrative Consent:

I have understood the information in the Letter of Information for Administrative Consent and I consent to the participation of this study:

ADMINISTRATIVE CONSENT

I have understood the information in the Letter of Information for Administrative Consent and I consent to the participation of this study.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

APPENDIX F: OPEN-ENDED INTERVIEW/CONVERSATION GUIDING QUESTIONS

TO BE PUT ON OISE/UT DEPARTMENTAL LETTERHEAD

Interview/Conversations Questions:

I have come to you to ask you about your experience and thoughts and how you understand diabetes. I want to know how urban Aboriginal people understand this illness. Can you tell me in your own story of your illness?

1. Diabetes? Is this the name you use for this illness?
2. Can you tell me about the time when you found out you had diabetes?
3. Can you tell me what it did to you when it began? Before you were told you had diabetes, did you know something wasn't right?
4. Why do you think it started at the time it did?
5. Where do think the diabetes came from?
6. How does your sugar affect you? Is there something that you cannot do now that? You did before you had diabetes?
7. If you were to explain it to someone else, how would you describe it?
8. Do you tell people you have diabetes? And if you do, do think people treat you differently because you have this illness (diabetes)?
9. What did your relations or family think when you told them you had diabetes? Do you know of any other family member who has diabetes?
10. What treatments are you on now? What medications/remedies are you taking? What are the most important things that the health practitioner (e.g. doctor, nurse, Community Health Representative) has told you about diabetes?

11. Have you tried other treatments to help you besides what the health practitioner has suggested?
12. When you think of diabetes, what do you see? Some people say that diabetes is not an illness. What do you think it is?
13. Is there anything else you would like to say about diabetes in general? Is there anything else you would like to share about the health care that you have received?

APPENDIX G: INFORMATION TO PARTICIPANTS

TO BE PUT ON OISE/UT DEPARTMENTAL LETTERHEAD

The title of the research project is:

Voices of Urban Aboriginal Peoples with Diabetes

The purpose of the research is:

To listen to your stories of diabetes. I want to know how you understand and talk about your diabetes. I hope by listening to your stories of diabetes I will get an idea of how you think about diabetes and how you explain your diabetes through your own personal story of diabetes. I want to record these stories because part of our traditions is oral storytelling to one another. These stories could be legends or aspects of our life we think would be useful for other people to learn, such as our story of our health.

I want to conduct at least seven open-ended conversations, with a balance of men and women and age groups. I am calling you participants in this study.

How you were selected for this conversation:

I first phoned several agencies that offer health services to Aboriginal people in the urban area. Once contact was established I sent a letter to the agency explaining what the study was about. *The agency then made a decision about how I could make contact with participants such as either making a specific presentation or posting a poster.* Once I have introduced myself to the participants I asked the participants if they know of any other people that they think would be interested in telling their stories of diabetes.

The Interview:

What I am doing is asking participants questions about diabetes to help the participant begin to tell their story of diabetes. The first conversation should last about 1 to 2 hours in length. If the participants feel they need to have another conversation because they want to continue with the story or they feel they want to add something else to the story this can be arranged. The participant's part in the research, if they agree is to have a conversation with me at a time and location that is comfortable with both of us.

The diabetes content of some of the questions which I will be asking are as follows. I will ask when the diabetes started, what might have caused it, how you are treated by your family and friends. There are no right or wrong answers. I am interested in what you think about your experience with having diabetes.

With the permission of the participants, I will have to tape record the interview for two reasons. In the first place, the participant's results will be used to make a radio documentary. Eventually I hope to be able to find a public radio program where I am able to air this documentary. I plan on contacting radio station such as Aboriginal Radio, Native Communications Incorporated (NCI) or Canadian Broadcasting Company (CBC) with programs such as Tapestry or Ideas. Second, the conversations results will be more accurate and will better represent your responses if your actual words and expressions are recorded. The tape recordings will be kept in a locked place and kept by the researcher for five years. After this, the tapes will be erased.

Confidentiality:

If you feel you do not want people to know who you are you may be given a different name and I can change how your voice sounds on the radio. I will also use different names for your community and your family members if they should be mentioned during the conversation.

Participation:

Joining the research is completely up to you. I hope they will agree to be interviewed, but you are under no obligation to join this study. If you decide to be interviewed, you can drop out at any point in time if they feel that must. If use decide not to talk to me, this project will not make any differences in the way you are getting services now.

Risk and Benefits:

1. Risks:

As a participant you may understand how serious your diabetes really is and may feel scared and/or powerless of this disease. If this should happen then I have names of counselors who work with people who have diabetes.

2. Benefits:

As participants you may understand how serious your diabetes really is and may want more information to help yourself have better management of your illness. If this should

happen I have names of health educators or diabetes educators or nurses who have appropriate information about diabetes.

If you have additional questions about the project, please feel free to contact me. My telephone number in Winnipeg will be (204) 474-6850. Also, if you wish you may contact my supervisor: Dr. J. Gary Knowles at (416) 923-6641 extension 240.

APPENDIX H: CONSENT FORM FOR PARTICIPANTS

TO BE PUT ON OISE/UT DEPARTMENTAL LETTERHEAD

CONSENT TO PARTICIPATE IN THE STUDY ENTITLED: VOICES OF URBAN ABORIGINAL PEOPLES AND DIABETES

This consent forms indicates that I, _____ (please print name in full) agree to take part in the study Voices of Urban Aboriginal Peoples and Diabetes. I have been given the researcher's name and University address, and an oral and written explanation of the study.

I understand that I have to have the interview/conversation taped since portions of the interview will become part of a radio documentary. I also understand I will get a written transcript of the tape and a copy of the final documentary.

I understand at any point in the interview I can refuse to answer any of the questions or withdraw from the interview/conversation.

I understand that my name does not have to be identified if I choose to do this. I will be given another name called a pseudonym.

I also understand the taped interview/conversation may eventually be aired on a radio program such as, Aboriginal Radio, Native Communications Incorporated (NCI) or Canadian Broadcasting Corporation (CBC) on programs such as Tapestry or Ideas. My voice can be changed on the radio program using an editing process, such as changing the tone or speed of my voice.

I understand the written transcripts will be analyzed and quotes from me can be used from the interview/conversation in verbal or written reports.

I understand by participating in this research I will be offered compensation such as being offered sacred tobacco if I follow this cultural tradition. If I do not follow this cultural tradition I understand I will be compensated by offerings of other sacred gifts such as food, other sacred medicines, such as cedar, sweet grass.

I understand the tapes will be erased after five years.

I have read through this consent form and any enclosed documents. I understand what is being asked and the accompanying conditions and promises. I understand the nature and limitations of the research.

☐ I agree to participate in this ways described. If I am making any exceptions or stipulations, these are:

- 1.
- 2.
- 3.
- 4.
- 5.

☐ I do not wish to participate in the research (Initials _____).

My signature nature below indicates that I have been informed and agree to volunteer for this study. It also indicates that I agree to make no financial claims for this interview. Lastly I am agreeing that Ontario Institute for Studies in Education/University of Toronto (OISE/UT) is not responsible should any physical injury result from participating in this interview.

Printed Signature of Participant

Date

Signature of Participant

Signature of Researcher
Moneca Sinclair

APPENDIX I: LETTER WRITTEN TRANSCRIPT

TO BE ON OISE/UT DEPARTMENTAL LETTER HEAD

Ms. Moneca Sinclair
#2-686 Mulvey Avenue
Winnipeg, Manitoba
R3M 1H6

Date

Name
Street Address
Winnipeg, Manitoba
Postal Code

Dear Name:

First let me thank you for taking the time on date 2004 for agreeing to be interviewed. As promised I am sending you a written copy of the interview so that you may read it over.

As you read it there may be some items you may not want me to use and you can let me know this by writing on the interview. And if after reading the interview you decide that there are other points you want to talk about then we can make arrangements for another interview.

I have enclosed a stamped envelope for you if you have comments or corrections you need to send back to me. Again thank you for agreeing to be interviewed. I can be reached at (204) phone number or e-mail: msinclair@oise.utoronto.ca.

Yours truly,

Ms. Moneca Sinclair
/Encl.

APPENDIX J: LETTER ORAL DOCUMENTARY

TO BE ON OISE/UT DEPARTMENTAL LETTER HEAD

Ms. Moneca Sinclair
Street Address
Winnipeg, Manitoba
Postal Code

Date

Name
Street Address
Winnipeg, Manitoba
Postal Code

Dear Name:

First let me thank you for taking the time on date 2004 for agreeing to be interviewed. As promised I am sending you a copy of the oral radio documentary that you may revise.

As you listen to the documentary if there are some items you may not want me to use and you can let me know this by calling me at my home number, XXX-XXX. And if after listening to the interview you decide that there are other points you want to talk about then we can make arrangements for another interview.

I have enclosed a stamped envelope for you if you have comments or corrections you need to send back to me. Again thank you for agreeing to be interviewed. I can be reached at (204) phone number or e-mail: msinclair@oise.utoronto.ca.

Yours truly,

Ms. Moneca Sinclair

/Encl.

NOTES

¹ Jo-ann Archibald, “Coyote learns to make a story basket: The place of First Nations stories in Education” (PhD diss., Simon Fraser University, 1997).

² The word Indigenous has many definitions that are described in context of colonialism, as distinct cultural groups with social/organizations that have formed independent nations from the dominant government and/or people who self-identify as Indigenous, and/or those recognized as such by other groups. Linda Tuhiwai Smith, author of *Decolonizing Methodologies* (New York: Zed Books, 1999) used the term Indigenous in the context of resistance, “because the term Indigenous is problematic in that it appears to collectivize many distinct populations whose experiences under imperialism have been vastly different” (6). For this thesis it is important to understand that the Swampy Cree Aboriginal/Indigenous perspective, which I will call Nahowayak (which is explained in endnote 4) perspective, which is in context of resistance as the imperial history of Nahowayak people is different from, for example, the Mohawk people from Eastern Canada.

³ In this quote Walter Lightening is quoting Elder Sunchild of the Cree Nation in Alberta from “Compassionate mind: Implications of a text written by Elder Louis Sunchild,” *Canadian Journal of Native Education* 19, no. 2 (1992): 226.

⁴ The word Nahayowak in this sentence is used as noun that translates to the English word Cree. The origins of the word Cree have been discussed by authors Phyllis Cardinal, *The Cree People* (Edmonton: Duval House Publishing and Tribal Chiefs Institute, 1997) and by Maggie Siggins, *Bitter Embrace: White Society’s Assault on the Woodland Cree* (Toronto: McClelland & Stewart Ltd., 2005). Phyllis Cardinal has written, “The word Cree is thought to have its’ origins from the French fur traders and/or the French Catholic priests, known as the Jesuits, who came to the ‘new world’ and saw how the ‘Kenisteniwuk’

Indians people would readily pray” (31). The Jesuit gave the French name Kristineaux, which meant ‘People who pray to Christ’, and as with many words through time, it was shortened to the French word Kri. Eventually the French Kri was anglicized into the word Cree. Whereas Maggie Siggins suggests that, “the word ‘Cree’ derives from the Kenisteniwuk ‘Indians’, who lived south of James Bay in the seventeenth century, and have since disappeared in the mists of time, but the French derivation of their name, Kiristinon, later contracted to Cri and eventually Cree, which has stuck” (13). Both authors suggest the original word was first derived from a French word and later the French word was anglicized into the word Cree. It is important to understand the English word Cree has become an acceptable term to identify a group of Aboriginal peoples, and their language as Cree. Whereas in the Cree language when someone is asked if they speak Cree they are asked in Cree, “Nahe’yawawin?”, they are not asked “Nahe’ Cree?”. Also, if a Cree person wants to identify themselves as Cree they say, “Naheyo’weyineew”. For this document I have opted to use the word Nahayowak (Cree) as written in the document by Manitoba Education and Youth, *Integrating Aboriginal Perspectives into Curricula: A Resource for Curriculum Developers, Teachers, and Administrators* (Winnipeg: Manitoba and Youth Cataloguing in Publication Data, 2003), 6. I will use the word Nahayowak to indicate the noun Cree. In Canada there are several groups of Nahayowak-speaking people and the ‘Cree’ Nation is the most widespread of all the North American nations. The ‘Cree’ Nation has been categorized as the: Woodland ‘Cree’ inhabiting the Northern and Forest parts of Canada; the Plains ‘Cree’ in the Prairie region; West Main ‘Cree’ or Swampy ‘Cree’ found along the shores of Hudson’s Bay and James Bay and inland to Norway House and Cumberland; East Main ‘Cree’ and Attilkamek in Northern Quebec region.

⁵ Stan Wilson, “Honoring Spiritual knowledge,” *Canadian Journal of Native Education* Supplement 2, no. 21 (1995): 61.

⁶ ‘Tansi, Naonenow Nenu’ meaning in English is “I am Cree” was translated by mother, Jessie Mary Florence Sinclair (nee: Whitehead) Swampy Nahowayak from Opaskwayak Nahowayak Nation, Manitoba. In the Nahowayak way it is important to locate self to the audience and this is also seen in feminist research, where location of self is imperative. See Kesa Kirch, *“Ethical Dilemmas in Feminist Research: The Politics of Location* (New York: State University of New York Press, 1999). I used to call my mother,

when she was still living, when I want to translate a Nahowayak phrase. Sometimes she initially gives me one phrase then we will go into other talk and then she would call me back to tell me a better way to say the phrase. Invariably she always says she needs to think about what I am asking before she feels comfortable with what she has given me. My mother spoke, what is known as High 'Cree', which is 'Cree' that is more spiritual in context. For example, the word four means four objects in low 'Cree' but in high 'Cree' it means to be whole or to have wholeness; wholeness is comprised of body, mind, emotion, and spirit. These four components are seen in the medicine wheel which will be discussed in chapter four. When this word is uttered in high 'Cree' other 'Cree' listeners will know its meaning as it will be said in context of having wholeness and not just a number. This was the 'Cree' my mom would speak when she would speak with the Elders in her community. I believe my mother had a lot of knowledge of spiritual ways but those were taken away from her when she was placed in residential school.

⁷ Wilson, *Honoring Spiritual knowledge*, 61.

⁸ Mollie Dunsmuir cited the Constitutional talks of 1982, Section 35 article 2, where the Constitutional Act recognized, "Aboriginal peoples of Canada to include the Indian, Inuit and the Métis peoples". See Mollie Dunsmuir, *Constitutional Activity from Patriation to Charlottetown (1980-1992)* (Ottawa: Parliamentary Information and Research Service, Law & Government Division, report BP-406E, Nov. 1995), 96.

Dunsmuir goes on to discuss each Aboriginal group beginning with the 'Indian' or Status Indian. Dunsmuir discusses the existence of varying degrees of Indians with status or First Nations persons of Aboriginal ancestry in Canada has always been a complicating factor in government relations. "Status" or "registered" Indians are essentially those who are recognized under the Indian Act as being legally entitled to special status and in 1993 there were 543,000 Status Indians in Canada. Another significant group recognized in Section 35 were the mixed-blood "Métis," who first originated or descended from French-Canadian males and Indian females and were generally associated with the fur trade. The offspring from these unions tended to demonstrate mixed French and Indian cultural attributes. Finally, the constitution recognized the Inuit, as a distinct aboriginal group. The term Aboriginal therefore is a legal term to identify the original inhabitants of Canada. In the twentieth-first century many status Indians have now opted to identify themselves as First Nations. Note: When authors use other terms or names such as Indian, Native or First

Nations to identify Aboriginal people, the terms will be changed to Aboriginal with the notation [sic] to indicate there has been a change. When research where only a select group, such as Metis or Status (First Nation) have been studied the terms Metis and First Nations (status) will be used respectively. For further discussion of terminology, see Government of Saskatchewan, Government Relations and Aboriginal Affairs, Accessed May 20, 2004, <http://www.graa.gov.sk.ca/aboriginal/html/common/glossary.htm> (Saskatchewan: Government of Saskatchewan, April 18, 2004),

⁹ Statistics Canada, *Aboriginal Peoples Survey* (Ottawa: Printed by Government of Canada, 1996), 22.

¹⁰ United Way Winnipeg, *2003 Environmental Scan and Winnipeg Census Data* (Winnipeg: September 2003), 21.

¹¹ Derick T Wade and Peter W Halligan, "Do biomedical models of illness make for good healthcare systems?" *British Medical Journal* 329 no.11 (2004): 1398.

¹² Since writing this dissertation there has been a number of authors that are writing about Indigenous methodology with works in health. The authors that I have read are: Bagele Chilisa. *Indigenous Research Methodologies* (London: Sage Publications, 2012); Margo Greenwood, Sarah De Leeuw, S., Nicole Marie Lindsay, and Charlotte Reading (Eds). *Determinants of Indigenous Peoples Health in Canada: Beyond the Social* (Toronto: Canadian Scholar's Press, 2015); Margaret Kovach. *Indigenous Methodologies: Characteristics, Conversations, and Contexts* (Toronto: Toronto University Press, 2009); Debbie H. Martin (whose work is cited as footnote 16). In the writing by Kovach the author emphasizes how important it is to recognize the gold standard for Indigenous research is 'reciprocity' that is giving back knowledge to community members when one is doing research.

¹³ See bibliography that has full reference of authors writing about Indigenous methodology, knowledge, worldviews. For example: Patricia Monture-Angus, Jo-ann Archibald, Dale Auger, Marie Battiste, Gregory Cajete, Joseph Couture, William Ermine, Laara Fitznor, Fyre Jean Graveline, Michael A. Hart, Linda Tuhiwai Smith, and so on.

¹⁴ William Ermine, Raven Sinclair, and Bonnie Jeffery. *The Ethics of Research Involving Indigenous peoples*. (Saskatoon: Indigenous Peoples' Health Research Centre, 2004), 9.

- ¹⁵ Bagele Chilisa, *Indigenous Research Methodologies* (Los Angeles: Sage, 2012), 1.
- ¹⁶ Debbie H. Martin, "Two-Eyed Seeing: A Framework for Understanding Indigenous and Non-Indigenous Approaches to Indigenous Health Research L'approche a double perspective: un cadre pour comprendre les approches autochtones et non autochtones a la recherche en sante autochtone," *Canadian Journal of Nursing Research* 44, no.2(2012):21.
- ¹⁷ Linda Smith, *Decolonizing methodologies: Research and Indigenous people* (New York: Zed, 1999), 22.
- ¹⁸ Archibald, "Coyote learns to make a story basket, 8.
- ¹⁹ National Aboriginal Diabetes Association-Association Nationale Autochtone du Diabetes. *National Aboriginal Diabetes Association-Association Nationale Autochtone du Diabetes*. Winnipeg : pamphlet, n.d.
- ²⁰ Henry A. Puderer. *Urban Perspectives and Measurement*. Geography and Urban Paper Series. (Ottawa, ON: Paper Series 92F9138.
- ²¹ Puderer, Urban Perspectives and Measurement, 7.
- ²² Valerie Alia, *Un/Covering the North: News, Media, and Aboriginal peoples* (Vancouver: UBC Press, 1999).
- ²³ Alia, Un/Covering the North, 7.
- ²⁴ Ibid., 9.
- ²⁵ Marie Battiste and James (Sa'kejl) Youngblood Henderson, *Protecting Indigenous Knowledge and Heritage: A global Challenge* (Saskatoon: Purich Publishing Ltd., 2000), 9.
- ²⁶ Fyre Jean Graveline, *Circle Works: Transforming Eurocentric Consciousness* (Halifax: Fernwood Publishing, 1998), 41.
- ²⁷ Victor Masayeseva, "It shall not end anywhere: Transforming oral traditions" in *Talking on the Page: Editing Aboriginal Oral Texts*, eds. Laura J. Murray and Keren Rice (Toronto: University of Toronto Press, 1999), 92.
- ²⁸ Shawn Wilson, *Research is Ceremony: Indigenous Research Methods* (Winnipeg: Fernwood Publishing), 56.

²⁹ See, Dale Auger, “Empowerment through First Nation control of education: A Sakaw Cree philosophy of education,” in *First Nations in Canada: Perspectives on Opportunity, Empowerment, and Self-determination*, ed. John R. Ponting (Toronto: McGraw-Hill Ryerson Limited, 1997), 326; Laara Fitznor, “The circle of life: Affirming Aboriginal philosophies in everyday living,” in *Life Ethics in Word Religions*, ed. Dawn C. McCance (Atlanta: Scholars Press, 1998), 21.

³⁰ See Joseph Couture who quoted Elder Louse Crier in, “Native Studies and the Academy” in *Indigenous Knowledge in Global Context: Multiple Readings our World*, eds. George J. Sefa Dei, Budd Hall, and Dorothy Goldin Rosenberg (Toronto: University of Toronto Press, 2000), 159.

³¹ Couture, Native Studies and the Academy, 159.

³² See Shawn Wilson, *Research is Ceremony Indigenous Research Methods*. (Winnipeg: Fernwood Publishing).

³³ Wilson, Research is Ceremony, p. 39.

³⁴ Ibid., p.35.

³⁵ Michael Kearney, an anthropologist, has reviewed extensively the research of worldview from the field of anthropology and according to Kearney, “any functional human world view must take into account: self, other, relationship, classification, space, time, and causality.” See Michael Kearney, “Worldview Theory and Study,” *Annual Review of Anthropology* 4 (1975): 247-270. I have read many articles and books about worldviews and Michael Kearney’s definition takes into consideration the how the idea of self is important when discussing worldview and how you as a person have a relationship not only to people but to the world itself. For Aboriginal peoples there is recognition that there is not just one worldview for all Aboriginal peoples instead Aboriginal peoples of North America have differing world views which is related to where they locate themselves in North America since the environment is different for each geographical area in North America. For example, Aboriginal people from British Columbia who live close to the ocean will have a worldview related to the oceans and if they live in the mountains their worldview is related to how they live within the mountains. For further discussion, see Marlene-Brant Castellano, “Updating Aboriginal Traditions of Knowledge” in *Indigenous Knowledge in Global Context: Multiple readings*, eds. George J. Sefa, Budd L. Hall and Dorothy Goldin Rosenberg (Toronto: University of Toronto Press, 2000), 21-36.

³⁶ Michael A. Hart, *Seeking Mino-Pimatisiwin: An Aboriginal Approach to Helping* (Halifax: Fernwood Publishing, 2002), 56.

³⁷ Patricia Monture-Angus, *Thunder in my soul: A Mohawk woman speaks* (Halifax: Fernwood Publishing, 1995), 44-45.

³⁸ See Edward Benton-Banai, *The Mishomis Book: The Voice of the Ojibway* (Hayward: Indian Country Communications, 1988), 1.

³⁹ Jules Lavallee is an Ojibway Elder in Winnipeg, Manitoba who has been one of the many Elders who I discussed this topic with and have continuously kept in contact regarding this dissertation. He is an Elder I have known since I was 15 years old. In 2002 he came to The Canadian Society for the Study of Higher Education in Toronto for a book launch and I had offered him tobacco to discuss the dissertation.

⁴⁰ Eva Marie Garrouette, *Real Indians Identify and the survival of Native American*. (Berkeley: University of California Press, 1993), 8.

⁴¹ Linda Smith. *Decolonizing Methodologies: Research and Indigenous peoples*. (New York: Zed Books, 1999), 5.

⁴² Hart, *Seeking Mino-Pimatisiwin*, p.1.

⁴³ My mother attended Elkhorn residential school and my aunt Olive told me that when they were in that school they were punished if they spoke their language. Their hands were slapped with a ruler or they had to wash their mouth out with soap or they were hit on the head by the nuns. But, my aunt Olive said they still spoke the language when the nuns were not around so my mom and her siblings managed to keep their language. My mom said they re-learned the language when they came back because their parents did not speak English and they had to communicate with them in Nahayowak.

⁴⁴ Shawn Wilson, "Self as-relationship in Indigenous Research," *Canadian Journal of Native Education* 1 25 2: 91.

⁴⁵ National Aboriginal Diabetes Association-Association Nationale Autochtone du Diabetes. *National Aboriginal Diabetes Association-Association Nationale Autochtone du Diabetes*. Winnipeg : pamphlet, n.d.

⁴⁶ Jocelyn Bruyere, "Understanding about Type II Diabetes Mellitus among the Nehinaw (Cree)," Master's

thesis, University of Manitoba, 1998.

⁴⁷ Other researchers that urban Aboriginal peoples and how their perspective of diabetes stories after the initial 1999 article by Gregory et al., are: Hasu Gosh, "Urban Reality of Type 2 Diabetes among First Nations of Eastern Ontario: Western Science and Indigenous Perspectives," *Journal of Global Citizenship & Equity Education*, 2, no. 2 (2012): 1-24, accessed September 12, 2015, <http://journals.sfu.ca/jgcee/index.php/jgcee/article/viewFile/63/65> ; Jeff Reading, "Diabetes and the Urban Aboriginal population," Urban Aboriginal Knowledge Network-Research paper series, (2012): 1-22, accessed September 12, 2015, http://uakn.org/wp-content/uploads/2014/08/2012-UAKN-Research-Paper-Series_Diabetes-and-the-Urban-Aboriginal-Population_-Dr.-Jeff-Reading; Timothy M. Davis, Daniel McAullay, Wendy A. Davis, and David G. Bruce, "Characteristics and Outcomes of Type 2 Diabetes in Urban Aboriginal People: The Fremantle Diabetes Study," *International Medical Journal*, 37, no.1 (2007): 59-63; Samantha J. Thompson and Sandra M. Gifford, "Trying to keep a balance: The meaning of health and diabetes in an urban Aboriginal community." *Social Science and Medicine*, 51, no.10 (2000): 1457-1472; Gregory D. Whalley, "Exploring the experience of type 2 diabetes in urban Aboriginal peoples." *The Yoshitaka Iwasaki and Judy Bartlett*, "Stress coping among Aboriginal individuals with diabetes in an urban Canadian city: From woundedness to resilience," *Journal of Aboriginal Health*, (2006): 15-25.

⁴⁸ Gosh, Urban Reality, p. 158.

⁴⁹ Lynda Earle, *Traditional Aboriginal Diets and Health*, National Collaborating Centre for Aboriginal Health, http://www.nccahccnsa.ca/docs/nccah%20reports/1828_NCCAH_mini_diets_health. (Dec. 12, 2001).

⁵⁰ Ibid., 1.

⁵¹ In the academic literature traditional foods are also called country foods. There have been studies that have researched sources of traditional foods. See Malek Batal, Katherine Donald-Gray, Harriet V. Kuhnlein, and Olivier Receveur, "Estimation of traditional food intake in Indigenous communities in Denedeh and the Yukon," *International Journal of Circumpolar Health* 64, no. 1 (2005): 46-54; Jill

Lambden, Olivier Receveur, and Harriet V. Kuhnlein, "Traditional food attributes must be included in studies of food security in the Canadian Arctic," *International Journal of Circumpolar Health* 66, no. 4 (2007): 308-319; Wein, Eleanor E., "The traditional food supply of native Canadians. *Canadian Home Economics Journal* 44, no. 2 (1994): 74-77; Wein, Eleanor E. and Milton Freeman, "Frequency of traditional food use by three Yukon First Nations living in four communities," *Arctic* 48, no. 2 (1995): 161-171; Wein, Eleanor E., Jean Henderson-Sabry, and Frederick Evers, "Nutrient intake of native Canadian near Wood Buffalo National Park," *Nutrition Research* 44, no. 3 (1991): 15-31. These authors write the sources of traditional foods include large game such as deer, buffalo, wild sheep and goat, antelope, moose, caribou and bear; small game such as beaver, rabbit, squirrel, skunk, muskrat and raccoon, wild birds such as ptarmigan, ducks and geese; many varieties of fish; reptiles such as snakes, lizards and turtles, insects and eggs from a variety of species. For natives living near the sea, polar bear and seals (for example, ringed and harp), whales (for example beluga, narwhal and bowhead), and/or walrus are part of the diet. Plant foods where available are enjoyed and provide additional vitamins. For communities where green plant foods are unavailable, parts of animals such as caribou, whale and seal are sources of vitamins. According to Batal et. al more than 250 species of plants and animals are part of the rich framework of traditional food systems of the First Nations, Métis and Inuit in Canada and reliance on traditional food is still high in eight Denedeh (western portion of the Northwest Territories), and 10 Yukon communities.

⁵² See Brewster Keen, *from land to mouth: Understanding the food systems* (Toronto: NC Press Limited, 1993), 19. Brewster explains the process of how food is grown by large farming corporations and how Agriculture Canada will make decisions, based on large food corporation's policy, about what the small or local farmer should grow to ensure they are able to sustain their local farm business.

⁵³ Health Canada, "Part Two: Traditional Food Habits," in *Native Foods and Nutrition, Rev. 1994* (Ottawa: Published by the authority of the Minister of National Health and Welfare, 1994), 13.

⁵⁴ Health Canada, Part Two: Traditional Food Habits, p. 11.

⁵⁵ Cyndy Baskin, Bonnie Guarisco, Ruth Koleszar-Green, Ndyia McLanson and Cheryl Osawamick, *Struggles, strengths, and solutions: Exploring food security with young Aboriginal moms. Toronto: Canadian Urban Health Initiatives, April 2008,*

<http://www.ryerson.ca/content/dam/foodsecurity/Cyndy%20Baskin%20Report.pdf>

⁵⁶ In Olive Patricia Dickason, "First Meetings," in *A Concise History of Canada's First Nations* (Don Mills: Oxford University Press, 2010). Dickason gives an historical overview of how Europeans wrote about 'Indigenous Foods.'

⁵⁷ The treaty making process began with Friendship Treaties in 1701 and with the Royal Proclamation of 1763 prohibited the purchase of First Nation lands by any party other than the Crown. According to Aboriginal Affairs and Northern Development Canada web site (2010), "Between 1871 and 1921, the Crown entered into treaties with various First Nations that enabled the Canadian government to actively pursue agriculture, settlement and resource development of the Canadian West and the North known as the numbered treaties. The Numbered Treaties cover Northern Ontario, Manitoba, Saskatchewan, Alberta, and parts of the Yukon, the Northwest Territories and British Columbia." When the numbered treaties were made most had provisions for agriculture, according to J.W. Dashuk, Paul Hackett and Scott MacNeil (2012, p. 71-72). In treaty six there was a provision of food would be provided in the form of rations in case of famine according to Dickason (2010, p. 196).

⁵⁸ See John Milloy, *A National Crime: The Canadian Government and the Residential School System – 1876 to 1995* (Winnipeg: The University of Manitoba Press, 2003); John L. Steckley and Bryan D. Cummins, "Chapter Twelve: The Royal Proclamation and the Indian Act," in *Full Circle: Canada's First Nations*, Second Edition (Toronto: Pearson Hall, 2008) 121-132; John Tobias, "Civilization, Protection, Assimilation: An Outline of Canada's Indian Policy," *The Western Canadian Journal of Anthropology* 6, no. 2 (1976): 13-17. According Steckley and Cummins through the Indian Act tracts of land were set aside for First Nations people known as reserves and had limited movement without the permission of the Indian agent. According to Elder Jules Lavallee, "With reserves First Nations could not get their food such as wild game, specific plants and herb and this also meant they did not have a way to exercise ... before reserves people had to walk a long way to get their food and then carry it back. That was our exercise."

⁵⁹ In *A National Crime* by John Milloy the author dedicates one chapter (Chapter 6 p. 109-127) to discuss food and clothing from 1879-1946 in residential schools in Saskatchewan (Onion Lake), Manitoba

(Elkhorn), Yukon (Carcross), B.C. (Squamish) and other residential schools. He writes how most participants went to bed hungry or had to steal food or were punished with starvation. Harriet Kuhnlein and Olivier Receveur (1996) write “Mission schools, boarding schools, public health programs and nutrition education programs emphasizing the food known to the dominant culture have had their impact on children for more than 100 years” (p. 422). I have heard Elders talk about how residential schools impacted not only food choices but the cultural protocols related to food, such as praying over an animal once you have killed it to giving thanks for the food when it is served; the sharing of food instead of hoarding food; the stories related to food such as Iroquois Corn’s, Beans and Squash and so on; what plants and herbs to pick from the earth.

⁶⁰ Noreen Willows, “Determinants of Healthy Eating in Aboriginal Peoples in Canada,” *Canadian Journal of Public Health* 96 Supplement 3 (2005): S32-S36.

⁶¹ Health Canada, Part Two: Traditional Food Habits, 10.

⁶² Ibid., 10.

⁶³ See Fikret Berkes. and Carol S. Farkas, “Eastern James Bay Cree Indians: Changing patterns of wild food use and nutrition,” *Ecology of Food and Nutrition* 7 (1978):156.

⁶⁴ See Harriet Kuhnlein. “Change in the use of traditional foods by the Nuxalk Native People of British Columbia,” *Ecology of Food & Nutrition* 27 (1992): 261.

⁶⁵ Berkes and Farkas, Eastern James Bay Cree Indians, 156; Willows, Determinants of Healthy Eating, S. 32. See, also, Colin Samson and Jules Pretty, “Environmental and Health Benefits of Hunting Lifestyle and Diets for the Innu of Labrador,” *Food Policy* 31, no. 6 (2006): 528; Nancy K. McGrath-Hanna, Dana M. Greene, Ronald J. Tavernier and Abel Bult-Ito, “Diet and Mental Health in the Arctic: Is Diet and Important Risk Factor for Mental Health in Circumpolar Peoples?” *International Journal of Circumpolar Health* 62, no. 3 (2003): 228; Diane G., Redwood, Elizabeth D. Ferucci, Mary C. Schumacher, Jennifer S. Johnson, Anne P. Lanier, Lauri J. Helzer, Lillian Tom-Orme, Maureen A. Murtaugh, and Martha L. Slattery. “Traditional Foods and Physical Activity Patterns and Associations with Cultural Factors in a Diverse Alaska Native Population,” *International Journal of Circumpolar Health* 67, no. 4 (2008): 335.

⁶⁶ See Harriet Kuhnlein, Olivier, Receveur, Rula, Soueida, Rula, and Grace M. Egeland, "Arctic Indigenous Peoples Experience the Nutrition Transition with Changing Dietary Patterns and Obesity," *Journal of Nutrition* 134 (2004):1448.

⁶⁷ Earle, Traditional Aboriginal Diets and Health, 3.

⁶⁸ Reay Tannahill, *Food in History* (New York: Three Rivers Press, 1988): iii.

⁶⁹ Maquellonne Toussaint-Samat, *A History of Food* (United Kingdom: MPG Books, Ltd., 1992), 3. For discussions about the tomato see, Emory Dean Koeke and Kay Marie Porterfield, *American Indians Contributions to the World*, (New York: Checkmate Books, 2003) 267; Andrew Rimas, *Empires of Food, Feast, Famine, and the Rise and Fall of Civilizations* (New York: Free Press, 2010), 156-159.

⁷⁰ *Tohtonka*, directed by Charles Nauman (USA: Western Mania. 1966), Video.

⁷¹ See Caroline Walker Bynum, *Holy Feast and Holy Fast: The Religious Significance of Food to Medieval Women* (Berkeley: University of California Press, 1990). 56; Robert Farrar Capon, *The Supper of the Lamb: A Culinary Reflection* (New York: Random House, 2002); Sara Juengst, *Breaking Bread: The Spiritual Significance of Food* (Louisville: Westminster John Knox Press, 1992); Daniel Sack, *Whitebread Protestants: Food and Religion in American Culture* (New York: St. Martin's Press, 2000); Theodore G Tappert, *The Lord's Supper: Past and Present Practices* (Philadelphia: Muhlenberg Press, 1961).

⁷² See Hippocrates of Cos, Greece, 460-377 B.C.-Quotes, *Hippocrates: Encyclopedia Britannica*, <http://www.eb.com/Hippocrates> (November 12, 1997).

⁷³ Contact was made with the coordinator of this project, Dawn Morrison, with no response. However according to their website it seems there was no written documentation. This was a conference held in September 29 and 30th, 2011 at Port Alberni, Campbell River and Cape Mudge (Quadra Island) in British Columbia. It was the 5th Annual Traditional Foods Conference. The conference was hosted by Vancouver Island and Coastal Indigenous Food Network (VICIFN). Their website is: <http://www.Indigehousfoodsvi.ca>.

⁷⁴ Ayuukhl Nisga's and Nisga'a Tribal Council. *The Land and Resources, Traditional Nisga'a System of Land Use and Ownership* (New Aiyanshi: Wilp Wilxo'oskwahl Nisga'a Publications, 1995), 65.

⁷⁵ See Arthur C. Parker, "The Constitution of the Five Nations," in *Parker on the Iroquois*. ed. William N. Fenton (Syracuse: Syracuse University Press, 1968), 101.

⁷⁶ David Suzuki quotes a discussion he had with Simon Lucas in "A Personal Forward," in *Wisdom of the Elders: Sacred Native Stories of Nature*, ed. David Suzuki and Peter Knudson (Toronto: Bantam Books, 1992), xxxv.

⁷⁷ Siri Damman, Wenche Barth, and Harriet V. Kuhnlein, "Indigenous Peoples nutrition transition in a right to food perspectives," *Food Policy* 33, no. 2 (2008): 136.

⁷⁸ Devorah Leah Belinsky and Harriet V. Kuhnlein, "Macronutrient, mineral, and fatty acid composition of Canada goose (*Branta canadensis*): An important traditional food resource of the Eastern James Bay Cree of Quebec," *Journal of Food Composition and Analysis* 13, no. 2 (2000), 102.

⁷⁹ Mary-Ellen Kelm, *Colonizing Bodies: Aboriginal Health and Healing in British Columbia, 1900-50* (Vancouver: UBC Press, 1998), 26.

⁸⁰ See Jeanette Armstrong, *En'owkin: What it means to a Sustainable community* (British Columbia: Ecoliteracy Organization, October 24, 2009, <http://www.ecoliteracy.org/article/enowkin-what-it-means-sustainable-community> (Sept. 16, 2015); Judy Iseke-Barnes, "Living and writing Indigenous Spiritual resistance," *Journal of Intercultural Studies*, 24, no. 3 (2003) 229. Winona LaDuke, *All Our Relations: Native Struggle for Land and Life* (Cambridge: South End Press, 1999); Winona LaDuke, *Recovering the Sacred* (Cambridge: South End Press, 2005);

⁸¹ Olive Patricia Dickason, "First Meetings," in *A Concise History of Canada's First Nations* (Don Mills: Oxford University Press, 2010), 28.

⁸² Dickason, *First Meetings*, 30.

⁸³ Official Languages and Bilingualism Institute, *The First Nations*, http://www.slmc.uottawa.ca/?q=first_nations (Jan. 10, 2009).

⁸⁴ Dickason, *First Meetings*, 82.

⁸⁵ Kelm, *Colonizing Bodies: Aboriginal Health*, 31.

⁸⁶ Virgil Vogel, *American Indian Medicine* (New York: Ballantine Books Inc., 1973): 145 and 165. Other

authors that have commented on the health of Aboriginal peoples in the early Century when explorers came to the Americas. See Ales Hrdlicka, "Disease, Medicine and Surgery Among the American Aborigines," *Journal of the American Medical Association* XCIX, no. 20 (1937): 372-394. Writes about how dental pathology indicates Aboriginal peoples did not possess the same dental carries as Europeans. This indicating that Aboriginal peoples had a diet that was quite healthy; Whereas Robert McGhee et al., "Disease and the Development of Inuit Culture," *Current Anthropology* 35, no. 5 (1994) describes Inuit strength and physical strength that is obtained from the food they consume; Eric Stone, quoted in M. A. Weiner, *Earth Medicine-Earth Foods* (New York: Collier, 1972) discussed how Aboriginal people's health was impeccable before European contact.

⁸⁷ Albala, Ken, *Food in Early Modern Europe, 1500-1800* (Westport: Greenwood Press, 2003): 33.

⁸⁸ Eurocentric thought is where "life is viewed from a European lens" as quoted by Preiswerk, Roy Preiserk and Dominique Perrot (1978) in *Ethnocentrism and History: Africa, Asia, and Indian America in Western Textbooks* (New York: NOK Publishing), 22. See also Vassilis Lambropoulos, *The rise of eurocentrism: anatomy of interpretation* (New Jersey: Princeton University Press, 1993). There are numerous scholars and authors who write about Eurocentric thought which in itself is another dissertation topic.

⁸⁹ Dickason, *First Meetings*, 82.

⁹⁰ Kelm, *Colonizing Bodies: Aboriginal Health*, 26.

⁹¹ *Ibid.*, 26.

⁹² *Ibid.*

⁹³ In the book *The Whiteman's Indian* the author Robert Berkhofer describes how, "the first residents of the America's were by modern estimates divided into at least two thousand cultures and more societies, practiced a multiplicity of customs and lifestyle, held an enormous variety of values and beliefs, spoke numerous languages mutually unintelligible to the many speakers, and did not conceive of themselves as a single people." (3). He goes on to describe how the Spain, France and Britain through travel accounts and chronicles sent to Europe which were published and distributed to European society. He goes on to explain through time Europeans realized that there were many different tribes but the ideas that 'Indians' as a collective entity still remains in especially European countries.

⁹⁴Bridget Ann Henisch, *Fast and Feast: Food in Medieval Society* (The Pennsylvania State Press, University Park. 1976), 43 and 40.

⁹⁵ Peter C. Mancall, *Deadly Medicine* (New York: Cornell University Press, 1995), 14.

⁹⁶ Mancall, *Deadly Medicine*, 51.

⁹⁷*Ibid.*, 51.

⁹⁸ Edmund Carpenter, "Alcohol in the Iroquois Dream Quest," *Anthropology and Aesthetics* 1 (1981): 85.

⁹⁹ The term Whitification is a term I heard George Sefi Dei, an academic, use in a lecture at Ontario Institute in Studies of Education in 2001. He was speaking about White privilege where in critical theory, white privilege is a way of conceptualizing racial inequalities that focuses as much on the advantages that "white people" accrue from society as on the disadvantages that people of color experience. White privilege may be defined as the "unearned advantages of being White in a racially stratified society", and "has been characterized as an expression of institutional power that is largely unacknowledged by whitest individuals". See Helen A. Neville, Roger L. Worthington, and Lisa B. Spanierman, "Race, Power, and Multicultural Counseling Psychology: Understanding White Privilege and Color Blind Racial Attitudes" in *Handbook of Multicultural Counseling*, 2nd Edition, eds. Joseph C. Ponterotto, Manuel Casas, Lisa A. Suzuki and Charlene A. Alexander (Thousand Oaks: SAGE Publications, 2001), 263. George Dei spoke about how most theories of white privilege focus on European societal condition, since inequality between whites of privilege has been a long standing discussion, for example the Irish whites versus the British whites. In America the discussion has been focused on whites and non-whites such as British whites and Native Americans. For European and American academic theoretical the discussions have focused on how "whites of very little privilege" want to emulate "whites of privilege" or "keeping up with the Joneses." In American theoretical discussions it is not only whites wanting to "Keep up with the Joneses" but it is the non-whites wanting to keep up and in some cases the non-whites begin to "whitify" themselves by walking away from their culture such as their language, customs, food and so on, in order to become white or "Whitification of their culture". I looked in many academic journals to see if this word existed and I have not read it any place else and this term "Whitification" has turned up in radical discussion blogs but not in

academic journals, as far as I know. In any case the words Whitification has a similar meaning as Whitify except Whitification is much more overt in its process. Whitify, a verb, means where one is actively changing their cultural customs to become more of the dominant privileged white person. An exaggerated example is that of Michael Jackson who went as far as changing his facial structure to emulate the white person. Whereas Whitification, a noun, means where the dominant white cultural customs are introduced into one's culture in order that the minor culture begins to lose some of their cultural norms. Thus the Whitification of Aboriginal foods is not only the idea that white foods were introduced but that these white foods were introduced with the idea that they would eventually become part of the Aboriginal food systems, which it has and with devastating health effects.

¹⁰⁰ Christiana Miewald, "The nutritional impacts of European contact on the Omaha: A Continuing legacy," *Great Plains Research: A Journal of Natural and Social Science*, 5 (1995): 71, 83-86.

¹⁰¹ In searching for the origins of bannock in my undergrad years I had heard a speaker at a conference talk about the word bannoch and how it changed to bannock. I hadn't recorded the speakers name, not really knowing about recording information as non-recoverable data and have long since forgotten the conference. However according to Oxford Dictionary states the term bannoch stems from *panicium*, a latin word for "baked dough", or from *panis*, meaning bread. Its first cited use was in 1000, and its first cited definition in 1562. Its historic use was primarily in Scotland, Ireland and Northern England.

¹⁰² Patrick Young, Todd Paquin, Leah Dorion, and Darren Préfontaine. *Métis food and diet* (Saskatchewan: Gabriel Dumont Institute of Native Studies & Applied Research, n.d.).

¹⁰³ Young, Paquin, Dorian and Prefontaine, *Metis food and diet*, p. 2.

¹⁰⁴ Dickason, *First Meetings*, 166-167.

¹⁰⁵ *Ibid.*, 119, 163.

¹⁰⁶ *Ibid.* Also, after the Proclamation another important statute was the 'Gradual Civilization Act' or 'An act to Encourage the Gradual Civilization of Indian Tribes in this Province, and to Amend the Laws Relating to Indians' passed by the Province of Canada in 1857. This statute was the first to introduce the concept of enfranchisement or the process by which Aboriginal peoples[sic] lost their 'Indian' status and became full British subjects. The British colonial government viewed enfranchisement as a privilege for Aboriginal

peoples [sic] because they could gain their freedom from the protected 'Indian' status and gain the rights of full colonial citizenship, such as the right to own property. By introducing this statute, the Province of Canada began the strategies of civilization and assimilation of Aboriginal peoples [sic] so they could become civilized. Following the 'Gradual Civilization Act' the Province of Canada also introduced the 'The Gradual Enfranchisement Act' and act that sought to assimilate 'Indian' people into Canadian settler society by encouraging only 'Indian' men to seek enfranchisement. In order to do so, they had to over the age of 21, able to read and write in either English or French, be reasonably well educated, free of debt, and of good moral character as determined by a commission of non-Aboriginal [sic] examiners. The man who was married and if he decided to enfranchise his wife and children automatically lost their Indian status, regardless of whether or not they so desired. For further information about these Acts, see Chapter 9 from the Report of the Royal Commission on Aboriginal Peoples, 1996. See also John L. Steckley and Bryan D. Cummins, "Chapter Twelve: The Royal Proclamation and the Indian Act," in *Full Circle: Canada's First Nations*, Second Edition (Toronto: Pearson Hall, 2008); John Tobias, "Civilization, Protection, Assimilation: An Outline of Canada's Indian Policy," *The Western Canadian Journal of Anthropology* 6, no. 2 (1976): 13-17.

¹⁰⁷ Dickason, *First Meetings*, 188.

¹⁰⁸ *Ibid.*, 188.

¹⁰⁹ *Ibid.*

¹¹⁰ *Ibid.*, 188, 192, 196.

¹¹¹ In the Robinson's treaties they formalized the right of Indian chiefs to choose their own reserve grounds and also gave special hunting and fishing rights only if the land was not needed for settlement. Although the Aboriginal peoples [sic] had made demands during the Robinson Treaties they were largely denied, thus the government thought that later negotiations would be equally smooth and easy. Thus, the government, on the basis of precedent 20 years earlier with the Robinson Treaties, believed that the terms of the Robinson Treaties would be the only concessions necessary to procure binding agreements on the Prairies. Negotiators for the government informed the Treaty One Aboriginal peoples [sic] that they could not expect to gain any more concessions than the Aboriginal peoples [sic] in the East had gained, showing

the governmental attempt to adhere to precedent. Although the government had been forced to make oral concessions during the discussions for Treaties One and Two, as well as written assurances, later negotiators offered only a gratuity, annuities, and reserves to the Treaty Three bands. It was the government's expectation that this treaty could still be formulated according to the precedent of the Robinson Treaties. Further, with the negotiation of Treaty Six, the government offered only the terms common to all of the previous numbered treaties. In each case, the Government was denied their attempt to follow precedent and additional terms were added in these negotiated treaties. See Olive Patricia Dickason, 114, 171-2. 188.

¹¹² Dickason, First Meetings, 191-193.

¹¹³ It is thought that Hayter Reed, then the Assistant Indian Commissioner of Indian Affairs, drafted a lengthy "Memorandum on the future Management of Indians" which would become a template for Indian policy in Saskatchewan; it was approved by Dewdney as Commissioner of Indian Affairs, and by Sir John A. MacDonald as Prime Minister and Superintendent of General of Indian Affairs. The pass system was at first to be issued only to "Rebel Indians"; however, Macdonald insisted that the system should be applied to all First Nations. In early 1886, books of passes were issued to Indian agents, and subsequently First Nations people could not leave their reserve unless they had a pass signed by the Indian agent and describing when they could leave, where they could go, and when they had to return. For further information, see F. Laurie Barron, "A Summary of Federal Indian Policy in Canada West. 1967-1984," *Native Studies Review* 1, no. 1 (1984): 28-39.

¹¹⁴ Ibid., 29.

¹¹⁵ Kelm, *Colonizing Bodies: Aboriginal Health*, 27.

¹¹⁶ J.W. Dashuk, Paul Hackett and Scott MacNeil, "Treaties and Tuberculosis: First Nations People in Late-Nineteenth-Century Western Canada, A Political and Economic Transformation" in *Aboriginal History: A Reader*, eds., Kristin Burnett and Geoff Read (Don Mills: Oxford University Press, 2012), 71-72.

¹¹⁷ Dickason, First Meetings, 192.

¹¹⁸ Jill St. Germain, *Indian Treaty Making Policy in the United States and Canada: 1867-1877* (Nebraska: University of Nebraska Press, 2001), 42.

¹¹⁹ Maureen Lux, *Medicine that walks: Disease, Medicine and Canadian Native Plains people, 1880-1940* (Toronto: University of Toronto Press, 2001), 36.

¹²⁰ Leo Waisberg and Tim E. Holzkamm, "A tendency to discourage them from cultivating Ojibway agriculture and Indian Affairs administration in Northwestern Ontario," *Ethnohistory*, 40, no.2 (1993): 175.

¹²¹ Dicakson, *First Meetings*, 193.

¹²² *Ibid.*, 196.

¹²³ Alvin Finkel, "The Fur Trade and Early European Settlement," in *Working People in Alberta: A History*, ed. Alvin Finkel (Edmonton: Athabasca Press, 2012), 35.

¹²⁴ Finkel, *The fur trade*, 35.

¹²⁵ Gerald Friesen, *The Canadian Prairies: A History* (Toronto: Toronto University Press, 2004) 150.

¹²⁶ Lux, *Medicine that Walks*, 4.

¹²⁷ Milloy, *A National Crime*, 21.

¹²⁸ The Indian act enacted the conditions for being Indian, the most prevalent one was any woman that married an Indian man could be considered an Indian and could be allowed to live and even be buried on reserve. These women also received other cultural and social benefits by gaining Indian status. However, any Indian women who married a White European male were now considered a member of Canadian society and she lost her status. Also in the Indian Act Metis were originally named half-breeds and all half-breeds were not entitled to Indian Status. This included especially included Metis who received scrip-transferable land or cash allowance that were issued on paper certificates. See Canada. *Indian Act*. R.S.C. Section 5, 6, 7. C I-5. (Ottawa: Minister of Justice, 1985) 5,6.

¹²⁹ Jacqueline Peterson and Jennifer S.H. Brown, *The New Peoples: Being and Becoming Metis in North America* (Winnipeg: The University of Manitoba Press, 1985), 4.

¹³⁰ See Canada. *Indian Act*. R.S.C. Section Indian Timber and Harvesting. (Ottawa: Minister of Justice, 1985).

¹³¹ Reginald Parsons and Gordon Prest, "Aboriginal Forestry in Canada," *The Forestry Chronicle* 79, no.4 (2003): 779.

¹³² It is thought that Hayter Reed, then the Assistant Indian Commissioner of Indian Affairs, drafted a lengthy “Memorandum on the future Management of Indians” which would become a template for Indian policy in Saskatchewan; it was approved by Dewdney as Commissioner of Indian Affairs, and by Sir John A. MacDonald as Prime Minister and Superintendent of General of Indian Affairs. The pass system was at first to be issued only to “Rebel Indians”; however, Macdonald insisted that the system should be applied to all First Nations. In early 1886, books of passes were issued to Indian agents, and subsequently First Nations people could not leave their reserve unless they had a pass signed by the Indian agent and describing when they could leave, where they could go, and when they had to return. For further information, see F. Laurie Barron, “A Summary of Federal Indian Policy in Canada West. 1967-1984,” *Native Studies Review* 1, no. 1 (1984): 28-39.

¹³³ *Ibid.*, 36.

¹³⁴ Dickason, *First Meetings*, 148.

¹³⁵ John S. Milloy, *A National Crime* (Winnipeg: University of Manitoba Press, 1999), 20.

¹³⁶ Dickason, *First Meetings*, 151.

¹³⁷ *Ibid.*, 228.

¹³⁸ *Ibid.*, 229.

¹³⁹ *Ibid.*, 230.

¹⁴⁰ Royal Commission on Aboriginal Peoples. “Chapter 10: Residential Schools,” in *Report of the Royal Commission on Aboriginal Peoples: Looking Forward, Looking Back-Volume 1* (Ottawa: the Royal Commission on Aboriginal Peoples, 1996), 309.

¹⁴¹ See Celia-Haig Brown, “Chapter Nine: Residential Schools” in *Aboriginal History: A Reader*, edited by Kritin Burnett and Geoff Read Ontario Oxford University Press (2012), 220=251. She gives a quick overview of how residential schools started from Eastern Canada to Western Canada. More detailed information can be read in John Milloy, *A National Crime* (xxxx).

¹⁴² Haig-Brown, *Residential Schools*, 224.

¹⁴³ Susan Zimmerman, “The Revolving door of despair: Aboriginal Involvement in the Criminal Justice

System,” *UBC Law Review Special Edition* (1992): 369.

¹⁴⁴ Milloy, *A National Crime*, 23.

¹⁴⁵ *Ibid.*, 52.

¹⁴⁶ *Ibid.*, 34-35.

¹⁴⁷ *Ibid.*, 68.

¹⁴⁸ Truth and Reconciliation of Canada, *Survivors Report: A report of the Truth and Reconciliation Commission of Canada*,” (Ottawa: Truth and Reconciliation of Canada, 2015), 95. Accessed September 15, 2015, http://www.trc.ca/trcinstitution/File/2015/Findings/Survivors_Speak_2015_05_30web_o.pdf.

¹⁴⁹ Assembly of First Nations. *Breaking the Silence: An Interpretive Study of Residential School Impact and Healing as Illustrated by the Stories of First Nations Individuals*. (Ottawa: Assembly of First Nations, 1994).

¹⁵⁰ Milloy, as quoted in, N.A.C. RG 10, Vol. 6320, File 658-1, MR C 9802, D.C. Scott to E. Mears, 11 January 1924. Edward B’s letter, dated 14 December 1923. Note: Milloy citations relating to files in the closed Department of Indian Affairs collection have been written according to the restrictions of the Privacy Act, as such Milloy’s citations begin the initials INAC, N.A.C RG and so on). Milloy, *A National Crime*, 109.

¹⁵¹ Milloy, as quoted in, N.A.C. RG 10, Vol. 6320, File 658-1, MR C 9802. D.C. Scott to F. Mears, 11 January 1924. *Ibid.*, 109.

¹⁵² Milloy, as quoted in, N.A.C. RG 10, Vol. 6309, File 654-1, MR C 8685, Inspection Report on Gordon’s School, 14 May 1930; and Vol. 6479, File 940-1 (1-2), MR C 8794, E. Stockton to Deputy Superintendent General of Indian Affairs, 23 June 1912. *Ibid.*, 120.

¹⁵³ Milloy, as quoted in, N.A.C. RG 10, Vol. 6479, File 940 (1-2), MR C 8794, E. Stockton to Deputy Superintendent General of Indian Affairs, 23 June 1912. Milloy, also writes, ‘as well, there is evidence that either by the Department or churches some community complaints were effectively silenced.’ Milloy goes on to give an example of, ‘ Chief Bignell, representing the Band Council of The Pas, and the Halfbreed Association admitted to D.J. Allen that they had withheld their concern over the treatment of the children in Elkhorn and that still they were afraid to press their complaints too strongly to the Principal as they were

worried that he would take it on the youngsters” (N.A.C.RG 10, Vol. 6262, File 578-1 [4-], MR C 8653, Chief and Band Council of the Pas and the Half-Breed Association of the Pas to D.J. Allean, 31 January 1944; and D.J. Allan to R. Hoey, 4 March 1944). Ibid., 114.

¹⁵⁴ Milloy, as quoted in, N.A.C. RG 10, Vol. 6479, File 940-1 (1-2), MR C 8794, H. Grant to Superintendent General of Indian Affairs, 5 February 1940. Ibid.

¹⁵⁵ Ibid.

¹⁵⁶ Jennifer Hopkinson, Peter H. Stephenson, and Nancy J. Turner, “Changing Traditional Diet and Nutrition in Aboriginal peoples of Coastal British Columbia,” in *A Persistent Spirit: Towards Understanding Aboriginal Health in British Columbia*, eds. Peter H. Stephenson, Susan J. Elliott, Leslie T. Foster, and Jill Harris (Victoria: University of Victoria Press, 1995), 139-142.

¹⁵⁷ Health Canada, “Chapter One: Diabetes,” in *Diabetes in Canada*, 2nd ed. (Ottawa: Printed by the Authority of the Minister of Health, 2002) 19.

¹⁵⁸ Health Canada, Chapter One: Diabetes, 22.

¹⁵⁹ Ibid., 23.

¹⁶⁰ Patricia Reaney, “Obesity/Diabetes Could Hit Life Expectancy-Experts,” in Diabetes News [electronic newsletter] (Milpitas, Calif.: Life Scan, 2004-[cited 4 June 2004]), Available from <http://www.lifescan.com/care/news/dn052804-1/>.

¹⁶¹ See Christine Winzer, Oswald Wagner, Andreas Festa, Barbara Schneider, Michael Roden, Dagmar Bancher-Todesca, Giovanni Pacini Tohru Funahashi, and Alexandra Kautzky-Willer, “Plasma Adiponectin Insulin Sensitivity and Sub-Clinical Inflammation in Women with Prior Gestational Diabetes Mellitus,” *Diabetes Care* 27 (2004):1721.

¹⁶² There are many authors who discuss type two diabetes being prevalent in the Aboriginal population; however, the article by T. Kue Young and associates summarizes the historical and current findings of type two diabetes in Aboriginal peoples. See Kue Young, Jeff. Reading, Brenda. Elias, and John. O’Neil, “Type 2 diabetes mellitus in Canada’s First Nations: Status of an epidemic in progress,” *Canadian Medical Association Journal* 132 (1985): 561-566.

¹⁶³ Kelly. M. West, “American Indians and other Native populations of the New World,” *Diabetes* 23

(1974): 841-855

¹⁶⁴ West, American Indians, 843.

¹⁶⁵ Otto Schaefer. "Glycosuria and diabetes mellitus in Canadian Eskimos," *Canadian Medical Association Journal* 99 (1968): 201-06; Schaefer, Otto, "Glucose tolerance testing in Canadian Eskimos: a preliminary report and a hypothesis," *Canadian Medical Association Journal* 99 (1968): 252-62; T. Kue Young and Lynn L. McIntyre, "Prevalence of diabetes mellitus among the Cree-Ojibwa of Northwestern Ontario," *Circumpolar Health* 84 (1984): 276.

¹⁶⁶ T. Kue Young, Michael Moffatt, and Norma Ling, "Risk Factors for Diabetes among Northern Indians," *Arctic Medical Research* 47 (1988): 445-8. This article has a good summary of the research prior to 1988 that indicates the diagnostic and descriptive cases based on physician diagnosis.

¹⁶⁷ See Susan Evers, Eric McCracken, Irwin Antone, and George Deagle, "The prevalence of diabetes in Indians and Caucasians living in southwestern Ontario," *Canadian Journal of Public Health* 78 (1987): 240-43; T. Kue Young, Eموke Szathmary, Susan Evers, and Brian Wheatley, "Geographical distribution of diabetes among the native population of Canada: A national survey," *Social Science Medicine* 31 (1990): 129-39.

¹⁶⁸ Statistics Canada, *The 1991 Aboriginal Peoples survey: language, tradition, health, lifestyle and social issues* (Ottawa: Statistics Canada: 1993), 6.

¹⁶⁹ The National Diabetes Surveillance System (NDSS), *The National Diabetes Surveillance System* (Ottawa: Health Canada, 1999), 2.

¹⁷⁰ The National Diabetes Surveillance System (NDSS), National Diabetes Surveillance System, 3.

¹⁷¹ Tanya MacNeil, "ACCULTURATION/Acculturation," in *Dictionnaire International des Termes Littéraires*, ed. Jean-Marie Grassim [electronic dictionary], Vita Nova [cited 9 June 2004]; available from <http://www.dit/info/art/definition.php?term=108>.

¹⁷² James Q. Jacobs, "Non-Insulin-Dependent Diabetes Mellitus: Thrifty Genotype or Thrifty Phenotype?" (1999). [online] 1991. [cited 04 June 2004]. <<http://www.jqjacobs.net/southwest/diabetes.html>>.

¹⁷³ Jacobs, Non-Insulin Dependent Diabetes, 15.

¹⁷⁴ There are numerous authors that cite this theory. See Roland F. Dyck, Helena Klomp, Leonard Tan,

“From Thrifty Genotype to Hefty Fetal Phenotype: The relationship between High Birth weight and diabetes in Saskatchewan Registered Indians,” *Canadian Journal of Public Health* 92, no.5 (2001): 340-44; David J. Pettitt, Peter H. Benner, Mohammed F. Saad, Marie A. Charles, Robert G. Nelson, and William C. Knowler, “Abnormal glucose tolerance during pregnancy in Pima Indian women: Long term effects on offspring,” *Diabetes*, Supplement 2, no. 40 (1991): 126-30; David J. Pettitt, Robert G. Nelson, Mohammed F. Saad, “Diabetes and obesity in the offspring of Pima Indian women with diabetes during pregnancy,” *Diabetes Care* 6, 1 (1993): 310-14; Hilary King, “Epidemiology of glucose intolerance and gestational diabetes in women of childbearing age,” *Diabetes Care* Supplement 2, no. 21 (1998): B0-13; Stewart B. Harris, Laura E. Caulfield, Mark E. Sugamori, Elaine E. Whalen, and Beth Henning, “The epidemiology of diabetes in pregnant Native Canadians,” *Diabetes Care* 20, no. 9 (1997): 1422-25; Shaila Rodrigues, Elizabeth Robinson, and Katherine Gray-Donald, “Prevalence of gestational diabetes mellitus among James Bay Cree Women in Northern Quebec,” *Canadian Medical Association Journal* 160 (1999):1293-97; Marshall Goodwin, Margaret Muirhead, Jacob Huynh, Bruno Helt, and Joanne Grimmer, “Prevalence of gestational diabetes mellitus among Swampy Cree women in Moose Factory, James Bay,” *Canadian Medical Association Journal* 160 (1999): 1299-1302.

¹⁷⁵ See Robert Hegle, Cao Henian, Anthony Hanley, Bernanrd Zinman, Stewart Harris and Carol Anderson, “Clinically Utility of HNF1A Genotyping for Diabetes in Aboriginal Canadians,” *Diabetes Care* 23, no. 6 (2000): 775-778.

¹⁷⁶ Robyn McDermott, “Ethics, epidemiology and the thrifty gene: biological determinism as a health hazard,” *Social Science Medicine* 47, no. 9 (1998): 1189-95.

¹⁷⁷ See The Canadian Pediatric Society, “Diabetes and First Nations,” *The Canadian Journal of Pediatrics* 1, no. 7 (2005): 222-24. This article gives an overview of the reasons why diabetes is increasing in the Aboriginal community from the perspective of epidemiological data sources. The focus of the article is about the environmental factor of obesity and how obesity can be associated with Type 2 diabetes.

¹⁷⁸ Ruben Warren, Ballus Walker and Vincent Nathan, “Environmental Factors Influencing Public Health and Medicine: Policy Implications”, *Journal of Medical Association* 94, no.4 (2002): 185-193. This article identified environmental factors as exposure to environmental agents, reproductive toxicity, pulmonary

disease, neurobehavioral toxicity, endocrine disruptors, mechanisms of environmental disease, and cultural competences (185). Cultural competences were the need for “the enhancement of minority health and to increase the diversity of students entering environmental health research” (190). There are other authors who also explain environmental factors using the same definitions possibly there are authors who have written about environment as other definitions however I have not been able to locate these articles.

¹⁷⁹ Joseph Couture, “Explorations in Native knowing” in *The Cultural Maze: Complex Questions in Native Destiny in Western Canada*, ed. John W. Friesen (Calgary: Detselig Enterprises, 1991) 56.

¹⁸⁰ In 1985 Kue Young and associates conducted research in four communities in northwestern Ontario and northeastern Manitoba and they documented prevalence rates 53.1 per 1000 population for ages 25-44 and 125.5 per 1000 for ages 45-64. See Kue T. Young, Lynn L. McIntyre, Joseph Dooley, and Jude Rodriques, “Epidemiologic features of diabetes mellitus among Indians in northwestern Ontario and northeastern Manitoba,” *Canadian Medical Association Journal* 132 (1985): 793-797. Other studies document similar figures for prevalence rates using a variety of survey methods and diagnostic criteria. See Susan Evers, et.al. “The prevalence of diabetes in Indians and Caucasians living in Southwestern Ontario.” *Canadian Journal of Public Health*, 78 (1987): 240-243; Margaret Louis, Anne. C. Macaulay, and Naomi Adelson, “Diabetes mellitus in Mohawk of Kahnawake, PQ: A clinical and epidemiologic description,” *Canadian Medical Association Journal* 141 (1989): 549-552; Kue T. Young, ed. *Diabetes in the Canadian Native population: Bicultural perspectives* (Toronto: Canadian Diabetes Association, 1987).

¹⁸¹ See Heather .J. Dean, Ron.L. Mundy, and Micheal. Moffatt, “Non-insulin-dependent diabetes mellitus in Indian children in Manitoba,” *Canadian Medical Association Journal* 147, no. 1 (July 1992): 52-57. Others researchers who have also documented the prevalence rates for diabetes for children, under 16 years of age, is increasing. See Jamie. F. Blanchard, Heather. Dean, Krista. Anderson, Ann. Wadja, Sara. Ludwig, and Noella. Depew. “Incidence and prevalence of diabetes in children age 0-14 years in Manitoba: 1985-1993,” *Diabetes Care* 20, no. 4 (April 1996): 512-15.; Heather. Dean, “NIDDM-Y in First Nation Children in Canada,” *Clinical Pediatrics* 37 (February, 1998): 89-96; Stewart B. Harris, Bruce. A. Perkins, and Elaine Whalen-Brough, “Non-insulin-dependent diabetes among First Nations children,” *Canadian Family Physician* 42 (May 1992): 869-876; Kue.T. Young, Pat J. Martens, Shayne P. Taback, Elizabeth

A.C. Sellers, Heather .J. Dean, Mary Cheang, and Bertha Flett, "Type 2 Diabetes Mellitus in Children," *Arch Pediatrics Adolescence Medicine* 156 (July 2002): 651-55.

¹⁸² Verna Kirkness, "Giving voice to our ancestors," *Canadian Journal of Native Education* 19, no.2 (1992): 146.

¹⁸³ Julie Sunday, John Eyles, and Ross Upshur. "Applying Aristotle's doctrine of causation to Aboriginal and biomedical understanding of diabetes," *Culture, Medicine and Psychiatry* 25, no. 10 (2001): 63-85.

¹⁸⁴ Sunday, Eyles and Upshur, Applying Aristotle's doctrine, 63.

¹⁸⁵ Jocelyn Bruyere, "Understandings About Type II Diabetes mellitus Among the Nehinaw (Cree)" (Master's thesis, University of Manitoba, 1998), 4.

¹⁸⁶ Bruyere, Understandings About Type II, 146.

¹⁸⁷ See Mark Daniel, Lawrence Green, Stephen A. Marion, Diane Gamle, Carol P. Herbert, Clyde Hetzman, and Sam B. Sheps, "Effectiveness of Community Directed Diabetes Prevention and Control in a Rural Aboriginal Population in British Columbia, Canada," *Social Science and Medicine* 48 (1999): 815-832; Clare M. Heffernan, "Diabetes and Aboriginal Peoples: The Haida Gwaii Diabetes Project in a Global Perspective," in *A Persistent Spirit Towards Understanding Aboriginal Health in British Columbia*, eds. Susan J. Elliott, Leslie T. Foster, Peter H. Stephenson, and Jill Harris (Victoria: Western Geographic Press, 1995), 261-296; Ann C. Macaulay., Gilles Paradis, Louise P. Potvin, Edward J. Cross, Chantal Saad-Haddad, Alex McComber, Serge Desrosier, Rhonda Kirby, Louis T. Montour, Donna L. Lamping, Nicole Leduc, and Michele Rivard, "The Kahnawake Schools Diabetes Prevention Project: Intervention, Evaluation and Baseline Results of a Diabetes Primary Prevention Program with a Native Community in Canada," *Preventative Medicine* 26 (1997): 779-90.

¹⁸⁸ *The Sweetness in Life: A Diabetes Story*. 13-part national television series, video, 285 min. Blue Hills Productions, Canadian Diabetes Association, Saskatoon, 2002.

¹⁸⁹ *First Nations Fights Diabetes: Kahnawake, Sandy Lake, Watched Closely*, prod. and dir. Kathryn Blair, 71 min., Raw Radio, 30 Jan. 2002, radio commentary; *Food Stories: Diabetes and Diet*, prod. Eva Savony, 12 min., CBC Radio, 16 Jan. 2004, radio commentary.

¹⁹⁰ Alia, Un/Covering the North, .92.

¹⁹¹ Mark Nagler, *Indians in the City* (Ottawa: Canadian Research Centre for Anthropologist, St. Pauls University, 1970); Edgar J. Dosman, *Indians: The Urban Dilemma* (Toronto: McClelland and Stewart Limited, 1972); Larry Krotz, *Urban Indians: The Strangers in Canada's Cities* (Edmonton: Hurtig Publishers, 1980).

¹⁹² Evelyn Peters, "Aboriginal People in Urban Areas," in *Visions of the Heart: Canadian Aboriginal Issues*, eds. David Long and Olive Patricia Dickason (Toronto: Harcourt Canada, 2000): 243.

¹⁹³ Peters, Aboriginal People in Urban Areas, 243.

¹⁹⁴ Evelyn Peters, "Urban and Aboriginal: An Impossible Contradiction?" in *City Lives and City Forms: Critical Research and Canadian Urbanism*, eds. Jon Caulfield and Linda Peake (Toronto: University of Toronto Press, 1996): 53-60.

¹⁹⁵ Peters, Urban and Aboriginal, 55.

¹⁹⁶ See Brian Schnarch, "Ownership, Control, Access and Possession (OCAP) or Self-determination applied to research: A Critical Analysis of Contemporary First Nations Research and Some Options for First Nations Communities," *Journal of Aboriginal Health* 1, no. 1 (2004):80-81. Schnarch gives an overview of research conducted in communities from colonial powers and how communities are wanting change to benefit their communities and the health of the people.

¹⁹⁷ See endnote 8 Chapter one for explanation of status Indian and Metis.

¹⁹⁸ Bill C-31 is an act to the Amendment to the Indian Act, which was passed in April 15, 1985 to coincide with the Charter of Rights and Freedoms, to restore band membership to thousands of women who lost their Indian Status when they married non-Indians or non-status Indians, which includes Metis men. The enactment of Bill C-31 redefined who is and who is not an Indian within the meaning of the Indian Act. See Janet Silman, *Enough is Enough: Aboriginal Women Speak Out* (Toronto: The Women's Press, 1987): 212.

¹⁹⁹ See Robert F. Berkhofer, Jr., *The Whiteman's Indian* (New York: Random House Publishing, 1979): 4, 5. Berkhofer explains how the word Indios was the Spanish word for people from India and Indios was a synonym for all of Asia east of the river Indus at the time and the Indies. Even after the geography was corrected the Spanish continued to use the word Indios for all peoples of the new world and now los Indios

means all Indians regardless if they are from India, West Indies, South America, North America.

²⁰⁰ Statistics Canada, *Aboriginal Peoples Survey* (Ottawa: Printed by Government of Canada, 1996), 22.

²⁰¹ United Way Winnipeg, *2003 Environmental Scan and Winnipeg Census Data*, 21.

²⁰² Renee Dussault and George Erasmus, "Royal Commission Aboriginal Peoples in Urban Centers: Report of the National Round Table on Aboriginal Urban Issues," *Royal Commission on Aboriginal Peoples*. [online]. 1996. [cited 12 June 2004]. <<http://www.ubcic.bc.ca/RCAP.htm>>.

²⁰³ John Loxley and Fred Wein, "Urban Aboriginal Economic Development," in *Not Strangers in these parts: Urban Aboriginal peoples*, eds. David Newhouse and Evelyn Peters (Canada: Policy Research Initiative, 2003), 224.

²⁰⁴ Dussault and Erasmus, *Royal Commission Aboriginal Peoples*, n.p.

²⁰⁵ See Calvin Hanselmann, *Urban Aboriginal People in Western Canada: Realities and Policies* (Calgary: Canada West Foundation, 2001), 14.

²⁰⁶ Loxley and Wein, *Urban Aboriginal Economic Development*, 217.

²⁰⁷ George J. Sefa Dei, "Introduction," in *Indigenous Knowledge in Global Contexts: Multiple Readings of Our World*, eds. George J. Sefa Dei, Budd L. Hall, and Dorothy Goldin Rosenberg (Toronto: University of Toronto Press, 2000), 9.

²⁰⁸ Marie Battiste, "Indigenous Knowledge and Pedagogy in First Nations Education A Literature Review with Recommendations" (National Working Group on Education and the Minister of Indian Affairs Indian and Northern Affairs Canada (INAC), Ottawa, 2002), 6.

²⁰⁹ Battiste, *Indigenous Knowledge and Pedagogy*, 4.

²¹⁰ Dei, Hall, and Rosenberg. *Indigenous Knowledge in Global Contexts*, 114; Battiste and Youngblood Henderson, *Protecting Indigenous Knowledge*, 9.

²¹¹ Dei, Hall, and Rosenberg, *Indigenous Knowledge in Global Contexts*, 114.

²¹² Castellano, *Updating Traditional Knowledge*, 29.

²¹³ See Marie Battiste, "Maintaining Aboriginal Identity, Language and Culture in Modern Society," in *Reclaiming Indigenous Voice and Vision*, ed. Marie Battiste (Vancouver: UBC Press, 2000), 192-3.

²¹⁴ Battiste, *Maintaining Aboriginal Identity*, 193.

- ²¹⁵ George J. Sefa Dei, "Rethinking the role of Indigenous Knowledges in the academy," *International Journal of Inclusive Education* 4, 2 (2000): 118.
- ²¹⁶ Dei, Rethinking the role of Indigenous Knowledge, 120.
- ²¹⁷ See Daniel Chandler, "Chapter 2: The Medium of Language," in *The Act of Writing: A Media Theory Approach* (Aberystwyth: University of Wales, 1995), 16. In this Chapter Chandler gives a historical overview of how "Sapir-Whorf Hypothesis" emerged.
- ²¹⁸ See Benjamin Lee Whorf, "Introduction," in *Language, thought and Reality: Selected Writings of Benjamin Lee Whorf*, eds. John B. Carroll and Benjamin Lee Whorf (Cambridge: MIT, 1956): 1.
- ²¹⁹ Battiste and Youngblood Henderson, *Protecting Indigenous Knowledge*, 9.
- ²²⁰ Norbert S. Hill Jr., ed. *Words of Power: Voices from Indian America* (Colorado: Fulcrum, 1994).
- ²²¹ Oscar A. Kawagley, *A Yupiaq World View: A Pathway to Ecology and Spirit* (Illinois: Waveland Press, 1993), 18.
- ²²² Shawn Wilson, "What is an Indigenous Research Methodology?" *Canadian Journal of Native Education* 25, no. 2 (2000): 177.
- ²²³ Dr. Erica-Irene Daes, *Working Paper: Special Rapporteur of the Working Group on Indigenous Populations* (New York: United Nations, 1994): para. 8, quoted in Marie Battiste and James (Sa'ke'j) Youngblood Henderson, in *Protecting Indigenous Knowledge and Heritage*, (Saskatoon: Purich Publishing Ltd., 2000), 18.
- ²²⁴ Castellano, *Updating Traditional Knowledge*, 25.
- ²²⁵ Battiste and Youngblood Henderson, *Protecting Indigenous Knowledge*, 48.
- ²²⁶ Laura Murray and Keren Rice, "Introduction," in *Talking on the page: Editing Aboriginal Oral Texts*, eds., Lara Murray and Keren Rice (Toronto: University of Toronto Press, 1999), xiv.
- ²²⁷ Castellano, *Updating Traditional Knowledge*, 27.
- ²²⁸ David F. Peat, *Lightening the Seventh Fire: The Spiritual Ways, Healing, and Science of the Native American* (Toronto: Canadian Manda Group, 1994), 75.
- ²²⁹ Michael A. Hart, *Seeking Mino-Pimatisiwin: An Aboriginal Approach to Helping* (Halifax: Fernwood Publishing, 2002), 56.

- ²³⁰ Kim Anderson, *A Recognition of Being: Reconstructing Native Womanhood* (Toronto: Second Story Press, 2000), 21.
- ²³¹ Joseph Couture, "Native Studies and the academy," in *Indigenous Knowledge in Global Context: Multiple Readings of our World*, eds. George J. Sefa Dei, Budd L. Hall, and Dorothy Goldin Rosenberg (Toronto: University of Toronto Press, 2000), 25, 159.
- ²³² Simon Ortiz, *The Woven Stone* (Tucson: University of Arizona Press, 1992), 62.
- ²³³ Gregg Saris, *Keeping Slug Woman Alive: A Holistic Approach to American Indian Texts* (Los Angeles: University of California Press, 1993), 9.
- ²³⁴ Battiste and Youghblood Henderson, *Protecting Indigenous Knowledge*, 36.
- ²³⁵ Allen J. Ryan, *The Trickster Shift: Humor and Irony in Contemporary Native Art* (Vancouver: UBC Press, 1999), 168.
- ²³⁶ Ryan, *The Trickster Shift*, 168.
- ²³⁷ The Oxford English Dictionary describes a double-entendre as being used to "convey an indelicate meaning." It is a figure of speech in which a spoken phrase is devised to be understood in either of two ways where typically one of the interpretations is rather obvious whereas the other is more subtle. The more subtle of the interpretations may have a humorous, ironic, or risqué purpose. It may also convey a message that would be socially awkward, or even offensive, to state directly. A double entendre may exploit puns to convey the second meaning. Double entendres may also rely on multiple meanings of words, or different interpretations of the same primary meaning. They often exploit ambiguity and may be used to introduce it deliberately in a text. Sometimes a homophone, that is a different spelling that yields the same pronunciation can be used as a pun as well as a "double entendre" of the subject.
- ²³⁸ Kimberley Blaeser, "Writing voices speaking: Native authors and an oral aesthetic," in *Talking on the page: Editing Aboriginal Oral Texts*, eds., Lara Murray and Keren Rice (Toronto: University of Toronto Press, 1999), 54.
- ²³⁹ Blaeser, *Writing voices speaking.*, 49.
- ²⁴⁰ Lee Maracle, *Oratory: Coming to Theory*. (North Vancouver: Gallerie Publications, 1990), 3.
- ²⁴¹ See Susan Berry Brill de Ramirez, "Introduction", in *Contemporary American Indian Literatures and*

the Oral Tradition (Tucson: The University of Arizona Press, 1999), 2.

²⁴² See Laura Murray and Keren Rice, "Introduction," in *Talking on the page: Editing Aboriginal Oral Texts*, eds., Lara Murray and Keren Rice (Toronto: University of Toronto Press, 1999), xix.

²⁴³ Castellano, *Updating Traditional Knowledge*, 27.

²⁴⁴ Ibid.

²⁴⁵ Ibid.

²⁴⁶ Ibid., 33.

²⁴⁷ Rupert Ross, *Dancing with a Ghost: Exploring Indian Reality* (Markham: Reed Books, 1992), 48.

²⁴⁸ Diane Glancy, *Claiming Breath* (Nebraska: University of Nebraska Press, 1992).

CHAPTER THREE

²⁴⁹ See Elizabeth H. Bradley, Leslie A. Curry and Kelly J. Devers, "Developing taxonomy, themes and theory," *Health Services Research* 42, no.4 (2007): 1758-1772.

²⁵⁰ Angela Wilson, "Grandmother to granddaughter: Generations of oral history in a Dakota family," *American Indian Quarterly* 20, no. 1, 14.

²⁵¹ Richard Boyatzis, *Transforming Qualitative Information: Thematic and Code Development*. (Thousand Oaks: Sage Publications, 1998) xvi.

²⁵² Lucy Yardley, Dilemmas in Qualitative Health Research, *Psychology and Health* 15 (2000): 215–28.

²⁵³ Michael H. Agar, "Recasting the 'Ethno' in 'Ethnoepidemiology.'" *Medical Anthropology* 16 (1996): 391-403; Quinn, Naomi. *Finding Culture in Talk*, (New York: Palgrave MacMillan, 2005).

²⁵⁴ Marie K Campbell., and Gregor Francis, *Mapping Social Relations: A Primer in Doing Institutional Ethnography*, (Walnut Creek: AltaMira Press; 2004).

²⁵⁵ Theda Skocpol, "Doubly Engaged Social Science: The promise of comparative historical analysis" in *Comparative Historical Analysis Social Science*, eds. James Mahoney and Dietrich Rueschemeyer, (New York: Cambridge University Press; 2003) 407-428.

²⁵⁶ Robert K Yin, *Case Study Research: Design and Methods*, (Thousand Oaks: Sage Publications, 1994).

²⁵⁷ Richard A. Krueger, and Mary Anne Casey, *Focus Groups: A Practical Guide for Applied Research*, (Thousand Oaks, CA: Sage Publications, 2000).

²⁵⁸ Barney G Glaser. and Anselm L. Strauss, *The Discovery of Grounded Research: Strategies for Qualitative Research*, (New York: Aldine De Gruyter, 1967); McCracken, Grant D, *The Long Interview*, (Newbury Park: Sage Publications, 1988); Patton, Michael Quinn, *Qualitative Research and Evaluation Methods*, (Thousand Oaks: Sage Publications, 2002); Quinn et al.

²⁵⁹ James Spradley, *Participant Observation*, (New York: Holt, Rinehart, and Winston, 1980).

²⁶⁰ Boyatzis, *Transforming Qualitative Information*, vi. Boyatzis discusses how many scholars and researchers from many fields will use thematic analysis to encode qualitative data generally for specific purpose to create the end product of policy or create theory. For example, a study might examine patterns of behavior in an alcoholic family so this information can be used to create theories of behavior or ethnographic patterns of child rearing in different cultures and so on.

²⁶¹ Battiste and James Youngblood Henderson, *Protecting Indigenous Knowledge*, 13.

²⁶² Fitznor, *Aboriginal Educators' Stories: Rekindling Aboriginal Worldviews*, 1.

²⁶³ *Ibid.*, 59.

²⁶⁴ As stated in the text I have been influenced academically by the works of Peter Co Battiste and James Youngblood Henderson, Fyre Jean Graveline, Linda Smith, Marie Battiste and James (Sa'ke'j) Youngblood Henderson and Laara Fitznor. In Laara Fitznor's dissertation she has heavily quoted these authors and it is through Laara's words that these authors are also being included in the talk. They are referenced in the bibliography and not necessarily here in the endnotes. See Laara Fitznor, "Aboriginal Educators' Stories: Rekindling Aboriginal Worldviews" (Doctorate diss., University of Toronto, Ontario, 2002).

²⁶⁵ Masayesva, *It shall not end anywhere*, 92.

²⁶⁶ Battiste and Youngblood Henderson, *Protecting Indigenous Knowledge*, 25.

²⁶⁷ Devon A. Mihesauh, *Natives and academics: Researching and writing about American Indians*,

(Lincoln: University of Nebraska Press, 1998), 12.

²⁶⁸ Fitznor, *Aboriginal Educators Stories*, 59.

²⁶⁹ Smith, *Decolonizing Methodologies*, 1.

²⁷⁰ Trinh T. Minh-ha, *Women Native, Other*, (Indiana: Indiana University Press, 1989), 6.

²⁷¹ Brian Douglas Haig, "Feminist research methodology," in *Educational research methodology and measurement* 2nd ed., ed. J.P. Keeves. (New York: Pergamon, 1997) 299; Maurice Punch, "Politics and ethics in qualitative research," in *Handbook of Qualitative research*, eds. Norman. K. Denzin and Yvonna S. Lincoln (California: Sage, 2000) 86.

²⁷² Fitznor, *Aboriginal Educators Stories*, 61.

²⁷³ Michael Hart, *An Ethnographic Study of Sharing Circles of a Culturally Appropriate Practice Approach with Aboriginal People*, X.

²⁷⁴ Cora Weber-Pillwax, "Coming to an understanding: A panel Presentation-What is Indigenous Research?" *Journal of Native Education* 25, no. 1 (2001): 12.

²⁷⁵ Carl Urion, R. Norton, and Tom Porter, "Roundtable discussion #1-The First Annual Indigenous Scholars Conference," *Canadian Journal of Native Education* 21 Supplement (1995): 58.

²⁷⁶ Pam Colorado, "Bridging Native and Western Science," *Convergence* 1, no. 2/3 (1988): 5.

²⁷⁷ Colorado, *Bridging Native and Western Science*, 5.

²⁷⁸ Peter Cole, *First Peoples' Knowings as Legitimate Discourse in Education: Coming Home to the Village*. PhD. diss., Simon Fraser University, 2000.

²⁷⁹ Kirkness, *The Elders are Watching*, 145.

²⁸⁰ See Andrea Fontana and James H. Frey, "The Interview: From Structured Questions to Negotiating Text," in *Collecting and Interpreting Qualitative Materials*, ed. Norman K. Denzin and Yvonne S. Lincoln (Thousand Oaks: Sage Publishing, 2003) 61; James A. Holstein and Jaber F. Gubrium, "Active Interviewing," in *Qualitative research: theory, method and practice*, ed. David Silverman (London: Sage Publishing, 1997), 143; Sue Jones, "Depth interviewing," in *Social research methods, a Reader*, ed. Clive Seale (London: Routledge, 2004), 257-260; Steinar Kvale. *InterViews: An*

Introduction to Qualitative Research Interviewing. Thousand Oaks, USA: Sage Publications, 1996; Amina Memon, and Ray Bull, *Handbook of the Psychology of Interviewing* (Chichester: John Wiley & Sons, 1999); Jody Miller and Barry Glassner, "The 'Inside' and the 'Outside': Finding Realities in Interviews," in *Qualitative research: theory, method and practice*, ed. David. Silverman (London: Sage Publishing, 1997), 125-139. Other qualitative researchers and writers, see: Gillham, Bill. *Research Interviewing, the range of techniques* (Maidenhead, UK: Open University Press, 2005); Roger Ingham, Ine Vanwesenbeeck, and Denise Kirkland, "Interviewing on Sensitive Topics," in *Handbook of the Psychology of Interviewing*, ed. Amina Memon and Ray Bull (Chichester: John Wiley & Sons, 1999), 145-164; Victor Minichiello, Rosalie Aroni, Eric Timewell, and Loris Alexander, *In-depth interviewing: principles, techniques, analysis*. 2nd ed. (Melbourne: Longman, 1995); David Silverman. *Qualitative research: theory, method and practice*. (London: Sage Publishing, 1997).

²⁸¹ Mitchell Herman, "Pakitinaswoin: Tobacco offerings in exchange for stories and the ethic of reciprocity in First Nations research," *Journal of Indigenous Thought* 2 no. 2 (Fall, 1999).

<<http://www.sific.edu/Indian%20Studies/IndigenousThought/Journal-home.htm>>

²⁸² Murray and Rice, Introduction: Talking on the Page, xiv

²⁸³ Anderson, A Recognition of Being, 21.

²⁸⁴ The Chicago Manual of Style, *The Chicago Manual of Style*, Fourteenth Edition (Chicago: The University of Chicago Press, 1993).

²⁸⁵ Murray and Rice, Introduction: Talking on the Page, xiv.

²⁸⁶ Alia, Un/Covering the North, 92.

CHAPTER FOUR

²⁸⁷ Colorado, Bridging Native and Western Science, 49, 68.

²⁸⁸ Blair Stonechild, *The New Buffalo: The Struggle for Aboriginal Post-Secondary Education in Canada* (Winnipeg: University of Manitoba Press, 2006), 32.

²⁸⁹ Castellano, Updating Traditional Knowledge, 30.

- ²⁹⁰ Judie Bopp, Michael Bopp, Lee Brown and Phil Lane Jr. *The Sacred Tree*, 2nd (Twin Lakes: Lotus Light Publications, 1989), 9; See also Sharilyn Calliou, “Peacekeeping actions at home: A medicine wheel model for peacekeeping pedagogy” in *First Nations Education in Canada: A Handbook*, eds. Marie Battiste and Jean Barman (Vancouver: UBC Press, 1995) 47-72. Calliou uses the medicine wheel philosophy to explain how educators can develop curriculum that will raise concerns about what is peacekeeping by looking at the four constructs of racism, multiculturalism, anti-racism and peacekeeping.
- ²⁹¹ Elmer Ghostkeeper, “WECHE Teachings: A partnership of Aboriginal Wisdom and Western Scientific Knowledge applied to the Diabetes Mellitus Puzzle,” in Final Report on Proceedings of Metis Health Forum: April 15 and 16, 2002 (Saskatoon: Metis Centre Nations Aboriginal Health Organization and Metis National Committee, 2002).
- ²⁹² Louis T. Montour, The Medicine Wheel: understanding “Problem” Patients in Primary Care, *The Permanente Journal* 4, no. 1 (2000): 35.
- ²⁹³ Bopp et al., *The Sacred Tree*, 53-56.
- ²⁹⁴ Montour, *The Medicine Wheel*, 36.
- ²⁹⁵ *Ibid.*, 37.
- ²⁹⁶ *Ibid.*
- ²⁹⁷ Bopp et al., *The Sacred Tree*, 14-15.
- ²⁹⁸ John Neihardt, *Black Elk Speaks: Being the life of a holy man of the Ogala Sioux* (Nebraska: University of Nebraska Press, 1961) 42.
- ²⁹⁹ See Mary Loomis, *Dancing the Wheel of Psychological Types* (Illinois: Chiron, 1991); Paula Underwood, *The Great Hope of Life, Volume 1: Traditional Medicine Wheel for Enabling Learning and for Gathering Wisdom* (California: Tribe of Two Press, 1998); Cindy McKay and Cindy Rodberg, *Medicine Wheel Ceremonies: Ancient Philosophies for use in Modern Life* (California: Naturgraph Publishers, 2003).
- ³⁰⁰ McKay and Rodberg, *Medicine Wheel Ceremonies*, 123.
- ³⁰¹ Ghostkeeper, *WECHE Teachings*, 3.
- ³⁰² *Ibid.*, 5.
- ³⁰³ *Ibid.*, 6.
- ³⁰⁴ *Ibid.*
- ³⁰⁵ *Ibid.*, 6.
- ³⁰⁶ *Ibid.* 7.
- ³⁰⁷ *Ibid.*
- ³⁰⁸ Kubler-Ross, *On death and dying*, 11.
- ³⁰⁹ Battiste and Young-blood Henderson, *Protecting Indigenous Knowledge*, 48.
- ³¹⁰ Adelson, *Being Alive Well*, 9.

