

Remembering Why We Sit at the Table

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DEDICATION

To all the uhkumimaauch | kokoms and umushumimaauch | shomis (grandmothers and grandfathers) who will one day become our ancestors.

Pauline Cote-Decontie

1942- 2016

ABSTRACT

Québec has been the site of the development of First Nations health determinants within the context of forced systemic racism within the Canadian mainstream medical healthcare system. The Cree Nation of Chisasibi has created alternative administrative health approaches and wellness practices through their Land Based Healing Program that addresses delivery service gaps in the current medical healthcare system. In this thesis, I examine the historical development of healthcare systems for English-speaking First Nations living in Québec, while analysing how political legislation through the James Bay Northern Québec Agreement has transformed the Eeyou into practicing autonomous action towards health operations and wellness approaches. I analyse the importance of Eeyou teachings and healing methodologies practiced within the Land Based Program that are vital to providing optimal First Nations health and wellness in a way that the current mainstream medical healthcare systems cannot.

[keywords: systemic racism, healthcare systems and land based healing]

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Thank you to my supervisor, Donna Patrick, for your patience and guidance. Mig-wetch (thank you) to my committee members, Paul Thibaudeau and Zoe Todd for your generous support, constructive feedback and guidance throughout my graduate school experience.

Finally, to all of my relations, my community Kitigan Zibi Anishinàbeg for the childhood memories, Robin Decontie, Gilbert Whiteduck, “Chikapash” for your guidance, and the Neacappo-Rodrique family.



Miyupimaatisiun
CHISASIBI WELLNESS



Cree Nation of Chisasibi
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Chapter 1:

Wandering Children

Who We Are

“Like a river,
nothing stays the same.

Our lives are a living stream of
movement and change.

Like a river, too, we must keep
moving, allowing ourselves to be

Who we are.”

–Margaret Sam- Cromarty

This inquiry into First Nations health determinants in Québec as an ethnographic journey, is rooted in community based approaches to wellness practices. As an Anishinàbekwe (Algonquin woman) from the Algonquin reserve of Kitigan Zibi Anishinàbeg located in Québec, my community has encountered and is forced to endure systemic racism within the mainstream medical healthcare system. It is for my community and people that I have searched for guidance from our Northern Québec James Bay Cree relations in finding alternative administrative health approaches and wellness practices through land based healing. In the Cree Nation of Chisasibi, a grassroots wellness committee, team and program were developed as a means to address the gap in the mainstream medical healthcare system and delivery services. The Land Based Program is fundamentally connected to capacity building while focusing on strengthening the relationships between the People and the land. It is through understanding the framework of the Land Based

Program, Wellness Team and Committee, that this thesis will be explored as an ethnographic journey.

In this thesis, I examine how the historical development of mainstream and provincial healthcare systems have provided medical delivery services for English-speaking First Nations living in Québec. While analysing how political legislation has influenced the health determinants of First Nations communities seeking medical and wellness services, I will also explore the Eeyou Itschee and how the James Bay Northern Québec Agreement has transformed the Cree into seeking sovereign rights and autonomous action towards health operations and wellness approaches on a regional and local level. By doing so, I will analyse how the important Eeyou teachings and healing methodologies practiced within the Land Based Program are vital to providing optimal health and wellness in a way that the current mainstream medical healthcare systems cannot.

1.1 Chikapash

I was born in the year of the Oka Crisis (1990), and when I was a young girl I had attended various ceremonies and protest gatherings with my father. At this particular protest, I recall that it was held in the summer because the smell of the heat from the pavement was overwhelming as I marched ahead. I was walking with the other daughters of the men who walked along side my father at the front of the line. Their daughters were around my age. Once we had reached our destination, I remember a man who stood up to talk about “protecting the rights of our people” and to “never be ashamed to be Aboriginal”. Admittedly, as a young five-year-old girl I was intimidated by both the strength and resilience embodied physically and

spiritually by this man. He resembled a similar physique as my father: he was tall with broad shoulders, long black hair and loud voice that he punctuated by swinging his arm in a fist as he spoke. As I stood in front of him next to the other daughters both feeling and hearing the assertive responses from the crowd, in that moment I knew I wanted to become strong like him. At the time, I didn't fully understand why we had to protest in a place far away from home but I felt safe because we were protected by the strength of our fathers and uncles.

A decade later, I attended a business trip with my mother at a First Nation health conference in Toronto and joined her for lunch. When I was sitting at the group table I heard and recognized him instantly, the strength in his voice as he spoke about health issues encountered in First Nation communities. I asked my mother for his name, which she told me; for this thesis, however, I will identify him as "Chikapash"¹. Reflecting back as a young girl and observing him in the present, I learned an important lesson that day: there is more than one way to show strength. There is strength demonstrated through the body at protests, strength experienced spiritually at ceremonies and there is mental strength intellectually practiced at work or in this case at a First Nation health conference. As I listened to them converse over systematic challenges, I became determined to acquire the credentials to join them at the table and honour the memory of the confidence I felt to my First Nation identity and sense of belonging to my community, that I experienced during those moments with Chikapash. Little did I know, that in my quest to gain credentials, this time for my Master's Degree in Anthropology, I would ask him, nearly a decade later, for guidance.

From January to August 2016, I had been in regular contact by email with Chikapash who is also a part of the Chisasibi Wellness Team and my main contact in the community.

¹ I am employing an anonymous name to protect his identity.

Chikapash was receptive and interested in the study right from the initial development to the actual gathering of field data. He explained the development of the land based program, the overall mission to strengthen the capacity of participants in encouraging a healthy, fulfilling and resilient lifestyle. An instrumental principle Chikapash shared was how the elders stressed the significance of the land having healing powers that nurture life skills to deal with pain and self-hurt. A primary method employed in the Land Based Program is to focus on mental health by effectively participating in the life of their family and encourage reintegration into the community, thereby supporting a positive contribution to the collective development of the Eeyou Nation. In this context, the land based program offers a highly effective method for creating a place for community members to meet face-to-face and exchange energy that can only be done on the land. From September to December 2016, I would come to learn the importance of traditional teachings of the Eeyouch, decolonizing perspectives on place and recognition of cultural politics.

1.2 Cultural Politics of an Algonquin Anthropologist

Growing up, there was an understanding within my community that the repercussions from the James Bay and Northern Québec Agreement (JBNQA) manifested internal forms of difference rooted in politics and cultural recognition. The agreement represented victory for the Crees and legal disaggregation among the Algonquin Nations, releasing residual political disparity over territory recognition, encroachment and loss. The socio-political and legal decisions manifested during that historical period cultivated intergenerational “interruptus narratives of sovereignty” (Simpson, 2014:190-194). Mohawk Anthropologist Audra Simpson’s

Mohawk Interruptus: Political Life Across the Borders of Settler States ethnography articulates the different ways the Mohawks from Kahnawake (Québec) practice and maintain political sovereignty through centuries of settler colonialism. Simpson's examination of the tensions over jurisdictional and legitimacy issues surrounding cultural political citizenship is an example of the on-going systematic realities First Nations communities encounter in Québec (and Canada). Her refusal to seek political and cultural recognition from settler state authorities exhibits how Indigenous scholars demonstrate strength through their written work. In her ethnography she challenges the "difference" narrative in historical forms of ethnographical representation by provoking the discussion of how academia promotes ethnological formalism and fetishism among Indigenous cultural analysis (Simpson, 2014: 97). She described "[w]ithin Indigenous contexts, when the people we speak of speak for themselves, their sovereignty interruptus anthropological portraits of timelessness, procedure, and function that dominate representations of their past and, sometimes, their present." (Simpson, 2014: 97). Simpson contributes to a larger discussion of how First Nation peoples engage and identify with notions surrounding political cultural citizenship within Canada and specifically Québec; her approach is of particular use to my analysis because she describes the systemic challenges First Nations encounter with imposed settler ideals of citizenship.

As an Anishinàbekwe (Algonquin woman) writing about my interpretations of Eeyou teachings, I intend to avoid misrepresentations of power relations between the two Nations (Algonquin and Cree). In acknowledging the cultural politics attached to my inherited Indian status and reserve-based upbringing, I refuse to write an ethnographic narrative that romanticizes ethnological formalism and fetishism surrounding Algonquin and Cree power relations. There is an understanding among other First Nations that there are certain conversations that one will not

engage in. These include political conversations encompassing the ideologies and realities that “Indigenous bodies, Indigenous sovereignties and Indigenous political orders prevail within and apart from settler governance” (Simpson, 2014: 11). The importance of acknowledging, recognizing and respecting one another’s connection to their ancestral cultural memory, territory and bodies, is pivotal within this ethnographic journey.

I seek to learn Eeyouch teachings in order to understand and expand alternative measures towards healing and wellness practices detached from settler governance of the Canadian medical care system. In this thesis, I explore beyond cultural politics and territorial histories to engage in profound discussions towards healing methodologies for First Nations in a way that the Canadian medical care system cannot. In this context, I draw upon Maori scholar Linda Smith’s moral agenda which she explains the four interpretive Indigenous research processes (figure 1).

Four Interpretive Research Processes

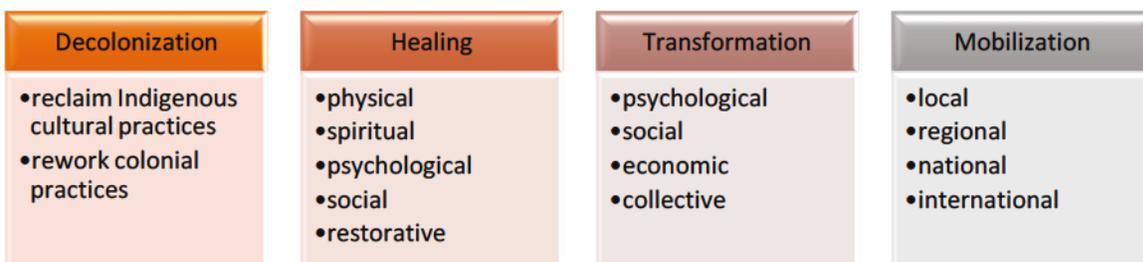


Figure 1 Four Indigenous Interpretive Research Processes (Smith, 1999:116-119).

The first process is decolonization by reclaiming cultural practices at the political, social, spiritual and psychological level. The second is healing, which also involves physical, spiritual, psychological, social and restorative elements. The third process is transformation that focuses

on the transition back and forth within the social, political, economic, psychological and global levels. The fourth, and final process, is mobilization, at the local, regional, national and international levels, which Smith uses to address the collective efforts to change Maori society (Smith 1999: 116-119; Denzin et, al. 2006: 18). Smith's four interpretive research processes (figure 1) identify issues concerning cultural survival and collective self-determination through resisting colonialism. I use Smith's four interpretative research processes as a guide to navigate and examine the realities First Nations encounter within the mainstream Canadian healthcare system and explain how Eeyouch healing theories and methodologies can provide preventative measures for on-reserve English speaking First Nations health and wellness practices in Québec.

1.3 Wandering Children

One evening while conducting my fieldwork, I had a conversation with an Eeyou Elder. He described his observation of the younger generations within his community. He explained "you know, I sit back and watch the young generations in my community, and they are all wandering around. They are wondering children whereas before we worked hard for a common goal to maintain our camps and livelihood." As I sat there listening, he continued "today, there are children who connect through their gadgets but they are wondering, searching for meaning that you get from being on the land." We continued to discuss his observations of the wondering children within his community and how an interest to create a bush lodge contributed to the creation of the land based program. He noted "you know, all I wanted to do was build a bush lodge but when it came time to build one I realized not everyone knew how to make one and it came from a deep place of wondering and disconnection."

As an Anishinàbekwe (Algonquin woman) it was important to seek health and wellness practices among other First Nations in Québec. Growing up on an English-speaking reserve, there are challenges to access health care in Québec. Reflecting on a reserve upbringing, I learned through my mother the importance of a cultural and spiritual connection and the value of learning Western knowledge to maintain connected to both social worlds (Anishinàbeg and mainstream society). My mother and a few other social workers from the community created Òde Widòkàzowin a program to prevent our community children from being placed in non-Algonquin foster care homes. Òde roughly translates to “family” or “heart” and Widòkàzowin means “helping” put together, Òde Widòkàzowin translates to “family helping”. Òde Widòkàzowin is a social program run under the health and social service sector within Kitigan Zibi Anishinàbeg to prevent our community children from being placed in non-Algonquin foster care homes off the reserve. Not every First Nations community within Québec has developed their own social programming or participate in building relationships with the governments for health funding.

Kitigan Zibi Anishinàbeg chose to engage in assimilative colonial policies in order to prevent the children from being taken out of the community. Since I was young, I remember hearing stories from my grandparents of how the mothers and grandmothers within my community chose to stop practicing their traditional spiritual practices in order to bring their children to church. They would bring their children to church to make sure they sat them at the front row so the priest and nuns would see them. In hopes to prevent their children from being taken away to residential school, the women within my community gave up their ancestral spiritual practices because it was not worth having the heart of their families taken from them.

Years later, my community collectively chose to participate in encouraging the English language (one of the two official languages of Canada) and Western education as a preventative method to protect our families and community from further assimilative strategies. As a result, Kitigan Zibi Anishinàbeg has excelled in community development, we have a significant amount of members who hold various University degrees, we run our own band, education, health and social services departments but it came at a steep price. As my mother explained:

“the cost of preventing further harm to our community we had to conform to the governments standards, we are viewed “successful” (by mainstream standards) because we have chosen to adapt assimilative practices. Yes, forced assimilation has happened but we also chose to not value Anishinàbemowàwin (Algonquin language) in order to maintain fiscal funding and self-govern our community. As a community we have let a significant part of our identity (through language) go, the price of the disconnection to the language and traditional practices is shown through the current health and mental struggles of our people.”

In Québec, First Nation communities have historically and continue to encounter on-going jurisdictional, political and social challenges over power relations of territorial and healthcare rights, including language barriers leading to cultural discrimination.

In Québec, English speaking First Nation communities continue to encounter double discrimination because of language barriers and lack of cross-cultural understandings (Chamberlin, 2016:4). In 2016, Amy Chamberlin published, “English-Speaking First Nations in Quebec: A Portrait of the Situation when Accessing Social Services”, she worked with several First Nations communities to submit a final report to the Coalition of English Speaking First Nations Communities in Québec (CESFNCQ) to present a portrait of the challenges encountered to access social services from provincial and federal systems. First Nations such as; Kawawachikamach, Gesgapegiag, Listuguj, Akwesasne, Kahnawake, Kanasatake, Eagle Village

First Nation/Kipawa, Kitigan Zibi, Long Point First Nation/Winneway Timiskaming First Nation (Chamberlin: 2016) and the James Bay Cree communities are English speaking communities that have experienced and continue to encounter aggressive social and territorial tensions within the Québec healthcare system.

Coalition of English Speaking First Nations Communities in Québec

- i.) Kawawachikamach (Naskapi Nation)
- ii.) Gesgapegiag (Mi 'gmaq Nation)
- iii.) Listuguj (Mi'gmaq Nation)
- iv.) Kanesatake (Mohawk Nation)
- v.) Kahnewake (Mohawk Nation)
- vi.) Kitigan Zibi (Algonquin | Anishinabeg Nation)
- vii.) Eagle Village | Kipawa (Algonquin Nation)
- viii.) Timiskaming First Nation (Algonquin Nation)

Figure 2 A list of the Coalition of English Speaking First Nations Communities in Québec (Chamberlin, 2010:6-10).

The aggressive social and territorial tensions between First Nations and Québécois are embedded in ideologies of rights. Through a legal lens, all legally recognized Aboriginal people are covered by the Health Insurance Act (c.A-29) and the Hospital Insurance Act (c.A-28), all

Quebecers (Québec residents) are entitled to equal access of health and social services within Québec (CESFNCQ, 2013: 17). Although all Québec residents (Aboriginal and non-Aboriginal) are entitled to equal access of healthcare, Chamberlin's report explains how there are access issues for English-speaking clientele. As a Kawawachikamach, Naskapi community member stated "People need to be informed about what are their rights. Here [in the North] they think I t's a privilege, not a right, to have health care. [We need] to be more informed. It's also a communication thing [First Nations] don't have enough information forwarded to them" (CESFNCQ, 2013: 17). In Québec, the jurisdictional dispute and social tensions between First Nation communities and the Québec government are fundamentally rooted in territorial power relations.

The jurisdictional issues over provincial borders, corridors of services and federal and provincial responsibilities for First Nations people (Indian Act) contribute to cultural discrimination between First Nations and non-First Nation health care providers. Legally, the Québec government claims federal responsibility to provide services to First Nations and Inuit recognized under the Indian Act, but administratively the Québec province operates and maintains power over the medical care system (CESFNCQ, 2013: 23-24). The federal government claims to allocate funding towards Québec administrative powers to provide service delivery for First Nations and Inuit, therefore the province has a legal responsibility to deliver medical care to Aboriginal communities in Québec. The federal departments do not have jurisdictional authority over provincial departments, and, as a result, the First Nations and Inuit communities are caught in the cross fire (in terms of funding) by needing provincial Medicare services but maintain a federal responsibility under the Indian Act (CESFNCQ, 2013: 23-24).

The social and cultural challenges First Nations (and Inuit) communities encounter within the provincial medical care system include: language barriers and cultural discrimination both contributing to on-going systemic racism. One of the major issues contributing to cultural discrimination within the Québec medical healthcare system is the language barrier. In 2011 a census report (funded by Indigenous and Northern Affairs Canada) was created to examine the current National household conditions of First Nations and Inuit living in Québec. The National Household Survey (NHS) Data compartmentalized the research questions into eight categories: population, language, marital, education, income, workforce, mobility and household. The chart below, examines how many First Nations and Inuit in Québec speak their ancestral language, (only) English, (only) French and French and English.

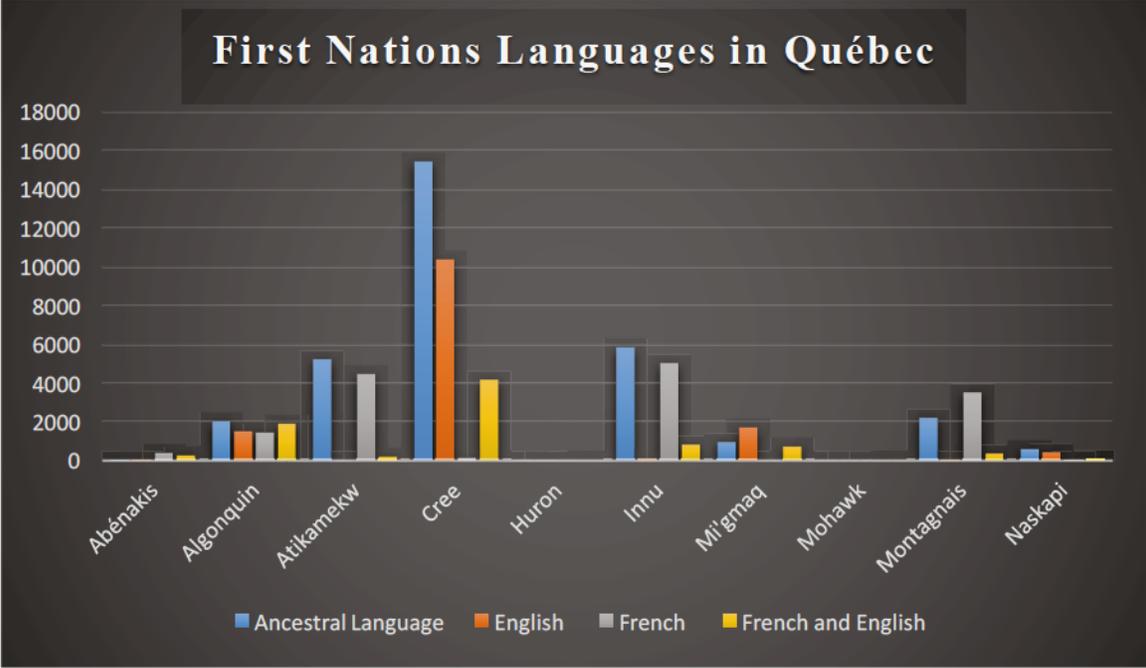


Figure 3 Languages spoken among First Nations in Québec

The language barriers English-speaking First Nations communities encounter in accessing key areas include: patient records and medical charts, training information, assessment tools, websites, government sites, updates for immunization protocols, ambulance forms, information to understand and provincial legislation or new policies in the area of health and social services (CESFNCQ, 2013: 23). In addition, longer waits for English translators, many First Nations using English as their first or second language frequently experience fear, and anxiety over not being understood, which reinforces their distrust and apprehension of the Québec medical system (CESFNCQ, 2013: 24). For example: one Gesgapegiag community member recalled “Sometimes nurses yell if people can’t understand French, as if speaking louder would help!” (CESFNCQ, 2013:25).

Aboriginal health literacy in Canada is complex and is connected to the limited understandings of how health issues are tied into the way they are described within Canadian health literacy (Antone et, al. 2006:7-8). Antone and Imai explain how there are currently three Aboriginal health gaps “health status; health care use; and roles played in health care services” (Antone et, al. 2006:7). Each gap reflects the limitations literacy holds towards those who have the ability and capacity to understand mainstream communication (Antone et, al. 2006:8-9). The final report from the Coalition of English Speaking First Nations Communities in Québec examines and describes how medical services are provided in settler dwellings (hospitals and clinics) controlled by structural inequality. Monique Auger’s “Cultural Continuity as a Determinant of Indigenous Peoples’ Health: A Metasynthesis of Qualitative Research in Canada and the United States”, demonstrates that self-determinants of First Nations health encompass all aspects of healing that encourages cultural continuity, restoring traditional knowledge and providing a culturally safe environment (Auger, 2016). To encourage a culturally safe

environment Browne and Fiske (2001) calls for an in-depth critique of the narratives that reveal gender discrimination, racism and structural inequality that continue to marginalize First Nations people. As an alternative to Canadian mainstream notions of health practices, Auger (2016) explains the importance of cultural continuity as an integrated method to provide a formative understanding of the role traditional knowledge has in the determinants of Indigenous health.

The social tensions and miscommunication between First Nations and provincial organizations raise concerns of cultural discrimination. Annette J. Browne and Jo-Anne Fiske's "First Nations Women's Encounters with Mainstream Health Care Services" describe the different experiences First Nation women from northern communities had as patients within the dominant Canadian health care system. Their case study examines underlying narratives rural First Nation women encounter that manifest and maintain power imbalance through structural inequality, discriminative delivery services (from health care providers) and racist colonial policies (Browne and Fiske, 2001: 126-133). Their findings describe how factors such as dismissal by health care providers, negative stereotyping of First Nation women, vulnerability (during physical examinations), a disregard for personal circumstances (transportation) and marginalization from mainstream society, are all contributing challenges the women have experienced while receiving healthcare outside their communities (Browne et al. 2001: 133-139).

In contrast, Browne et al. describe how receiving exceptional care from health care providers affirmed self-determinants through developing positive long-term relationships with health providers (Browne et al. 2001: 139-142). The discussion surrounding the critical examination of institutional racism and internal colonial relationships within health care delivery is key to understanding the complexities that rural First Nation women encounter in marginalized health facilities and solutions to shifting structural inequality (Browne et, al. 2001: 142-144). In

Québec, First Nation communities raised concerns over their rights not being respected in the mainstream healthcare system.

The cultural discrimination experienced from “Provincial institutions and specialists [who] lack knowledge and awareness about First Nations culture and history”, lack vital understandings of the meanings behind pivotal rites of passages practiced through ceremonies (CESFNCQ, 2013: 31). It is through examples such as the life rites of passages and other ceremonial practices that First Nations experience cultural discrimination in both the Canadian and Québec medical healthcare systems. The cross point between understanding the meaning and cultural continuity of ceremonial practices remains a vital component towards the healing process among First Nations (CESFNCQ, 2013: 31-37). Auger describes cultural continuity as a process of integration within a culture, where traditional knowledge is maintained and transmitted. It’s also a combination of three dimensions: identity, traditional cultural activities and spirituality, creating a dynamic within collective memory (Auger, 2016:1). It is the process of transmitting knowledge through Indigenous and Western methodology (“two-eyed seeing”) to create inclusive qualitative criteria and learning tools to understand the health determinants of Indigenous people (Auger, 2016: 2-10; Bartlett, 2007: 22). Limiting factors such as historical trauma, negative impacts from assimilative policies, and language barriers all contribute to cultural continuity challenges in understanding determinants as a formative role for Indigenous health within Canada and United States (Auger, 2016:14-19). The transmission of intergenerational knowledge remains a central component of renewing and maintaining cultural continuity for effective Indigenous health services and programming for the communities (Auger, 2016: 19).

Although Auger presents promising solutions for cultural continuity as a determinant of Indigenous Peoples' health through metaphysical qualitative research, the Coalition of English speaking First Nations communities continue to advocate for legislative solutions and preventative measures against cultural discrimination and systemic racism experienced within the Québec medical care system (CESFNCQ, 2013). The systemic racism experienced through cultural discrimination, language barriers and jurisdictional administrative decisions, have impacted and continue to socially and culturally impact First Nations communities within Québec. Overarching political and legal agendas over power relations between the Provincial and Federal governments acts as an obstacle for systemic issues such as the language barriers.

Historically Québec wanted to be a country on its own, and the Bloc Québécois attempted to separate in order to be distinct from the rest of Canada (The Constitution Act, 1982). Legislation such as Bill 101 the Charter of the French Language, was legally implemented in 1977. This Bill recognizes in the province of Québec that French is the official language (The Constitution Act, 1982). The Québec laws and political parties' acknowledgement of French as an official language directly conflicts with the official English language of Canada. First Nations languages within Québec are ignored legally, politically, socially and culturally. The language barriers and cultural discrimination encourage First Nations to conform to Québécois values and expectations. The English speaking First Nations communities in Québec who do not know or speak French or practice Québécois culture are forced to endure systemic racism and double discrimination within the mainstream medical healthcare system. It is within this context that I, as an Anishinàbekwe who comes from an English speaking First Nation community in Québec, am seeking ancestral spiritual and cultural healing practices from the Eeyouch that can

encourage wellness and healing for my people in a way that the mainstream and provincial medical healthcare systems cannot.

1.4 The James Bay and Northern Québec Agreement

The James Bay and Northern Québec Agreement (JBNQA), which was the first modern day treaty in Canada, was signed in 1975. The years leading up to its signing however were complicated by a forceful negotiation process between the Canadian and Québec Governments, Canadian corporate developers and the Cree Nation in Québec. On April 30th, 1971, Premier Robert Bourassa announced the James Bay Hydro-electric project, an innovative economic initiative which was to begin development in northern Québec (Salisbury, 1986: 53). In 1972, an announcement was made by the James Bay Development Corporation (JBDC) (owned by the Government of Québec) that the damming of the La Grande River in Fort-George territory would take effect. In the same year, the Cree communities teamed up with the legal team from Indians of Québec Association (IQA), McGill ecologists and anthropologists, to begin building a file to pursue court action against the development of the project. The ecological and social impact reports along with testimony from Cree hunters and tallyman (tallyman were responsible for monitoring who had access to their families' land during a beaver scarcity) served as evidence and played a significant role throughout the case (Salisbury, 1986: 54-55).

In 1973, Judge Malouf decided in favour of the James Bay Cree and ordered a stop to the project, however, the corporate developers appealed the decision. During the appeal process, Premier Bourassa publicly announced the Québec Government's interest to negotiate a settlement with the Cree. The lower court's decision was overturned on appeal by Judge Turgeon

who decided in favour of the corporation on the grounds of economic investment. In 1974, the IQA and Cree communities agreed to negotiate a land claim settlement with the Government of Québec with Premier Bourassa for a land claim settlement, along with the Inuit of Québec and the federal government. However, the Cree would eventually withdraw from the IQA and form the Grand Council of the Crees of Québec (GCCQ) in order to avoid non-Cree persuasion, the GCCQ negotiated precise terms that would solely benefit Cree interest (Salisbury, 1986:55-56).

The terms negotiated included; *Cree recognition of Québec's sovereign rights*, dismissal of legal action against JBDC, dismissal of future "land claims on "Aboriginal rights", in return for Québec recognition of Cree rights to hunt over the whole territory and to occupy particular sections of the land" (Salisbury, 1986:56). Other terms included: compensation for the settlement, royalties and retain rights to all Cree beneficiaries provided by Indian of Northern Affairs Canada (Salisbury, 1986:56). The benefits negotiated from the agreement created an economic opportunity for the James Bay Cree Nation to develop their own political and legal governing entities such as; Cree School Board (CSB), Cree Regional Board of Health and Social Services (CRBHSS), Income Security Program (ISP), and the Hunters and Trappers, and Cree Trappers Association (Salisbury, 1986:57). The legal governing entities that resulted from the JBNQA reflect the societal world of the Cree Nation and how cultural and social services were based on the needs of the local communities which, contributed to how the Cree had become apart from other legally recognized Aboriginal people within Canada.

The James Bay Northern Québec Agreement was the first modern treaty to merge a Nation's political (governments), economic (corporations) and social (Cree Nation) entities for the benefit of the members of the Nation. It had been an abnormal experience for the Cree who were a party to the Indian Act. They had achieved political and legal recognition and were now

considered an autonomous Nation unlike other Aboriginal groups for two reasons. First, the very fact that the Québec government and corporations were willing to negotiate with the Cree for economic prosperity while sustaining an on-going political relationship exemplified the inclusion of specific legal Aboriginal presence within the modern Canadian social world. Second, the JBNQA resulted from a non-arbitrary state practice, where the Cree negotiated modern economic benefits through ontological recognition while maintaining traditional Cree cosmological perspective throughout the court case further demonstrating cultural difference amongst Cree and Québécois while successfully reinforcing how Aboriginal presence exists outside the norm of the Canadian social world (Feit, 2010:49-59).

1.5 Local History: Fort-George to the Cree Nation of Chisasibi

The Cree Nation of Chisasibi is one of ten politically organized Cree communities that have been legally recognized since the establishment of the James Bay and Northern Québec Agreement (JBNQA). Chisasibi is a Cree word meaning “Big River” that describes the location of the community. Chisasibi is located on the Eastern shore of James Bay, roughly 90km from the Route de la Baie James (James Bay Road) highway.

Fort-George Island

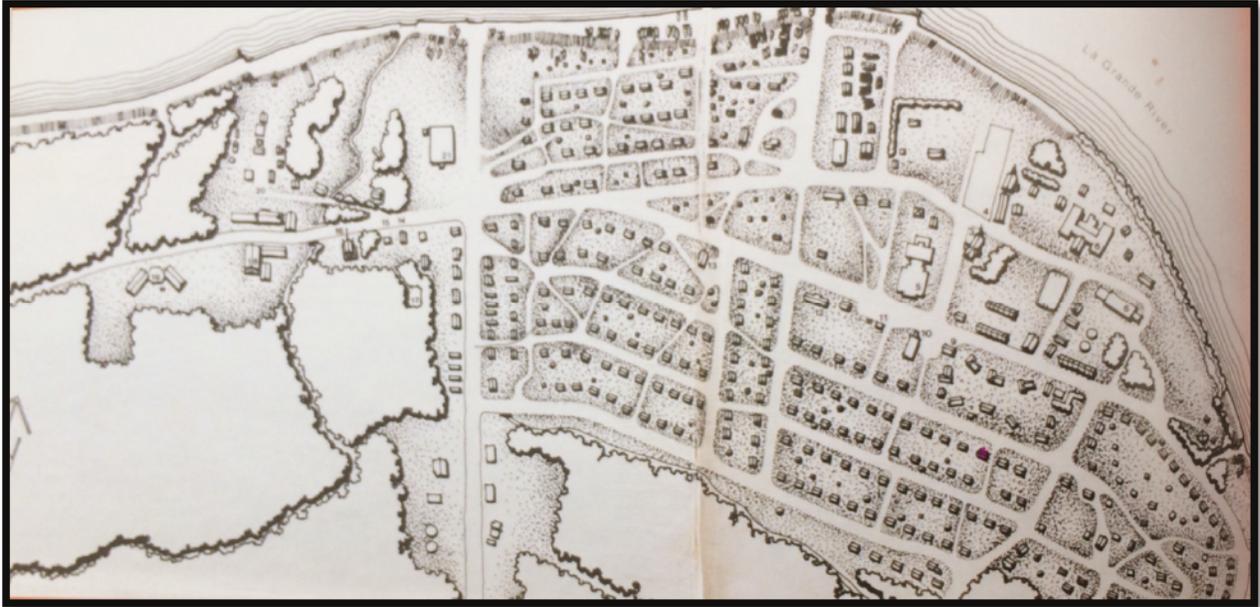


Figure 4 The Island of Fort-George prior to the relocation (Chisasibi Cultural Department)

Prior to the JBNQA the people of Chisasibi lived on an island called Fort-George. The Fort-George Band Council was a part of the Indian Act until the JBNQA, the transformation of the band to community came from the Chisasibi Agreement established on April 14th, 1978. The agreement was founded by several parties; the Grand Council of the Crees (of Québec), the Fort George Band, James Bay Energy Corporation, James Bay Development Corporation, Hydro-Québec and the Governments of Québec and Canada. The relocation was based on “the disadvantages of the island site coupled with the effects of the proposed construction and operation of the LG1, Revision 1 power plant at mile 23 on the La Grande River” (Fort-George Relocation Corporation, 1978:1).

The Community of Chisasibi

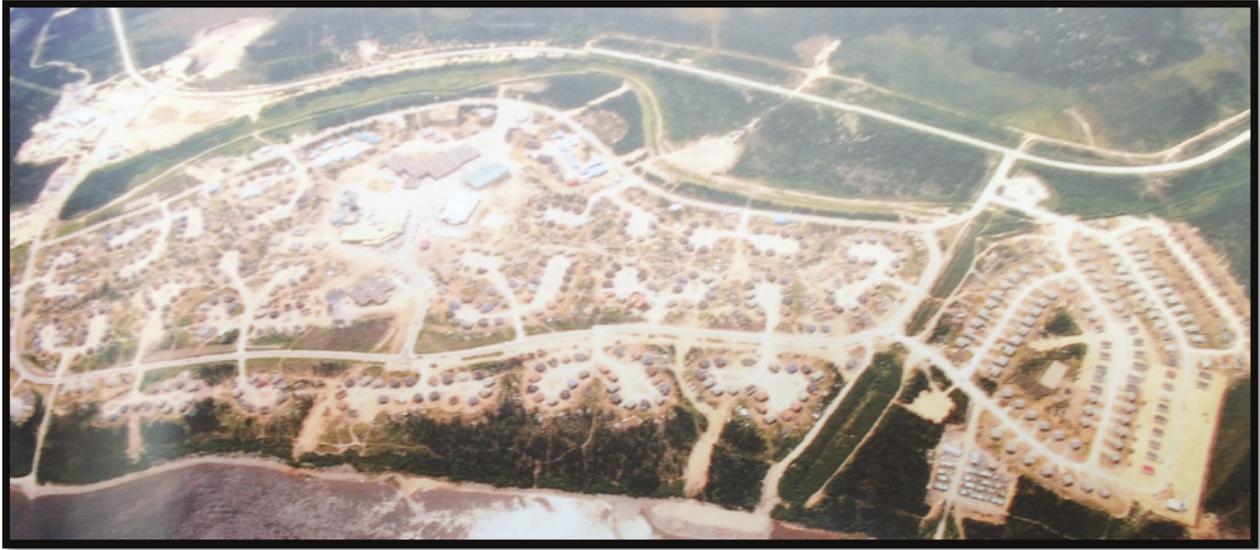


Figure 5 The community of Chisasibi (Chisasibi Cultural Department)

Reflecting on the generations of the wandering children, I examine here how the current mainstream federal and provincial medical healthcare systems nurtures systemic racism through language barriers and cultural discrimination. These are all contributing factors to understanding the health determinants among English-speaking First Nations in Québec. Smith's four interpretative research processes of decolonization, healing, transformation and mobilization are relevant to the realities and experiences of systemic racism which the Coalition of English Speaking First Nations Communities in Québec have and continue to encounter. I emphasize that systemic racism is experienced through language barriers and lack of cross-cultural understandings on the part of non-Indigenous health care delivers. The Eeyouch land based healing program and health and wellness methodologies provide an alternative solution that is detached from the settler governance of the Canadian and Québec medical care system. In this ethnographic journey, I intend to focus on the Eeyou Istchee from the Cree Nation of Chisasibi

where their ancestral teachings and healing methodologies are embedded in their autonomous administrative practices that are directly influenced by, and reflect their connection to, the lands.

In the next chapter I address who the Eeyou Istchee are and how their family stories represent a way of life that was practiced pre-contact. Oral traditions that have been passed down from their grandparents continue to influence the younger generations to promote living-well on the land. I also discuss how the Eeyou teachings and lifestyle have influenced my Algonquin community during the journey of the Niishiyuu movement. While examining how the social world of the Eeyou hunters continue to resist assimilation and colonial policies. In this examination of Eeyou Istchee resistance, I demonstrate how unsettling experiences and complex relationships with the Indian Health policy of 1979 and the government workers from the First Nations Inuit Health Branch encouraged the Eeyou to negotiate their own legally recognized medical healthcare system apart from the Québec medical care system.

Chapter 2:

Eeyouch Istchee

“We must take care of the land,
the way the land takes care of us.”

- Eeyou Elder Eddie Pashagumskum

2.1 The Eeyouch of Istchee

Pre-contact, the Eeyou lived off the land they called “Eeyou Istchee” and they lived a nomadic lifestyle traveling on birch bark canoes and on foot before setting up their teepees. They have used Chisasibi “the Great River” as a main pathway to travel by canoe from the James Bay Coast to further inland near Labrador (Chisasibi Cultural Department, 2011:9). The Eeyou had different ways of living their transhumant lifestyle depending on the environment and season. There are two hunting regions, the coastal and inland areas, where each family hunted, fished, trapped and lived and where the land was rich with game, berries, herbal plants and fresh water (Chisasibi Cultural Department, 2011 :70). Eeyou spirituality was an important part of life, reflected in the ceremonial practices such as walking out, shaking tent, and goose dance, which are ways to connect and pass down Eeyou beliefs, legends and songs. The ceremonial practices are based on the land and animals in order to connect with Chisa-mindou (Great Spirit) to encourage a healthy lifestyle (Chisasibi Cultural Department, 2011:9).

In The Good Old Days

In the good old days
That my parents and grandparents loved and lived,
Everyone just might be amazed at the fun they really had.

There were many entertainments-
not just one thanksgiving feast, but many
harvesting ceremonies,
beaver feasts, caribou and moose feasts, bear feasts....

A child's first-step banquet,
A child's first knowledge of his
achievement and endurance and
skill as a future hunter and trapper,
A child going on six.

My earliest recollection was these feasts.
The food was always delicious
without empty calories.
The Crees now see the value of this lifestyle.
Wisely, we still keep the feasts alive today.

– Margaret Sam- Cromarty

Chisasibi poet Margaret Sam-Cromarty's *In The Good Old Days*, reflects and recollects her parents and grandparent's memories (Sam- Cromarty, 2016). Her poem describes Eeyou culture that maintains pre-contact traditions and current mainstream cultural practices. Similar to Sam-Cromarty, Beverly Hungry-Wolf's book *The Ways of My Grandmother* recorded her grandmother's traditions that were practiced on the land. Her grandmother AnadaAki was born in the eighteen eighties (her grandmother was not sure the year she was born) in a tipi on the land into the Kainai Nation in Alberta. Wolf's story describes how the Bloods' traditional way of life has been passed down from generation to generation. She spoke about her grandmother choosing

to spend a large amount of time on her camp even though industrial infrastructure became more accessible. The grandmothers within Wolf's community maintained an intimate connection to the land. As Wolf recalled "in the buffalo days of my grandmothers several of them got together and helped each other with their tipi-making" (Hungry-Wolf, 1980:123). Her grandmother AnadaAki continued to practice her cultural traditions until she was in her late nineties. Relationship building was crucial in the community and to the Blood nation. Ceremonies and daily life activities on the land continue to be an important part to their identity. In Wolf's book she explained through her grandmother's experiences, memories and shared stories about how the land was important in relationship building. Sam-Cromarty and Hungry-Wolf's family stories are both accounts told from their grandparents and childhood memories. These stories demonstrate a way of life pre-contact and the resistance to maintain a lifestyle post-contact. These land based lifestyles represent a way of life that was taught from their families and communities. The example from Hungry-Wolf and Sam-Cromarty is relevant to Eeyou Istchee life because their stories demonstrate the importance of kinship, and social interactions in connection to the land. In the following section, I illustrate a recent example of Eeyou Istchee land-based healing praxis through the story of the Journey of Niishiyuu.

2.2 The Journey of the Niishiyuu

On January 16, 2013 six young men under the age of twenty along with one guide set out on a journey from their Eeyou community of Whapmagoostui (Great Whale River) in Northern Quebec. The original seven were Isaac Kawapit, Stanley George Jr., Johnny Abraham, David Kawapit, Raymond Kawapit, Geordie Rupert, and Travis George. This journey consisted of

walking 1600 km from their territory to the steps of Parliament in Ottawa to unite their historical allies and revitalize their traditional trade routes with the Algonquin, Mohawk and other First Nations (Journey of Nishiyuu, 2013). Their journey would take them across the four inland and coastal Cree communities, they would also pass five Algonquin communities during their journey to Parliament.

The vision was intended to revitalize unity among the First Nations and promote harmony across the land. In Eeyou culture they are the gatekeepers of the north, the journey was about embodying the Eeyou warrior (within) to protect, preserve and nurture the earth, land, rivers, winds, and all of the creation (Journey of Nishiyuu, 2013). The original seven had begun their journey to walk for unity and for those who advocated in resisting the governments support in implementing Bill C-38 (Idle No More, 2013). What started off as seven walkers quickly became hundreds as they reached the steps of Parliament. This act of resisting legislative change that would further harm the environment would be a bridge bringing the nations together. The journey of the Nishiyuu represented more than a resistance against forced assimilation policies, colonial legislations and historical acts of genocide. The movement was an act of reclaiming Nation-to-Nation relationships in social resistance, resurgence and revitalization in honour of their ancestors.

I remember when the Nishiyuu walkers came to Kitigan Zibi in March, there were families lining up along the road ready to shake the walkers' hands as they entered the cultural center. As we saw the Nishiyuu staff held by one of the original seven come closer as they lead the other walkers, the hand drums began to play. I observed the young boys in my community watching these young adolescent men emanate a presence full of strength, one that was not fueled by aggression or anger but by ancestral strength of kindness and pride. Once the Nishiyuu

walkers entered the community they spoke to my community about the reasons why they began to walk. They walked in support of Theresa Spence's (Chief of Attawapiskat) hunger strike, of finding a cure for the Cree baby disease, to support the First Nation women who started Idle No More, and to encourage a relationship with other First Nations within Québec. We heard how they began their walk in January when it was minus 50 degrees Celsius; they shared their stories of the hardships they experienced with their bodies walking on the land, from the sores on their feet to dealing with the cold nights. When asked why they kept going they described to the community how they are Eeyou hunters and how they are connected to the land. I distinctively remember standing by the fire watching the young boys (from my community) listen to their stories and avidly taking it all in. There were two things I would ponder that day: the first was about the life lessons the young generations (within my community) were learning that had potential to encourage an ancestral connection to their land and ideals of a man's role within the community. The second—remembering my companion was Eeyou from Chisasibi who practiced hunting (with his grandfather)—was about how this could create an opportunity to reach out to an Eeyou community in hopes to learn more. In other words, this event was creating an opportunity to be a part of a bridging process to connect with those who were interested to learn more about what it means to be connected to the land, ideals of strength, learn about different family and community roles towards building self-confidence to live-well. The example of the Journey of the Niishiyuu describes how deeply rooted and connected the Eeyouch are to the Eeyou Istchee in how their knowledge has encouraged other First Nation communities to experience similar wellness practices. In the following section I will illustrate how the Journey of the Niishiyuu are a reflection of the Cree hunter way of life.

2.3 Ndoohooeeyou (People of Hunting)

In this section I adopt a mainstream and academic lens, where the word Eeyou roughly translates as Cree in English. I will examine how Cree perceptions towards connecting to other living inhabitants on the land and the organisms within the complex environment, integrate with the broader socio-cultural world. One example of how the Cree participate in a personalized universe is through the Cree hunter philosophy of the land having healing powers which is derived from the relationship built with the animals, hunting spirits and other forces (Richardson, 1975:7). The Cree social world perceives “power” as a reciprocal connection that is rooted in a principle that “the ownership of the land is to keep traditional law and order in that area, to ensure that the land is not abused, and to oversee the sharing of the wealth of land” (Berkes, 1989:10). It is through this notion that the Cree intentionally maintain a personalized connection with their environment as the land having powers, rather than the Cree having power over the land. The fundamental importance of viewing the land as having powers extends to the environment taking care of the people. In Susan Marshall’s “The Gift of Healing”, she explains Cree cosmological philosophy as:

“Every living thing has the power to heal if you have faith and know how to ask for the power and know how to use it. The animals will help you if they want to. When the healer asks for the healing power of the plant or animals they are asking for a gift from that plant or animals. But not everyone can inspire the plants and animals to help them with the healing.” (Marshall 2006:101)

Boyce Richardson a journalist who visited several Cree communities during the JBNQA negotiations, described the connection to the land as “natural forces making decisions, just as people do; and their personal qualities are not respected, they can make life impossible for the hunter” (Richardson, 1975:7). In the early 1970’s, during the preliminary phase of construction (from hydro Québec project), the interferences such as clear cutting, flooding of major rivers and sounds from machines all contributed to the disruption of the animal habitat and significantly inconvenienced the Cree way of life (Richardson, 1975: 21,133). The social world that had been both relatable and reassuring was rapidly transforming, creating arising conflict between the hunters and the dominant Québécois culture. The Cree way of life during this period had become unstable terrain due to the fact that the Cree people would have to travel down south to validate their presence and traditional lifestyle within a legal system founded on colonial values.

During the court case, the Cree hunters described an interpretation of traditional Cree wellness practices that distinguished them from Québécois as being based in their cosmological connection to the land and their traditional language. Cree conceptualization of wellness directly counteracts colonial history and the residual trauma which Adrian Tanner identifies as social suffering. Tanner’s (2009) article “The Origins of Northern Aboriginal Social pathologies and the Québec Cree Healing Movement”, examined widespread social pathology phenomena that had been identified among intergenerational northern Aboriginal communities. Tanner described factors such as depression, stress, trauma (manifested from rapid social change), assimilation, disempowerment, impacts from poverty and industrialization, relocation, loss of cultural continuity, dispossession, and social impacts from residential schooling, as being among the various common social pathologies identified within the Northern Québec Cree communities (Tanner, 2009: 249). Nearly four to five decades ago, many Cree families still lived on the land

in bush camps for a majority of the year as “self-reliant hunters and trappers” (Tanner, 2009:249) This was before the transition to government-built houses during the sedentarization movement post JBNQA (Salisbury, 1986). Canadian authorities, specifically Indian agents, debated the benefits of colonial structures such as sedentary Indian reserve social systems that were becoming commonly identified as “real communities” (Tanner, 2009). This was due to the implications of their legal and administrative status, the political organization of the bands are based on different principles that non-Cree town people experience when living in the bush (Tanner, 2009; Salisbury,1986; Richardson, 1975).

Through an anthropological perspective, the bush camps represented an opportunity for Cree hunters and families to practice moral reciprocity, as they bartered with each other to get the supplies that they needed. The government-built houses and settlements had disrupted the traditional Cree lifestyle affecting their knowledge of the local environment, survival skills, self-reliance and wellness practices lead to a shift in their diet, daily physical activity and overall physical health (Tanner, 2009; Adelson, 2009; Louttit, 2005). Although Cree hunters had access to the Income Security Program (ISP) as part of the JBNQA, to help them maintain their traditional lifestyle in the bush (Feit, 2010), the sedentary way of life still had its challenges. Tanner noted that Cree children had a high quality social and educational system embedded in their daily tasks, where the young were encouraged to observe the activities of the adults. Cree values and social interactions between the different generations were continually put into practice; as an example, the family’s welfare was highly dependent on Elder knowledge and experience (Tanner, 2009: 255). With the Cree traditional lifestyle, the validation of social roles among the men and women were practiced through the hunters returning to the camp with game, while caregivers were acknowledged for their skills in upholding daily household work (Tanner,

2009; Richardson, 1975). The Cree traditional lifestyle, locally identified as Eeyou Istchee, implies integrative wellness methods that are reproduced through co-learning different perspectives on health and expanding ideals of wholeness through restoration of relationships with the land (Bartlett, 2007:4).

Sedentarization shifted the kinship dynamic within the family household. The influence of Elders held minor relevance for day-to-day life skills within the modern government-built houses. The “men could no longer command respect as the breadwinners, and women found it difficult to cope with the new and more complex issues of household management” (Tanner, 2009: 256). The modern Cree lifestyle experience included modern amenities, accessibility to material goods, an expansion of food variety and supplies while also introducing trauma (from rapid social change), disempowerment, relocation and loss of cultural continuity from hunting way of life (Tanner, 2009:258). The mandatory local public education system, including residential schools, public health services and the social welfare system, had been created to encourage a western economic lifestyle within the northern Cree communities. Due to legal and administrative settlements such as Indian reserves (pre-JBNQA), many aspects of daily life had been managed by external decision-makers and agency representatives who did not live in the local environment. Therefore, external decisions made by agencies manifested frustration among the Cree people; for example, decision-makers were not aware of the cost of transportation for food and material supplies that were needed to survive the harsh environment (e.g., winter attire often supplied from hunting game). Within the mandatory school system, the outside teachers discouraged hunting and trapping with the students attending the educational institutions which manifested further frustration, while also reinforcing colonial practices of which emulated post-traumatic socio-pathological ordeals during the 1960’s -1970’s (Tanner, 2009; 258).

2.4 The Founding Policy of First Nations Health Care in Canada

The creation of the Indian Health Policy in 1979, founded the development of the First Nation and Inuit Health Branch (FNIHB), a portal within the federal department of Health Canada. Health Canada is responsible for assessing the safety of food, drugs and consumer products to ensure optimal health decisions for the Canadian population (Minister of Health, 2012). Since the implementation of the Indian Health Policy in 1979, Health Canada has created a department called the First Nation and Inuit Branch that ensures the health and safety services for First Nations people and Inuit communities recognized under the Indian Act. The policy was intended to establish relationships among political leaders, status Indians and recognized Inuit communities. The diagram (figure 6) I have created below highlights the guiding principles behind the Indian Health policy which was the foundation for the First Nation and Inuit Health Branch. The main point of the policy recognizes the circumstance of the socio-economic and health realities of status Indians and Inuit communities in comparison to mainstream Canadian society. The policy focuses on three pillars the first, community development followed by the second, honouring the traditional relationship between the federal government, status Indians and Inuit communities. The third, to provide interrelated Canadian health system services to reduce the illness within status Indian and Inuit communities (Health Canada; 1979).

Guiding Principles of the Indian Health Policy

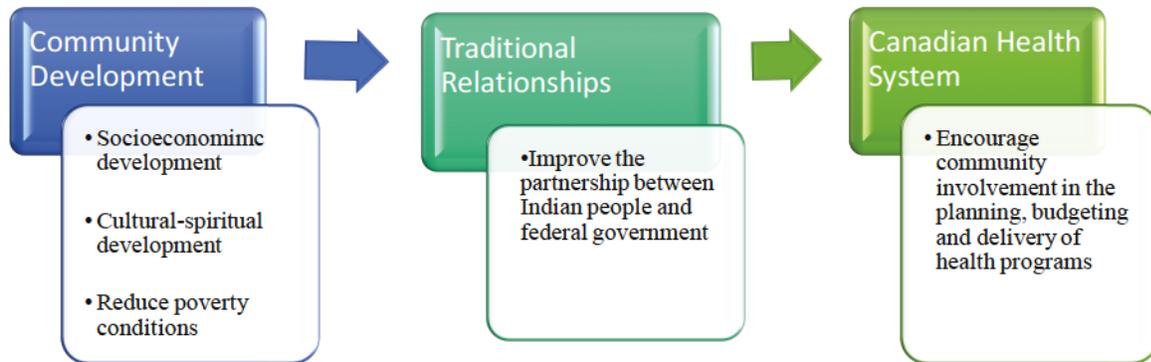


Figure 6 The three guiding principles of the Indian Health Policy

The health policy was viewed as a way to “achieve an increasing level of health in Indian communities, generated and maintained by the Indian communities themselves” (Health Canada, 1979). The goals of seeking on-going community development; maintaining traditional relationships, encouraging the involvement of status Indians and Inuit in the planning, budgeting and delivery of health programs within the Canadian health system, are a “means to end the tragedy of Indian ill-health in Canada” (Health Canada, 1979). The Indian health policy’s guiding principles illustrate the transformative framework and interest in seeking a different engagement with the First Nations and Inuit people of Canada. The history of First Nation and Inuit community development has grown from the colonial ash of assimilative policies and imperial settlements (Episknew, 2009; Mackey, 1999; Tuck, 2009; Waldram et. al, 2006).

2.5 Encounters with First Nation and Inuit Health Branch

In 2012, FNIHB created a report called the *First Nation and Inuit Health Strategic Plan: A shared path to improved health*, which is an overarching operational plan to support the health services for First Nation and Inuit communities provided by the national and regional levels. Since the implementation of the health policy in 1979, FNIHB has had a longstanding role in partnering with First Nation reserves, Inuit and treaty communities to support the delivery of health services. At the same time, the healthcare has increased with complex and inter-related sectors of public policy. The intersection amongst key Canadian government priorities extend to areas such as; economic policy, community safety, environment, and federal-provincial-territorial relations (Minister of Health, 2012). These areas of interest have a longstanding history or unsettling encounters amongst the Canadian governments and the First Nation and Inuit people. The diagram below (figure 7) explains the core guiding principles of the FNIHB Strategic Plan to improve the overall health and wellness of First Nations and Inuit communities. The objective to achieve excellent wellness strategies are based on reciprocal fiscal stewardship; understanding the need for flexibility within communities; cultural safety and seeking transparent engagement for important decision-making for First Nation and Inuit communities.

Guiding Principles of the First Nations and Inuit Health Strategic Plan:
A shared path to improved health



Figure 7 The strategic FNIHB guiding principles towards a shared path to improve First Nation and Inuit health (Minister of Health, 2012).

In Canada, forced assimilation through discriminatory government policies such as the Indian Act, residential school systems, sixties scoop, Bill C-31 legislation, have contributed to both negative health and mental illness of First Nation and Inuit people (Kirmayer et. al, 2009; Waldram et. al, 1995). In an interview with a Chisasibi community member and health administrator he explained “when we understand the intergenerational impacts of historical trauma we begin to raise awareness on the extreme cases of lateral violence, in how we have become the oppressors to one another.” This conversation had taken place after a lengthy discussion about the relationship between FNIHB and Fort-George prior to the James Bay and Northern Québec Agreement. The social interaction between this community member and me presents some insight to a time when the Cree communities were still part of the Indian Act.

Prior to the agreement, the community of Chisasibi resided on the island of Fort-George where two residential schools operated from 1936-1975 (Anglican Church of Canada, 2017). The memories of the residential school experience unveil truths concerning how the colonial discourse has been rooted in Canadian legislation and has acted against traditional Cree cultural practices. To this end, Archbishop Michael Peers had once stated “I am sorry, more that I can say, that we tried to remake you in our image” (Adelson, 2009: 121). A Eeyou chimushum (grandfather) who attended residential school explained “colonization had affected our relationships to the land, we lost relationships with families and suppressed the Niishiyuu.” When I asked what did Niishiyuu mean he described the term as “being human on the land.” The conversation with the Eeyou chimushum signified an understanding of connection and the importance of rootedness. It was then that I realized that the significance of the journey of the (original seven) Niishiyuu walkers reflected Cree values and symbolized principles emulating what it means to be Eeyou of Eeyouch Istchee (people on the land).

The conversation reminded me of an interview that I did a couple of years ago on my reserve. I interviewed my great uncles and aunts who attended residential school for a reconciliation project within my community. My great uncle explained his interpretation of what it means to be Anishinàbeg: “it means more than translating to Algonquin, it means to be human on agoojiik.” I responded “a human on the land?” which he replied “the rough translation to “agoojiik” doesn’t mean land or bush, it describes how everything you need is out there, there is no word for bush that’s a white man’s word.” I couldn’t quite articulate it then because I hadn’t had the experience of being out on “agoojiik.” I did have experience with identifying as Anishinàbegkwe within a socio-political and legal context but not “out there” with my family. Reflecting on the conversation with both my great uncle and the chimushum in Chisasibi, the disassociation with the family household living on the land signified a negative impact on their health and well-being through an internalized sense of self-worth. The subjugation of imposed Eurocentric religion and law through the residential schools nurtured an internal degradation of ancestral heritage in order to be law abiding citizens (Adelson, 1998; Adelson, 2009; Tanner, 2009).

As I sat beside the Eeyou chimushum having been reminded of the unsettling encounters of the hardships the survivors experienced in resisting the attempts to *kill the Indian in the child* (Fournier et. al, 2011) and the awareness of ongoing intergenerational traumas still being experienced within the community, it was a challenge to analyze the conversation academically. The strategic intergenerational colonial tactics practiced by taking the heart out of the community when the federal government had begun isolating them from their families at an early age, had been viewed (among the survivors) as an act of war (Fournier et. al, 2011). An act of a silent war that was articulated as an assimilation method for the sake of civilizing the Indians

into western societal expectations. This silent war continues to have immense intergenerational repercussions that are still visible within the community of Chisasibi today. In 2014, the Miyupimaatisiun Chisasibi Wellness Committee wrote a report that indicated visible social issues such as: alcoholism, lateral violence, suicide attempts, domestic violence and sexual abuse caused by trauma from residential schools (Chisasibi Miyupimaatisiun Committee, 2014).

The unsettling history with the federal government prior to the JBNQA and the efforts to prevent further social health and mental illness issues came from having frustrated experiences with outside administrative workers who implemented Indian Act policies. Chikapash explained the complex relationship between the community, federal and provincial government administrators prior and post JBNQA. Studies were done on the Eeyou Istchee without their permission from anthropologists and health officials who came into the community and had taken information to publish. He explained his frustration about how, years later, they had to buy back the ownership rights to use their own ancestral teachings. For example, the Cree Nation of Chisasibi had to buy back the rights from other Canadian federal and provincial department agencies who published their traditional ancestral teachings during the first wave of reports post-JBNQA. Having had experience with past government workers and researchers, the Cree seized at the opportunity to strategize autonomous actions during the negotiation process of the JBNQA. The JBNQA introduced an opportunity to effectively alter current legal and administrative decisions that were negatively affecting the daily social welfare of families within the communities (Tanner, 2009). Other examples of providing socio-cultural support for the Cree communities included subsidizing incomes for hunters and trappers, incorporating traditional James Bay Cree activities and cultural curriculum, and creating health entities such as the Cree Board of Health and Social Services of James Bay (Adelson, 2009, Tanner, 2009).

The Journey of the Niishiyuu demonstrate wellness in revitalizing unity in a positive proactive way among other First Nations communities in Québec by promoting harmony through walking on the land. Their social resistance against political legislation (Bill C-38) by revitalizing and honouring their ancestors in voicing concern and a call for action to support other First Nations chiefs is a pivotal movement to reclaiming Nation-to-Nation relationship building. In my community, their presence demonstrated how other First Nations who have also been affected by the Indian Act, continue to resist on-going colonial legislation by supporting their youth (Niishiyuu walkers) in encouraging their search for other First Nation ancestral connections to the land—while embodying Eeyou understanding of what it means to be 'human on the land'. By walking to different First Nation communities in Québec and sharing their stories in order to support Chief Theresa Spence and the First Nation women who began Idle No More movement (to bring awareness of Bill C-38) and to advocate for a cure for the Cree babies born with an unknown disease (who do not live past the first year of their lives), they have not only demonstrated bodies of strength but also, what it means to be young men in applying different notions of strength for their community and people. In the next chapter I will examine how First Nation health policies contributed towards the Crees creating their own regional health and social services and how the local Cree Nation of Chisasibi transferred their ancestral way of life into the land based program.

Chapter 3:

It Is Not Your Place to Forgive

“The thing with [western] medicine, is that,
we don’t know where it is leading us.”

–Eeyou Elder Eddie Pashagumskum

The two primary health care providers in Chisasibi are the regional governed Cree Board of Health and Social Services of James Bay and the local operated Miyupimaatissiiun Chisasibi Wellness Committee. Reflecting on the experiences of endurance that First Nation ancestors have encountered during the dark moments in Canadian history, this chapter is about how emotional interpretations and perceptions of forgiveness have endured, along with the Cree Nation of Chisasibi. In my research it became evident that the governing source of funding was just as important to understand as the current healthcare services provided within the community. I examine how the Cree have implemented Eeyou teachings into health and social service programs like the land based program and explore why their healing methodologies are prevalent promoting health and wellness delivery in a way that the mainstream medical healthcare system cannot.

3.1 It Is Not Your Place to Forgive

An Eeyou Elder, who is one of the founders of the land based program, asked me “Why did you come here? What are you going to write about us? What are you seeking?”. These three questions were asked at the beginning of our conversations and became the objective and nexus to my studies. I replied “I’m here to learn. I want to write about how the local history and how colonial encounters have impacted Eeyou health and how the land based program is a solution for Cree wellness. I am seeking a way of life that isn’t as easily accessible within my community. By understanding how it’s done here I can understand what’s preventing land based healing in my own community.” “Oh” he replied.

Feeling a need to elaborate I continued “I want to explain how assimilative policies like residential schools -“ “you know,” he interjected. In that moment, I wasn’t sure what I was about to learn, I just recognized discipline was a part of learning. He explained “you know, I attended the TRC (Truth and Reconciliation Commission) events that happened and I heard a lot of sad things. I attended residential school as well (in Fort-George) and experienced bad things but you know talking about these hurtful things over and over burdens the heart. It reminds me of fire, and when you talk about these hurtful things over and over again you are adding wood to the fire. The feelings of anger, guilt and sadness are the wood that is added into the fire. **It is not your place to forgive.** What has happened is done, it is our place to let go so we don’t burden our hearts and mind.”

I took a moment of silence while continuing to look him in the eyes. I had reflected on my childhood memories of being awoken from my step-father’s screams while he was sleeping. My step-father attended residential school from five until he was fifteen. As I became a woman, I

went to University and learned about residential school trauma. The woman I had become wanted nothing more than to protect the five-year-old child within my step-father. Reflecting on what the Eeyou Elder had said, could I interpret this in the same way: that it was not my place to be protective? In the parallel sense that it was not my place to forgive? I had learned a life lesson that day, honouring the cultural memory of our loved ones and strength of our ancestors is not the same as holding onto the emotional interpretations and perceptions they may or may not have experienced during the dark moments of Canadian history.

The two primary health care providers in Chisasibi are the Cree Board of Health and Social Services of James Bay and the Miyupimaatissiium Chisasibi Wellness Committee. During my fieldwork, my main focus was to understand how the health entities were created, what kind of healthcare services are provided and how the Eeyou are integrating traditional holistic wellness practices within the two health entities. Once I began conducting interviews and community archival research it became evident that the source of annual fiscal year funding was just as important to understand as the current healthcare services provided within the community. The reason for this is that in order to maintain funding each year the health entities have to abide procedure policies and ethical protocols from the funding source. In this chapter, I will illustrate through interviews with health administrators and community members, community-based publications, academic literature and diagrams that I have recreated, how all of these issues join together into the Eeyou epistemology of wellness.

3.2 Cree Board of Health and Social Services of James Bay

The founding of Cree Board of Health and Social Services of James Bay (CBHSSJB), was created as part of the negotiations process from the James Bay and Northern Québec Agreement. The CBHSSJB is a regional entity that covers the health and well-being delivery services to all Cree communities. As part of the JBNQA, the collaboration between the Ministry of Health and Social Services of Québec and the Cree Board of Health and Social Services of James Bay agreed on the Crees responsibility for the administration of health and social services for all people residing in Region 18 in the Québec province (CBHSSJB, 2017). The health topics and delivery services the CBHSSJB provided within the Cree communities include addiction and substance use; child health; chronic diseases; communicable disease/infection; dental health; environmental health; food safety; injury prevention safety; maternal health; mental health; nutrition; physical activity; sexual health; social services and traditional knowledge (CBHSSJB, 2017). The services listed on the Cree board of health and social services of James Bay website, exemplifies the combination of traditional health approaches and western practices. The CBHSSJB receive the annual fiscal funding from FNIHB and out source the funding for health services and social programming to the other Cree communities. Although the CBHSSJB headquarters is located in Chisasibi, the health entity's primary concerns are focused on a regional level. In the interest of addressing community based needs for health and social delivery services, the community created The Miyupimaatissiiun Chisasibi Wellness Committee.

3.3 The Miyupimaatissiiun Chisasibi Wellness Committee

The Miyupimaatissiiun Chisasibi Wellness Committee (MCWC) was established in 2009; the term Miyupimaatissiiun means “being alive well ... through the act of having enough food, maintaining strength and having the physical ability to accomplish daily tasks at hand, embody living well” (Public Health, 1994: ii). Chikapash explained “the objective of the committee is simple, the idea for the creation of the committee was to support the well-being of the people by our own terms. It’s a place where we can implement effective policies and strategies to promote wellness for Chisasibi community members.” I later continued a similar conversation with a Cree health physician who described how she understood the evolution of the healthcare system. She explained how the guiding principles behind both the Indian Health Policy and FNIHB encourage a governing system on CBHSSJB that still supports the mentality of “condition[ing] us to think that the health systems hold value over our way of life out in the bush.” Chikapash described how the government’s principles and systems are not designed to understand the residual energy that is still present in the community from intergenerational trauma. When I asked him to elaborate he explained “the health care systems can’t handle our energy, they introduced pills into our community to take away pain but the pain goes deeper than the body. Our trauma [from residential school] affects our spirit energy only other energies can help heal us in a way that human energy cannot. That is why it is important to go on to the land and take care of ourselves.” As I reflected on Chikapash’s explanation behind the creation of the community-based MCWC, I realized I was talking to a person who understood what he was saying because he had searched for a similar type of healing for himself.

Our conversations reminded me of a similar discussion with my shomis (grandfather) about land based medicine. When it came to healing and medication my grandparents couldn't have been more different. My kokom (grandmother) had always followed the doctors' orders and took her medication when requested. She had also spent the majority of her life physically ill having been diagnosed in every stage of her life. My shomis however, had barely been ill throughout his life. Out of sheer curiosity I called my shomis that evening after my interview to ask him why he encouraged land based medicine over the doctors' orders. To which my shomis replied "Oh, when I was four or five years old a medicine man gave me medicine from the land and he healed me. I appreciate and I think more of our people should connect with the land. Look outside and you will see, our health is as good as the land. Don't get greedy like white people who slaughter trees for money we should keep it healthy for young generations coming."

Reflecting on my shomis and Chikapash, I realized two things: first, there is the ideology that their traditional medicinal beliefs are not valued among health agencies that are fundamentally rooted in cultural difference and Eurocentrism, and second, the ideology behind the land having healing powers is based on a reciprocal exchange. Jo-Ann Episknew (2009) explained in "Taking Back Our Spirit: Indigenous Literature, Public Policy, and Healing", how Canadian policies such as the *Indian Act*, residential schools, the child welfare systems and the impacts of religious extremism has controlled Indigenous life. In her book, she focuses on the importance of healing power through oral stories, survival experiences and emphasizes strength from the people who endured these practices. Episknew's book discusses the importance of the healing journey through the recognition and employment of Indigenous writers. In Chisasibi, there is continual resistance to implement government health agencies principles but there is also an understanding that there is a need to follow procedures and policies in order to continue

accessing the annual fiscal funding (as per JBNQA), the MCWC must produce the documentation for the CBHSSJB. As part of this process, the MCWC created an operational plan to encourage wellness initiatives between the years 2014-2019. The operational plan was created to access additional funding for the next five years, the report described the Chisasibi Eeyou Healing chronology (figure 8) since the founding of the MCWC. Below is a chronological trace of the process taken by the community of Chisasibi to incorporate traditional healing and social health services as stipulated in the 2004 CBHSSJB Strategic Plan.

The operational plan created to promote wellness activities from the MCWC, had been created from a pilot project initiated from the Chisasibi community to support Eeyou healing and mainstream social health services as part of the regional CBHSSJB strategic plan. The journey began by administratively acknowledging and socially recognizing the transfer of traditional knowledge into the community. The ideology of traditional knowledge included ancestral activities such as: ceremonies, building wilderness healing lodges and sharing circles. The sharing circles discussed sensitive knowledge regarding inter-generational trauma, post-traumatic stress disorder, residential school survivor circles, substance abuse, and other mental health issues that were prevalent to the local community. The ceremonies and activities included: Sundance ceremonies, round dances, an annual traditional powwow, healthy breakfast clubs, canoe paddling expedition, mentoring for ancestral knowledge, and healing roundtables.

Chisasibi Eeyou Healing Chronology	
2009	<ul style="list-style-type: none"> – Chisasibi transfer to traditional knowledge (re-introducing traditional activities and ceremonies into the community)
2010	<ul style="list-style-type: none"> – Sundance Gathering 2010 – Restoring Traditional Framework and Capacity Building – 1st Community Symposium – Wilderness Healing Lodge for Elders – Chisasibi Wilderness Healing Lodge for Youth – Understanding Inter-Generational Trauma – Healing and Dealing with “Post Traumatic Stress Disorder” <ul style="list-style-type: none"> → Substance Abuse → PTSD (Post-Traumatic Stress Disorder) → Other Mental Health Issues
2011	<ul style="list-style-type: none"> – Community Breakfast Club/Kids School Healthy Eating – Memorial Round Dance – Summer Canoe Paddling Expedition – Traditional Mentoring and the Transfer for Ancestral Knowledge – Chisasibi Powwow – Residential School Survivors of Chisasibi Support Chisasibi – Wapikoni project (partnership with Wapikoni mobile)
2012	<ul style="list-style-type: none"> – Eeyou Healing Roundtable – Chisasibi Roundtable on Healing & Wellness – Don’t Quit Before the Miracle – Conflict Resolution Training
2013	<ul style="list-style-type: none"> – Submission to Health Canada Mental Wellness Team Program (MWT, FNIHB)
2014	<ul style="list-style-type: none"> – Formal Transfer of MWT Funds for a Period of 3 years (2013-2016)

Figure 8 A chronology of Chisasibi Eeyou activities to promote health and wellness within Chisasibi

In addition to the Chisasibi Eeyou Healing chronology, the MCWC also created their own guiding principles based on the five-year traditional cultural activity chart. In figure 9, I present a graph version of The *Nishiiyuu Miyupimaatisiium Strategic Plan*, which is a framework to reintegrate Eeyou knowledge, holistic approaches and meaningful engagement by reintegrating traditional values. By encouraging traditional Nishiiyuu values, the priorities are developed to respond and assure a cultural based continuum of care.

The Nishiiyuu Miyupimaatisiin Strategic Plan

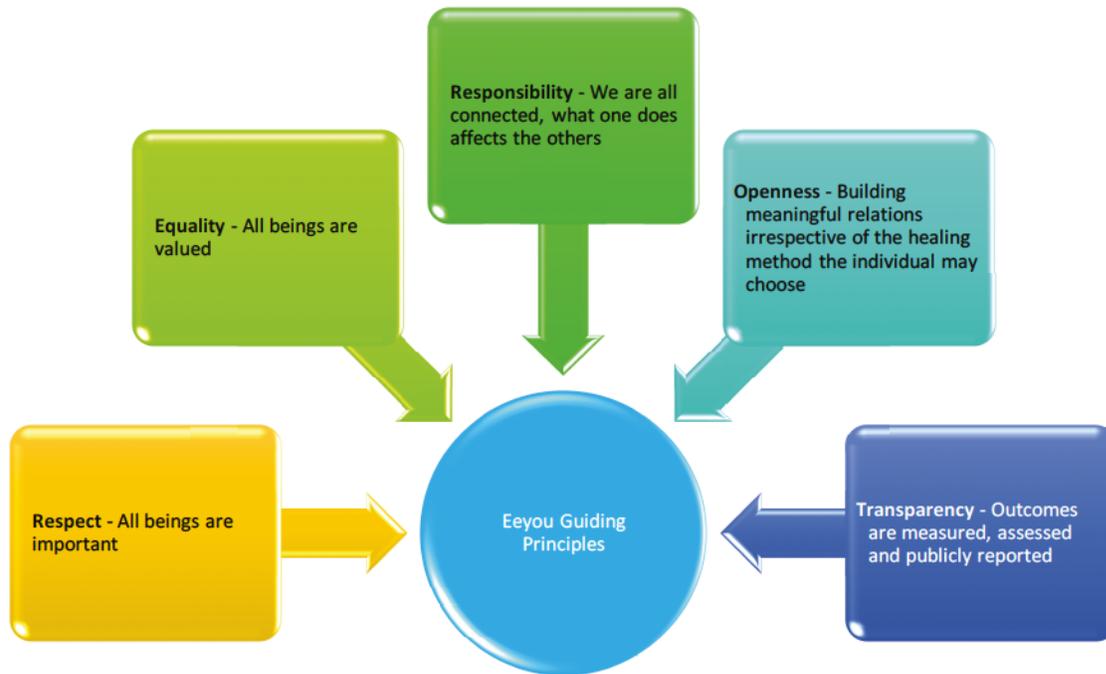


Figure 9 The Miyupimaatisiin Chisasibi Wellness Committee guiding principles towards promoting living-well

The programs and activities consider health needs by strengthening the mind, body and spirit. The broader (e.g., justice, education and cultural entities) aspects that influence health and self-determinants are key influences and alternative methods of care pending on the need of the person. The strategic plan had three main priorities: first, to broaden community activities focusing on awareness, second, improve inter-agency coordination amongst the other administrative entities within the community and third, improve organizing strategies by securing resolutions with Chief and Council. The chronological programs and cultural activities were necessary to provide an evaluation to support the next strategic plan towards the creation of the Land Based Healing Model for Nishiiyuu (LBHM), later referred to as the Land Based Healing Program (LBHP). In order to begin the next phase of the LBHP, the MCWC established

a specific Wellness Team to organize and facilitate the Land Based Healing Program (Miyupimaatisiium Chisasibi Wellness, 2012).

3.4 The Chisasibi Mental Wellness Team

The Chisasibi Mental Wellness Team (CMWT) was established in 2014, as the next phase of the Nishiiyu Miyupimaatisiium Strategic Plan. The CMWT secured funding from Health Canada to support community-based, culturally safe mental health and addictions services (Miyupimaatisiium Chisasibi Wellness, 2012). The aim towards integrating Cree traditional holistic practices with mainstream clinical approaches, was to provide prevention and aftercare to each client. The CMWT facilitates participation and involvement of the different sectors of service providers (education, justice and social services) within the community, including health agencies on a regional and national level. As part of the three-year funding allocations, the CMWT was expected to provide services for a minimum of two other Cree communities in Eeyou Istchee. As part of the CMWT strategic plan, the development of the team is based on a multidisciplinary intervention approach that provides care to both the local community and other regional Eeyou Cree communities, who are seeking Eeyou Istchee wellness or land based healing as opposed to social health services provided from the provincial and federal medical healthcare system. The CMWT is unique in their approach because the regional CBHSSJB and community-based health administrations acknowledge and recognize the fundamental importance of Elders being a part of the CMWT to work with the program coordinator, camp helpers, healers and counselors to guide them and pass down ancestral knowledge while nurturing the connect between client and the land.

The Team Composition

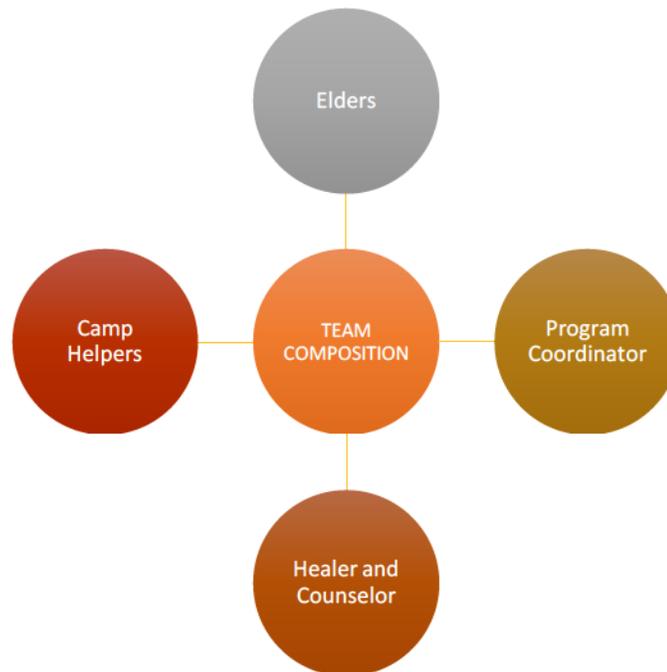


Figure 10 A graph to explain the multidisciplinary composition of the Chisasibi Mental Wellness Team

The Chisasibi Mental Wellness Team (CMWT) is compartmentalized into four components as shown in the diagram (figure 10) above, the first, the Elder(s) who are responsible for the design of the treatment plan for the clients. They work in collaboration with the healer, teach traditional knowledge and give holistic counselling. Their role is to explain the importance of spiritual connection to sacred aspects of holistic activities such as hunting fishing, trapping and gathering land based medicines. The Elders play an important role for spiritual guidance, which is considered of highest honour within Eeyou governance. They explain the governance of natural law and spiritual law to the clientele in order to reconnect them to their mind, body, spirit and local environment (Miyupimaatisiun Chisasibi Wellness, 2012).

The second component of the team is the program coordinator who is responsible for managing the organization of the program in consultation with Elders, healer(s), employees, resources, transportation and additional logistic needs during the daily planning of activities. The third, is the healer and counsellors who conduct individual entry interviews, support clientele personal growth, help guide the client to create their own boundaries to identify and overcome their own pain, anger, grief (of past experiences) to encourage the healing process. The fourth component to the team, are the camp helpers who provide services such as cooking, cleaning, and other assistance as requested. Each component of the team is vital to ensure that all elements of the program can be implemented in an ethically and culturally safe environment to produce optimal results for the client (Miyupimaatisiun Chisasibi Wellness, 2012).

3.5 The Land Based Healing Program

The Land Based Healing Program was created as a healing and wellness initiative that was implemented (and delivered) by community members on the traditional hunting territory of Eeyou Itschee. The mission is to strengthen the ability of participants to lead a healthy, fulfilling and resilient life. While encouraging Eeyou traditional beliefs such as the “land and cultural traditions have healing power that can enable individuals in distress deal with pain and self-hurt” (Miyupimaatisiun Chisasibi Wellness, 2012). The overall goal is to strengthen the community by improving the mental health of individuals so that they can effectively participate in the life of their family, community and make positive contributions to the collective development of their Nation (Miyupimaatisiun Chisasibi Wellness, 2012).

The Three Components



Figure 11 A graph to describe the function of how the committee, team and program work in cohesion

The program identifies issues related to substance abuse, trauma (physical and sexual abuse, unresolved grief), and the complex intergenerational social suffering symptoms associated with residential school. The Eeyou believe that the traditional methods and cultural teachings form the core principles of the program in order to promote personal, family and community wellness (Miyupimaatisiun Chisasibi Wellness, 2012). The treatment includes prevention, intervention and postvention to ensure an effective continuum of care for the clients. Each treatment stage is based on traditional cultural teachings to encourage Eeyou identity and self-confidence. Chikapash explained that the success of the program depends on the support from the community, not just a single entity within the community. In order to achieve both the administrative and the broader social health changes, the approach to service delivery is taken by

an intersectional resources network to maximize local capacity building (Miyupimaatisiin Chisasibi Wellness, 2012).

The Characteristics of the Land Based Healing Program Framework



Figure 12 A framework to describe the overall goal and approach of the land based healing program

The LBHP characteristics framework outlines the core components in how each step is approached. Under the first step, connection to the land, the Eeyou Elders are the knowledge holders and core component to the program because they need to be involved in each phase (prevention, intervention and postvention). They are responsible for guiding the culturally appropriate model of healing by teaching Eeyou bush skills and values. The Eeyou believe that

land based medicines are key to promoting spiritual, physical and emotional wellbeing (Adelson, 1998; Miyupimaatisiun Chisasibi Wellness, 2012). The CMWT utilizes both a combination of western and Eeyou therapeutic approaches that best suit the individual's mental and living circumstance. Some of these characteristics include: knowledge of medicinal plants; ceremonial activities; prayer; sharing circles; and energy work (Miyupimaatisiun Chisasibi Wellness, 2012).

The second step is about harm reduction; in understanding how substance use and abuse are habitual social behaviours, and that individuals develop dependency as a coping mechanism for traumatic experiences. The CMTW approach for focusing on harm reduction is to promote personal responsibility and rational behavior. The overall intent is to move the individual from self-harm to a level of sobriety through holistic wellness practice, to support the integration process of being a productive positive community member.

The third step is goals for treatment; which is about maintaining harm reduction objectives while decreasing alcohol and drug use. The goal is to support the transition from addiction to sobriety by nurturing the relationships between the individual and social support within the community.

The fourth step is access by making sure the program is available to all community members of any age, gender, sexual orientation, religious affiliation or spiritual practice (Miyupimaatisiun Chisasibi Wellness, 2012). As I was learning about the program, one of the key elements that separates the LBHP apart from other rehabilitation programs is how the the CMWT accepts all referrals ranging from the self, family, professionals and friends. Once the client is accepted into the program, they have to take a formalized after care program that is customized based on the needs of the individual. The CMWT emphasizes the importance of

cooperating with the different community agencies to support prevention, local capacity building and reducing risk factors to develop strengthening leadership qualities.

The fifth step is case management; the program coordinator manages the referrals by requesting a case conference with other relevant agencies (health, education and justice departments). The partnership between the different entities within the Cree territory for intervention and aftercare are in agreement to secure an optimal continuum of care for the client.

The sixth step is mitigation of risk, responsibilities of which are delegated between the program coordinator and Elders to supervise the clients on a regular basis. On the land, the staff meetings are held at least once a week and have individual meetings with the clients (at least twice a week) to ensure the program guidelines are being followed in a safe manner. The clients have to undergo a mandatory pre-admission medical exam before they depart onto the land. As part of the risk and reduction strategy, each trip has an arrangement with a medevac evacuation, first responders, nursing care and mitigation symptoms (for withdrawals).

The seventh step continuous service planning; is the integration process once the client has completed the Land Based Healing Program. The CMWT acknowledges and recognizes the short length in the program in comparison to the care needed for the individual to commit to long-term healing journey towards making effective changes in their lives. The program is designed to apply long-term health and wellness services by focusing on daily care in nurturing safe life skill practices. The CMWT provides the families of the clients with information, support group meetings, and a “refresher trip” after six months to celebrate, solidify and rejuvenate the clients’ healing journeys.

The eighth step is about quality assurance, in order to receive feedback on how to improve the strategies and the mechanics of the program. The team view feedback as a source of

validation and an opportunity to improve the structure of the program. The collected data contributes to further improving and seeking additional social determinant health profiling for the clientele. The data contribute to a program evaluation report that is published annually as an implementation and operating indicator to demonstrate the outcomes and satisfaction assessments (Miyupimaatisiun Chisasibi Wellness, 2012).

3.6 An Eeyou Teaching: The Land Has Healing Powers

Roughly midway into my fieldwork, I had met up with Chikapash and his wife. My kokom had fallen ill and needed emergency surgery, and I explained how I needed to push my interviews back a week because I was called by my family to come home. During our meeting, Chikapash began to tell a story, a memory about him and his uncle. There was a community wellness conference happening in Chisasibi where Chikapash was presenting. He wanted his uncle to be there to hear his presentation but his uncle was in his cabin in the bush. Having no way of communicating until his uncle came out of the bush, Chikapash proceeded presenting. On the day of the presentation he got up to discuss alternative land based solutions to on-going colonial trauma within the community. After his presentation, Chikapash looked up at the audience and saw his uncle in the back of the room. After he collected his notes Chikapash walked to see his uncle, and he was enthusiastic that his uncle was present after willing it earlier that morning. After greeting and describing his wishes earlier that morning, the uncle listened and replied “I must have got your message” with a glimmer in his eyes. Chikapash puzzled replied “how?” The uncle replied “because I listened, the land is always talking and the trees

vibrations told me”. Amazed and intrigued by Chikapash’s experience I would soon learn first hand the importance of his lesson on the land having powers.

A week later my kokom passed away, on that morning life as I had known it stood still. During that time, I had learned that grief has a powerful impact on the mind, body and spirit. Shortly after her funeral we had done a ceremony for the journey of her spirit. There is a huge pine tree in the back of Mishomis (my grandfather’s) house, he calls it the “grandfather tree”. Growing up, my cousins and I always made fun of how stiff the tree was in comparison to the other trees. On this particular night, the grandfather tree moved fast and loud. I looked around and noticed the other trees were moving but not at the volume the grandfather tree moved. My mother and I looked at each other and we knew. It wasn’t so much as knowing but rather a feeling of being connected. I hadn’t told her about Chikapash’s story, mainly because I had learned about his experience through my fieldwork and I had the integrity of Carleton and OCAP ethics to uphold.

When I returned to Chisasibi to complete my fieldwork it had been an internal struggle. I figured it would be easier to perform a persona by separating myself as an aspiring anthropologist. I learned quickly, the cultural layers of being a human, Anishinàbegkwe, an aspiring anthropologist and academic, would be difficult to differentiate. I was reminded by another story shared by Chikapash about how life lessons are dealt with when we need them and the willingness to observe and listen. Chikapash and his uncle were down south in Montreal for a health meeting at a hotel. His uncle had decided to stay in his hotel room and observe the view from the top floor. After the meeting, Chikapash met his uncle in his room and asked him if he spent the day looking below. His uncle replied “there are certain times in the day everybody comes out on the streets and [then] go back in the buildings, another time in the day the people

come out of the buildings move around and go back in the buildings, they remind me of ants”. Chikapash laughed to which his uncle looked at him and responded “yes, ants but you know ants are better”. Chikapash replied slightly astonished “better, how?”, “because ants have a common goal, whereas humans do not have a common goal”. As I sat across from Chikapash, listening to his story, I came to understand that two realizations had to happen in order to value the importance of oral stories and appreciate the teachings they hold. The first, the overall meaning within the message of the oral story has to be relatable. The second, a connection to environment is crucial to understand the cultural context of the traditional oral story in order to help the receiver relate to the message.

Through an anthropological lens, Chikapash’s stories presented intriguing thought towards Indigenous pedagogy through oral stories and histories. The oral stories and memories are both physical and metaphysical experiences that hold underlying teachable moments to strive for a spiritual connection, engage the mind and emotional well-being, while balancing the physical body to its environment. In his stories, the metaphors his uncle uses through the connection to the land represent a broader understanding of Eeyou epistemologies. In an academic context, it is important to recognize the moment one takes an oral Indigenous story and records it for preservation so that it becomes a document. The reasons I have shared the different ways I connected with his stories was to be mindful of not undervaluing Cree memories and traditional oral stories. As a First Nation aspiring academic, it can be difficult to describe oral stories that can quickly cause participation in a dialogue that is one dimensional. The point of sharing the Cree memories and oral traditional stories is to convey a form that is passed down as a collective narrative that gives a broader understanding of Cree epistemology, that has been validated by the families and community.

Traditional Indigenous oral stories provide different meaningful message(s) of values, sense of purpose and reflection of identity. The importance of oral stories connects Indigenous perception of their own historical representation. Onondaga academic David Newhouse's "*Telling Our Story*" article challenges mainstream's historical representation(s) and rhetoric by encouraging his students to participate in oral story telling as a means of academic research. His text describes the importance of space, place and the presentation of appropriate protocols when participating in oral storytelling. Cree academic Winona Wheeler's "Reflections on the Social Relations of Indigenous Oral Histories" article, criticizes the notion of historians and academic scholarly practices of recording oral stories without building a relationship with the individual prior to proceeding in research. She examined how scholars often practice skepticism and criticism of Indigenous oral stories because the stories do not fit within the doctrine of academic researcher practices.

The Wheeler and Newhouse articles examine and critique academic engagement with Indigenous traditional oral storytelling. Fundamental guiding principles of respecting the space, recognizing ancestral memory to a place and presenting the findings in an appropriate ethical manner are key ingredients to participating and transcribing Indigenous traditional oral storytelling. The traditional oral stories and memories I have transcribed within my thesis are teachings that are intended to connect and pass down collective ancestral memory to one another. The lineal memories from the storytelling reflect Eeyou guiding principles in understanding their identity in relation to the land. In the act of telling oral historical stories Eeyou are not only telling their stories about themselves but experiencing a metaphysical connection to the historical representation of their ancestors that in turn articulate their sense of self. A prominent practice of how traditional oral stories and memories orient Eeyou identity to the land are through hearing

the experiences of Cree hunters during the JBNQA. From the JBNQA created an opportunity to govern their own funding to support health and social services delivery services within the Cree communities. In Chisasibi, the community-based land based program demonstrates the contemporary health and wellness approaches to miyupimaatisii (live-well). In the final chapter I will examine and reflect on my fieldwork and the reasons behind understanding the value of living well. Including, exploring the fundamental importance of why it is crucial to remember why we as First Nations should continue to sit at the table with governing agencies that are not our own.

Chapter 4:

Miyupimaatisii (live-well)

4.1 Remembering Why We Sit at the Table

“If there is one thing I can share it is to never let your Anishinābeg fire within go out. You will have loads of people ready to wash it out with buckets of water.”

– Elder Gilbert Whiteduck, Kitigan Zibi

I always admired how Gilbert, an Elder in my community, had a way with words. He has provided words of wisdom from his experiences, which I have interpreted as courage to give my best effort in the way that I know how for any given circumstance. He had joined my grandmother and team of community members to build a school for our community children. When he became the education director he continued to support our communities voice against Bill 101 (The Charter of the French Language in Québec) in the late 1970's. My mother had once shared a memory during an honouring ceremony for the community members and faculty who worked for the school for over twenty years. I can remember her explaining how during a blockade our community had done on the main highway there was this man who was walking down the paved road. As a young girl, she didn't know why they were gathering but when he walked past her with his hair flying in the air people moved to part a way for him to walk to the center. He stood there for a moment began speaking to advocate how we will challenge Bill 101

and our Anishinàbeg voices will be heard. At the time, my mom didn't know who Bill was but she knew that she didn't like him. She also knew that whatever was going to happen, Gilbert would do everything in his power to protect our community and our families from Bill.

Later in life, during the time when Gilbert served as a chief I can recall him working together with my mother to find innovative approaches and to develop programming for capacity building within our community. At the time, when I would hear him speak at community events, band meetings, on the news, and during presentations at the school, he would always find a way to make sure his message was relatable for all generations. The last time I spoke to him was at a community event shortly after my grandmother passed away. I came across a vendor's booth where he was selling his book of poetry. At the time, I didn't have much to say so he gave me a hug instead and I bought his book. Sometime later, as I began to recollect and root myself to begin sharing my ethnographic journey, I came across his book of poetry. He dedicated his book of poetry to one of his granddaughters who asked him when she was younger why he looked so sad. In that moment he recalled that his reaction wasn't so much a thought as he explained "I just felt a rumble in my heart, the earth shook for a moment" (Whiteduck, 2016:1). He responded to his granddaughter by explaining how he was thinking about what will be left when his spirit has left his body to join our ancestors. After his granddaughter lost her concentration and went back to playing he continued to watch her and think about her future. He expressed his concerns towards her connection to her spirit and community, the conflict she might have to face in a world in which her Anishinàbekwe identity might not be respected. He wondered about his own life and what he had to overcome to find balance.

It has been my experience that as an Anishinàbekwe, status Indian and "Indigenous" student, I make a daily choice to actively maintain a spiritual connection to our ancestors is

fundamental to our health and wellbeing. Here is what I know and what I have learned: I am from a generation who identifies with being a wandering child. As an Anishinàbekwe who comes from an English speaking Algonquin reserve in Québec, the search for other First Nations ancestral healing practices came from the challenges and exhaustion of experiencing and observing my community encounter systemic racism within the Québec medical healthcare system. My earliest memories of Chikapash encouraged bodies of strength and cultural safety. This would later contribute to seeking a way to acquire the credentials to join my people at the table to honour the memory of the confidence towards our First Nation identities and sense of belonging to our community. The cultural politics attached to my body and the inherited Indian status rights symbolized external notions of privilege and internal attachment to colonial history. The political disparity over political recognition over territory and cultural difference has manifested narratives of sovereignty that are embedded in on-going settler colonialism. Jurisdictional legitimacy issues surrounding cultural political citizenship continues to be the mechanical function for on-going systematic realities First Nations communities encounter in Québec.

In order to avoid romanticized narratives surrounding ethnological formalism and fetishism with Indigenous cultural analysis it was necessary to acknowledge the cultural political histories and how jurisdictional legitimacy of identity in relation to citizenship continues to effect First Nations in Québec. The importance of legally acknowledging, academically recognizing and socially respecting one another's connection to ancestral cultural memories and lands, inherited rights and the-self remains a pinnacle point in this ethnography. The next step was to draw upon other Indigenous scholars such as Mohawk scholar Audra Simpson and Maori scholar Linda Smith's work to navigate a framework towards refusing settler colonial ideologies

of Indigenous cultural analysis and interpretative research process to decolonize and reclaim Indigenous cultural practices within academia. The four interpretive research processes of decolonization, healing, transformation and mobilization acted as my methodological approach throughout this ethnographic journey.

Growing up, I observed the challenges my mother experienced as a social worker who worked within our community. Her commitment towards believing and being a part of the creation of *Òde Widòkàzowin* a social program within Kitigan Zibi Anishinàbeg to prevent our community children from being placed in non-Algonquin foster care homes off the reserve, sparked a fire within the heart. My mother and the women within my community efforts to promote community-based health-determinants came from a place of refusing on-going assimilative colonial policies. The children remain the heart of our families and communities; in Québec the jurisdictional, and political challenges over power relations of territorial rights continue to effect social healthcare services. The systemic racism English-speaking First Nations experience through language barriers and cultural discrimination contribute to preventing high quality medical healthcare services.

The volume of English-speaking First Nations communities in Québec are overwhelmingly high among the Cree, Mi'gmaq and Algonquin (see figure 3). The language barriers have acted as a preventative measure in accessibility to high quality healthcare within the Québec medical system. Accessibility to important information such as patient records, medical charts, government sites, updates for immunization protocols, ambulance forms and provincial policies have contributed to anxiety and fear over not being understood. This issue around accessibility has reinforced Indigenous people's distrust and apprehension of the Québec medical system. First Nations languages within Québec are ignored in the legal system and

among political leaders, and as a result, the languages have become normalized as socially inferior to Québécois language and culture. The language barriers and forms of cultural discrimination encourage First Nations to conform to Québécois values and expectations. The English speaking First Nations communities in Québec who do not know or speak French or practice Québécois culture are forced to endure systemic racism within the mainstream medical healthcare system.

Cultural discrimination due to lack of understanding towards the meanings behind cultural safety and intergenerational trauma from Canada's colonial history act as another barrier between First Nation cliental and provincial specialists who provide the healthcare services in medical institutions. The systemic racism experienced through cultural discrimination, language barriers and jurisdictional administrative decisions continue to socially and culturally impact First Nations communities within Québec. The Québec medical system does provide healthcare for First Nations bodies and at times mental health however it lacks awareness in spiritual healthcare. Reflecting upon Canada's on-going colonial history, I was seeking specific ancestral spiritual healing and teachings that the mainstream and provincial medical healthcare systems could not provide.

The James Bay and Northern Québec Agreement (JBNQA) which was the first modern day treaty in Canada. Prior to the agreement, the Eeyou Istchee maintained a semi-nomadic lifestyle as the 'good old days'. The stories told through community poetry and Kainai grandmother memories shared through their granddaughters describe the importance of relationship building and how the meaning within daily life activities on the land are important to First Nation identity and sense of belonging within their communities. The stories and continual practice of land based lifestyles signifies the resistance to colonialism and how First Nation

communities continue to embody resilience. In the present, the Eeyou Istchee maintain their identity as the gatekeepers of the north. The journey of the Nishiyuu symbolized an act of reclaiming Nation-to-Nation relationships in social resistance, resurgence and revitalization in honour of their ancestors. The presence and journey of the Nishiyuu walkers encouraged the young generations to learn about ancestral connections to their land and reflect on the social role of men within the community. I recognized an opportunity, to seek and learn how the ancestral connection to the land nurtured health and wellness towards the self, family and community as a whole but first, I would need to know how the Nishiyuu walkers came to think and be who they are. The journey of the Nishiyuu navigated an interest to learn about Eeyou (Cree) hunting philosophy and cultural practices. I would come to learn during my fieldwork that the significance of the journey of the Niishiyuu walkers reflect Cree values and symbolize principles on what it means to be Eeyou of Eeyouch Istchee (people on the land).

“Once, my Mother told me this story.

Most Cree stories are to sense or feel something, not only of nature, but of things related to another age, person, place.”

–Margaret Sam- Cromarty

I was asked by a couple of community uhkumimaauch (grandmothers) to go berry picking one weekend. Once we started picking, one of the uhkumimaauch called me over, she held out her hands and had a chunk of long yellow moss in her hands, “this is yellow moss this is what we used to use as a baby’s diapers. We used to pick it near the damp areas near LG 1 before

they built the reservoir, now the moss has changed because the water isn't as healthy, that's why you have to pick it here."

Uhkumimaauch Hands



Figure 13 Uhkumimaauch Lily holding a chunk of yellow moss in her hands

The conversation I had with the uhkumimaauch that afternoon about hunting memories and taking care of the family household, cutting meat, picking moss so their babies won't get a rash, and picking traditional medicines for the winter described different habitual wellness practices. I asked "do Eeyou women hunt?", they all laughed and one replied "yes, when we needed to but the hunting was for our men to teach our boys what it means to be a Eeyou man, it's a rite of passage when they are twelve. We used to do ceremonies before the residential schools but now we have a feast after the boy has his first kill (goose)." Trying to understand the

connection between an Eeyou hunter's social role within the family household and wellness, the uhkumimaauch continued "a boy needs to learn how to feed his family and learn the different medicines that come from different animal body parts, from this he is learning how to be a healthy provider and it will give him confidence to live well when he has a family." Their belief in the men teaching the boys how to be Eeyou men resonated with Adelson's conceptualizations on understanding Cree modern narratives of health and wellness.

In Naomi Adelson's article "Health beliefs and the politics of Cree well-being", she examines cultural conceptualizations surrounding the narrative of health and wellness. Adelson's analysis on health ideals that are rooted in cultural norms and values describes how wellness exists beyond the physical dimensions of the body. She explores the Cree concept of well-being through the notion of "miyupimaatisiun" which translates [to] as "being alive well" (Adelson, 1998: 6-10). As Adelson explains "being alive well" is a statement of how one lives and interacts, and, although related to, is not bound within the nexus of health and illness" (Adelson, 1998:11). Through Adelson's analysis on the meaning of miyupimaatisiun, the narrative reflects ideals on habitual traditional practices amongst Cree families post-JBNQA. The James Bay Cree practice of living-well remains important because without on-going habits to form on-going cultural patterns, hunting and other forms of traditional knowledge would no longer be practiced.

Post-JBNQA, the increased accessibility for modern food supplies that incorporate ingredients that are not derived from the local environment, has contributed to "epidemic diseases such as; influenza, gastroenteritis, measles, typhoid and tuberculosis became prevalent", among the James Bay Cree communities (Louttit, 2005:1). The emergence of chronic diseases like Type 2 diabetes mellitus are prevalent and are evidence of residual trauma from on-going colonial patterns that have become embedded in daily social practices. Within Cree traditional

culture, food directly reflects Cree identity (Louttit, 2005) and ethnocultural distinctiveness (Adelson, 1998). Stan Louttit's research captured how "culturally "the "bush" appears to be more associated with Eeyou eating behavior, while Eeyou eating patterns are less associated with the "community"" (Louttit, 2005: 64). His fieldwork in the Cree Nation of Wemindji examined how Cree elders living within the community observed how the local social norm is increasingly reflecting "white" styles of eating and social behaviors on a daily basis (Louttit, 2005: 86). The on-going colonial impacts manifesting in mental and physical health complications from sedentary community living, socio-pathologies, and modern non-Cree diet, collectively reflect inquiries regarding conceptualizations surrounding the social impacts and habitual traditional practices that I identify as wellness.

Within the 21st century, I argue, the history of traditional James Bay Cree practices emerged from cosmological philosophy, on-going practices of social interaction among families and ontological connection to other living entities on the land. Reflecting on the history among the Eeyou, Québécois and Canadian agencies, Eeyou wellness have survived within habitual traditional everyday practices. The ontological relations communicated through action on the land and in the bush camps, were both a means of survival and a mechanism for social traditions which over time transformed into habitual cultural patterns (Adelson, 1998; Richardson, 1975; Nadasdy, 2007). The transcendence of Eeyou knowledge through social interaction between the different inter-generations (such as Elders and children) were expressed through their traditional language and oral stories that directly described the local environment. Including, the physical traits of how the Eeyou view their body and the connection between their bodies and spirits of the land, which supports their cosmological philosophy (Adelson, 1998; Louttit, 2005; Richardson, 1975; Nadasdy, 2007; Tanner, 2009). Despite modern reality of sedentarization,

which has created a cultivated environment of government built houses, dwellings, transported food and material goods from outside the local community, the will power of the James Bay Cree to maintain traditional practices exists both in their language, cosmological beliefs and hunting practices on the land. The on-going habitual practices of speaking Eeyou, their traditional language, eating what they hunt and periodically living on the land in their bush camps, are choices that the James Bay Cree actively practice post-JBNQA.

The evolution of the government agencies (figure 14) (FNIHB), regional (CBHSSJB) and local health and wellness community based entities (MCWC and CMWT), contribute to understanding the complexities of what it means to live well in among the Eeyou in Chisasibi.

Governing Agencies

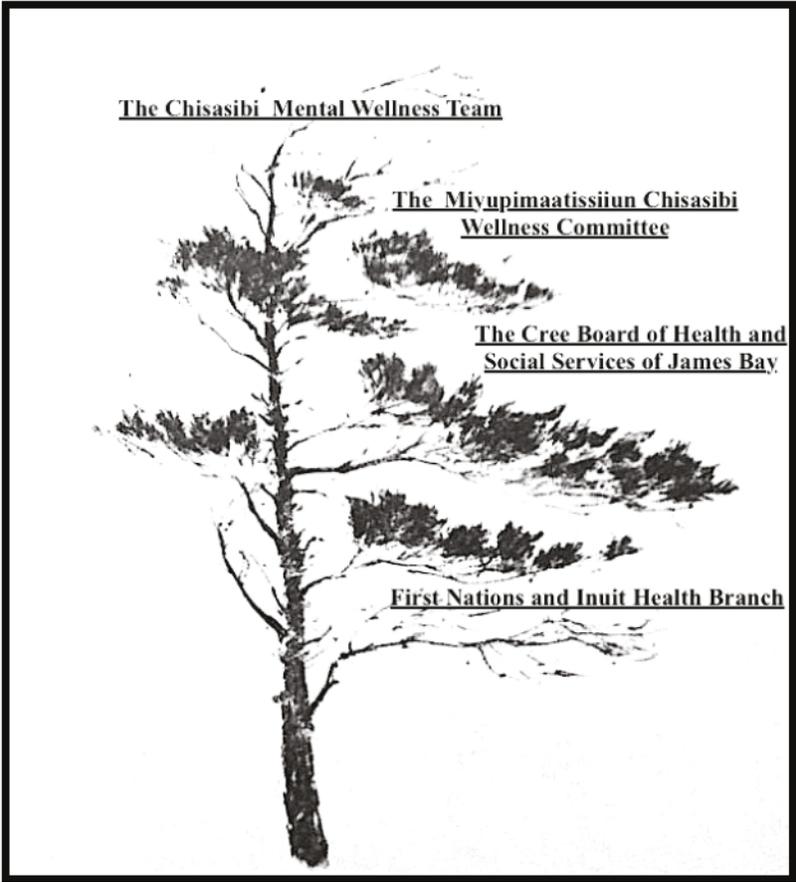


Figure 14 The evolution of the governing agencies

Administrative health policies; ethical procedures, annual fiscal year funding, traditional cultural teachings and hunting practices all contribute to understanding an in-depth analysis of Eeyou epistemology. Wellness and health are two parallel entities that at times intertwine. The combination of traditional and western practices are necessary for the Eeyou to continue to practice self-determinants within their community socio-cultural functions. The historical development of the healthcare system and the rise of Cree Board of Health and Social Services of the James Bay, were instrumental in understanding how and reasons why the Miyuupimaatisiun Chisasibi Wellness Committee created The Land Based Healing Program. Although the Eeyou encountered some of the darkest moments of Canadian history, their adaptation of settler governance in combination with their traditional Eeyou knowledge, manifested a continual self-determinant continuum. Through oral stories, maintaining hunting practices and local traditional knowledge (land based; medicines, food and medicinal body parts of each animal), encourages on-going self-confidence to strengthen Eeyou identity and sense of belonging to the Eeyou community.

In order to join my people at the table, I needed to learn and understand how to articulate the current position of health and wellbeing of First Nation communities in Québec in order to be a part of creating a productive strategy in maintaining a healthy community. I needed to learn the mainstream academic rhetoric, mentality and governing systems to bring the knowledge back to my community. The guidance from my northern Eeyou Istchee relations who have allowed me to research and learn how they continue to live-well expands beyond the land based program. At the beginning of my journey I was seeking to learn how the Cree Nation of Chisasibi transferred their own ancestral cultural practices into current administrative agreements and policies. I wanted to learn how they developed their framework, interacted with their cliental and how was

the LBP evaluated as successful. I did this with the hope to reduce the substance abuse and lateral violence within my community.

As a status Indian who grew on an Algonquin reserve in Québec, it was apparent I had to seek guidance from another First Nation community in the same region. I chose Chisasibi for several different reasons. The first was their strength in the fluency of their ancestral Cree language despite having two residential schools build on the island of their community before the relocation to the mainland. The second was the success they achieved in negotiating their sovereign rights and autonomous actions towards administrative decisions over political recognition of their health, education and administrative operations. The third reason was the pre-existence of the Land Based Program and the grassroots development of the Wellness committee and team.

The contacts I made within the Cree Nation of Chisasibi are directly rooted to my childhood and my family. The motivation for seeking ancestral knowledge and political administrative information from the Eeyou Istchee was always and will continue to be for the health and wellbeing of my community and people. The forced dispossessions of land and relocation onto reserves, assimilative policies through legislative policies such as Bill 101 and legal banning of ceremonies, legal banning of ceremonies, continual annual funding challenges from the Canadian governments are constant reminders of remembering why we sit at the table. Despite language barriers, cultural discrimination and cultural difference with governments agencies, the simple truth is that neither settlers or Indigenous people are leaving the table. It is not my concern to validate the importance of why spiritual healing is equally important to the medical healthcare system both however are forms of healing. I will however acknowledge and recognize that my community's reality and the reality of other First Nation and Inuit

communities in Québec can find a way to cohesively find balance in miyupimaatisii (living-well).

There are some written words that are too moving to reinterpret and recreate, in refusing to dilute his meaning, I share Gilbert Whiteduck's message to his granddaughter that captures the essence of who we are.

“Bella Bluez my wonderful granddaughter, I know that I will someday go to the spirit world, the place of our ancestors but I will always watch over you. Be proud of your Anishinabe blood and name “Kiwedin” for you were named after the northern winds that bring change. Never let anyone disrespect the beautiful Anishinabe Ikwe that you are the descendant of a great family and a great Nation. Always be respectful of all people you meet and never live a life of regret, deceit and lies. Allow yourself to be guided by the 7 Grandfather teachings which are: Honesty; Truth; Humility; Love; Wisdom; Courage; and Respect.” (Whiteduck, 2016:2)

Similar to Chikapash, Gilbert had always been an embodiment of strength, courage, and wisdom. Despite dehumanizing encounters with assimilative policies, and political disparity, their search for continual ancestral guidance for their people and communities continue to pave the path for the wandering generations. In order to provide high quality optimal health and wellness as First Nations our connection to our lands, ancestors and people are underlying factors that the current mainstream medical healthcare systems cannot or does not know how to understand. The mainstream medical health care systems are built inanimate structures on the land but that doesn't imply that medical institutions are connected to their local environment. As my grandfather once said “our health depends on the air we breathe, the water we drink, and the sun that grows the food we eat to survive, I don't understand why things are made so complicated”. The guidance from the women in my family and the Cree uhkumimaauch have taught me different approaches on what it means to be a First Nation in a settler state, a human

being connected to the land and the responsibilities of being born into a body that is gifted to give life. It is through the guidance of Chikapash, Eeyou uhkumimaauch, my kokomis (grandmother), mother and Gilbert that I move forward in continually finding ways to seek productive health and wellness practices that are relatable to my community and people. The ancestral healing methodologies that will benefit my people as a whole can be found on agoojiik the description is fitting, everything I needed was out there and I found it among the Eeyou Istchee. In conclusion, based on my findings, it is also prevalent to acknowledge how the combination of land based healing, political administration, and mainstream medicinal practices are all vital components to providing high quality healthcare services for First Nations, Inuit and Indigenous people for those seeking optimal health and wellness.

4.2 A Message to My Relations: Never be Afraid to Shake the Tree

My concerns are not for settlers to fully understand or relate to my ethnographic journey. My intentions in writing this ethnography is that it aids First Nations or Indigenous people seeking a way to reconnect or understand different approaches to other First Nation forms of healing. It is equally important to acknowledge the guidance I received from non-First Nation (or non-Indigenous) academics which was pivotal throughout the study in attaining the credentials. Reflecting on my ethnographic journey I realized as an Anishinàbekwe the importance of seeking other First Nation healing practices for health and wellness came from deep within. The isolation of Cree Nation of Chisasibi has become a privilege because they have the space to practice on-going land based healing whereas reserves and communities located next to municipalities do not. The Eeyou have also sought and found other First Nation spiritual cultural

practices, for instance the Lakota sun dance ceremonies and Algonquin ceremonies. Towards the end of my fieldwork I had a life changing conversation with an Eeyou Elder. We discussed his observations of wandering children, my response identifying as a wondering child. Different forms of strength and the reasons why I chose to search for other healing methods from other First Nations who experienced similar historic colonial policies and assimilative isolation as my people and community had encountered.

If there was one vital message that had been passed down from my Eeyou relations, it's to never be afraid to shake the tree. As Chikapash had explained "never be afraid to shake the tree, we are who we are and we know the healing that works for us. No amount of white saviors or privilege can heal us the way we continue to seek healing and to live well. We all have a responsibility to ourselves, our families and communities." Reflecting on the strength, loss and teachings I had experienced during my fieldwork, I learned different ways to identify strength. In a sense, he guided a path to clarity and perspective of internal strength through ancestral spiritual and cultural healing teachings. I asked "what happens if I shake the tree too hard and I fall down?" He smiled and looked back down the path of the road, he didn't have to tell me. I had already found the answer while I was visiting them, if we fall down we will be alright because we will always have the strength from the roots of our ancestors to lift us back up.

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Acronyms

Anishinàbeg (Algonquin) – Human Being

Anishinàbekwe (Algonquin) – Algonquin Woman

Anishinàbemowàwin (Algonquin) – Algonquin Language

Chikapash (Cree) – Dwarf Hero (Mischievous one)

Chisasibi (Cree) – Big River or Great River

Eeyou (Cree) – Human or Person

Eeyouch (Cree) – People

Istchee (Cree) – The Land

Kokoms (Algonquin) – Grandmothers

Miyupimaatisii (Cree) - Live-well

Miyupimaatissium (Cree) – Living the Good Life, Living-Well

Ndoohooeeyou (Cree) – People of Hunting or Hunting People

Niishiyuu (Cree) – Human Beings

Òde (Algonquin) – Heart or Family

Òde Wìdòkàzowin (Algonquin) – Family Helping

Shomis (Algonquin) – Grandfathers

Uhkumimaauch (Cree) – Grandmothers

Umushumimaauch (Cree) – Grandfathers

Wìdòkàzowin (Algonquin) – Helping

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