

LIFTING UP THE VOICES OF TYENDINAGA'S HEALTHCARE PROFESSIONALS

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ABSTRACT

Lifting Up the Voices of Tyendinaga's Healthcare Professionals

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For this study, I asked Tyendinaga's healthcare professionals if they had any solutions to make the healthcare system run more smoothly when working with settlers. I wanted answers to four questions: 1. what role does our culture play in implementing or delivering mental/physical/spiritual/emotional midwifery/health/social services? 2. are there any gaps in services, or more precisely, any barriers that midwifery/health/social professionals encounter in implementing or delivering our holistic health services? 3. could they identify any problems they might face in completing paperwork to justify funding for their program? 4. could they offer their opinion regarding alternative approaches where they might create space for an intercultural dialogue regarding holistic health?

I trusted that this would advance answers to my major dissertation questions:

What are the obstacles or gaps and possible solutions to Indigenizing healthcare implementation, services, and delivery in Tyendinaga Mohawk Territory (TMT), Ontario? Is there a "space" like the Two-Row Wampum where two distinct peoples can negotiate their relationship regarding health in an equally respectful and reciprocal atmosphere?

Keywords: Indigenous community engagement, holistic health, Thanksgiving Address, Two Row Wampum, Indigenous methodologies, Indigenous traditional knowledge systems versus settler knowledge systems, The Good Mind, relational health

Dedication

For my grandbabies Kahyakwas and Yekaronyohs, with love from Tota

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Table of Contents

ABSTRACT.....	ii
Dedication.....	iv
Acknowledgements.....	v
Table of Contents.....	vii
List of Figures.....	x
Prologue: My Positionality, My Story as a Family Member & My Story as a Healthcare Worker.....	xi
Who I am.....	xi
My Story as a Family Member.....	xii
My Personal Story and My Story as a Healthcare Worker.....	xx
My Story as a Healthcare Provider.....	xxiv
Conclusion.....	xxxv
Chapter 1: Introduction.....	1
Introduction.....	1
Chapter Two: Creating Idealized Space.....	8
The Thanksgiving Address Ohén:ton karihwatéhkwén and the Two-Row Wampum ..	8
Covenant Chain – A Variation on The Theme.....	24
Our Creation Story.....	25
Divergent Views on Intercultural Dialogue.....	28
Our law, the Great Law.....	31

The idealized space connection includes fluidity and flexibility.....	32
Chapter Three: Lifting Up the Voices	36
Culture and Community.....	36
Gaps and Barriers.....	45
Accountability – Paperwork	51
Solutions and Alternative Approaches.....	57
Conclusion	63
Chapter Four: The Meaning of the Results.....	64
Chapter Five: Discussion and Action Plan	72
The Significance of Our History.....	88
The Action Plan	89
Consultation	91
Establishing an Even Playing Field	92
Making Respectful Space	92
Training and Education.....	95
Enlightening Funders	96
Chapter Six: Methodology	100
Informed Consent.....	105
Participant Confidentiality	106
The Data.....	107
Selection of the Participants.....	110
The Layout of the Health Services.....	112
Assigning Data.....	113

Conclusion	116
Bibliographies	120
Prologue: My Positionality Bibliography	120
Chapter 2: Creating Idealized Space Bibliography	121
Chapter 4: The Meaning of the Results Bibliography	124
Chapter 5: Discussion Bibliography	125
Chapter 6: Methodology Bibliography	128
Conclusion Bibliography	129
Table of Appendices	130
Appendix A: TCPS 2: CORE	131
Appendix B: Tyendinaga Mohawk Council Resolution	132
Appendix C: Introductory Letter	133
Appendix D: Second Letter to Participants	134
Appendix E: Letter of Consent	135
Appendix F: Consent Fillable Form	137
Appendix G: Questionnaire Fillable Form	140
Appendix H: Questionnaire for Community Wellbeing Fillable Form	145

List of Figures

Figure 1: My Personal Wellness Plan.....xxiii

Prologue: My Positionality, My Story as a Family Member & My Story as a Healthcare Worker

This section will set the context of the thesis and explain why I decided to pursue this line of inquiry. It is my testimonial of how the healthcare system failed my family throughout the years and opened a window of a small space into our pain. I do not want to use my pain for pity but as a catalyst to harness that pain into something useful and change the healthcare narrative into something that resonates closer with Indigenous people. I want to use my pain to motivate and re-ignite a respectful conversation between Indigenous and settler people and find answers to how we can work together in reciprocity, harmony, and peace. I am confident that we can change that narrative.

Who I am

Shé:kon, Karennenhá:wi niyónkyats. Kanyen'kehá:ka na'kya'tò:ten tánon' wakenyáhton. Kenhtéke nikiteron. Wakaterè:shen, wakonhwatèn:shon tánon' wakewí:rayen. Hello, my Mohawk name is *She carries Music*. I received this name in ceremony from the Elders who have known me my whole life. They did not realize the thirty-something woman before them per se, but they knew me when I was little. I sang Mohawk songs and danced social Iroquoian dances all over Ontario; thus, that explains my name. My home has always been Tyendinaga (Kenhteke). Buried here are my parents and ancestors, who were Mohawk. As part of my positionality, I bring thirty-six years of working in the healthcare and social work fields, both in and out of my community. I have also worked with settlers in both urban and rural communities. Throughout this journey, I became a Registered Social Worker. As an Indigenous helper, it was incumbent on me to do my self-reflection and start a journey to find my inner

peace, so I could journey with others when they talked about/worked on their health struggles (Hanson, 2009). This continual journey is about being congruent with self and is part of my identity as a helper.

My Story as a Family Member

There Used to be Five of Us.

I had a sister who was three years older than me. I remember once my mom said that she was born with a Mongolian spot on her back, and when a nurse saw it, she accused my mom of hitting her hard enough to cause a bruise. Mom said the nurse was ready to call child welfare, when the doctor intervened and said it was a Mongolian spot and a natural occurrence for Indigenous children. I guess that was a precursor for being Indigenous and different from the settler children in the contemporary healthcare setting. My sister grew up and eventually had two beautiful little girls, and she was intent on making a lovely home for them all. She sought work off the Territory and got a job at a casino. I remember that she would call home periodically and talk to Mom. Mom would say that she needed to come home because she was too far away for her to help her. I spoke to my sister on the phone periodically, too. She was depressed. She said she was not feeling well, and her doctor never believed her. She said she hated going to see him or even going to the hospital or clinic because they never did anything to help her and did not believe her. Shortly afterward, Mom convinced her to come back home.

She came home and had a heart attack. No one believed it. She was too young, only thirty-six years old. When I was visiting her at the hospital, she told me about what had happened before she came home to the Territory. She said that her feet were so

swollen when she came home from work that she had to cut her shoes to get them off. She said she went to the doctor and told him about swelling up so badly. She said he told her she was too fat and to stop drinking (alcohol). She said she was not drinking (alcohol) at all because she was at the casino working. But before she could finish her sentence, she said, he accused her of gambling to excess and told her to go home and look after her children and to stop being so negligent. She said she was not listened to at all and felt like he was a racist and stereotyping her. My sister was darker skinned and looked like my dad, who, by the way, was a handsome Indigenous man, but unfortunately for her, she looked like an Indian.

I remember being so angry that I wanted to look for that doctor and start proceedings against him for *his* negligence. However, time would not permit it because my sister was already in the hospital. She had two little girls who needed us, and we, as a family, needed to get a plan together to take care of all of them immediately. The following two years were challenging; she spent a lot of time in the hospital and even had a pacemaker put in, but she passed away two years later from heart disease at the age of thirty-eight. It makes me wonder how much longer she might have lived if the healthcare professionals had diagnosed her promptly and correctly when she initially said she was not well. In the end, the doctor stereotyped, belittled, and neglected her, as well as treating her like a second-class citizen, and it still angers me. She had three strikes against her; she was Indigenous, a woman, and a single mother (Backhouse, 1999; Baxter, 2007; Bourassa et al., 2000; Fowler et al., 2007). The healthcare system considered her the lowest on the proverbial totem pole, or, in settlers' eyes, the lowest on a hierarchy of people (Painter, 2010). It still angers me enough to do something

constructive about it; otherwise, her death might be in vain. I feel it is my responsibility to try to do something to set things right, and thus I have constructed this thesis.

Mom was Invisible

I remember when my mom twisted her ankle and refused to go to the hospital; she hated hospitals because my father had contracted the hospital superbug called MRSA. (At the time, I did not know what that was, but it meant he had to be isolated, and when we went to visit him, we had to wear protective masks and hospital gowns). She insisted that she did not want to go there and get that disease, too (however, in the end, she did contract it, too). Finally, her ankle got so swollen that she could not put her shoe on anymore, so we left to go. Mom went to get triaged when we got there, and I went to sit in the waiting room. We waited and waited and waited. People came and left the hospital, yet no one seemed to notice us. I grew anxious, but Mom said they would call us when it was our turn, so we waited. Eventually, I went to get her food because she had diabetes, and still, we waited. I wanted to go and ask triage what the problem was, but my mom said to be patient. Finally, after a thirteen-hour wait, I had to defy my mother. Do you know how hard that was? We had it hammered into our heads to respect our parents and Elders; she was in her mid-sixties, and I did something culturally unacceptable.

When I approached triage, they said they had seen us, but they had thought we were waiting for my father (who was not there), and so the nurse did not even triage Mom! No one had bothered to come to confirm their assumption. I can see now how Brain Sinclair's family felt in Winnipeg. Brian Sinclair, an Indigenous man, died of neglect in a hospital, waiting to be seen (McCallum & Perry, 2018). I wonder how long

my mom would have continued waiting, or if she would have left without being seen had I not been there. It turned out that she had broken her foot in three different places. I refuse to go to that hospital again. Culturally, so many of our older people grew up believing that “professionals” are the experts and they should never question them. Also, the problem may have been that my mom was not demonstrative or loud; they thought she was okay. Culturally, our parents taught us to be respectful, to wait our turn, and not to be aggressive. In conclusion, between what the hospital staff thought and what was happening with us was a large gap of cultural misunderstanding.

Ceremonies, on the inside, looking out.

My father was in and out of the hospital virtually all my life. He, too, had heart disease and a myriad of other diseases, along with previously broken legs and feet that caused him problems. He was a professional window cleaner once. He was a strong Mohawk man, and walking around and being in high places never bothered him, even after being pushed off his scaffold. Suffice it to say, the hospital staff everywhere around us knew him, because he had been in and out throughout the years, usually suffering from heart-related diseases with complications from diabetes. Near the end, I remember he was taken to the hospital by my older sister (I had two older sisters once). She was there with him and was keeping vigil. I would text my sister to catch up on his status; after a while, I would take food to her, and we would visit and stay with him. He laid there on a gurney bed in pain, with his eyes closed; there was nothing any of us could do to help. I remember my older sister was so angry. She said she believed that they were waiting for him to die. She said they knew he was very bad, and when it kept getting worse, they said they were waiting for a bed, but the doctor did not even see him. Besides, he was

older and not worth the push to find a space for him. He was just a sick old Indian man; it was probably his fault, because he came in all the time. He was in the Emergency Department, where he stayed for thirty-six hours on a gurney in the hallway before he finally got a bed. He managed to pull through on that occasion, but he was nearing the end of his time on this side of the sky.

As the notches on his cane grew short, his time did come, and his doctor hospitalized him again. This time, the doctors said they did not think he would be leaving alive. I remember when he first got there, he said that he could see little people all around him, and it scared my mom. I explained to her that it was good because they were there to protect him, and he would be comforted by them. My mom grew up Anglican, so she did not know anything about the little people, but she knew he knew, which comforted her. Our family was in the waiting room as usual, anxiously awaiting what was next. Then, a nurse told us that the hospital's waiting room could only accommodate three of us at a time. She said too many of us were there, and our family was not the only one whose loved one was close to the end. Initially, it made some of us uncomfortable because we thought that they thought we were only thinking of ourselves and being selfish, a major cultural faux pas. But in our defence, we were not thinking clearly; we were putting one foot in front of the other, filled with anxiety.

It is not unusual for Indigenous families to have large families, and although there were only my mom and *four* adult children, our extended family was there, too: grandkids, Aunties, Uncles, cousins, and so forth. The hospital staff asked us to leave, and we agonized over who would go with whom. We had to begin to "take turns" being with Dad. Everyone went home out of respect for me and my siblings, but it was sad and

worsened the situation. The hospital did tell us that they had a special rate at a nearby motel room for families from out of town, but it did not take the sting out of the situation. We were all moving like robots, just doing what the hospital staff told us to do. My mom was worried when she was not around him, and she was so afraid that he would pass away without her there, just like what had happened with my sister's passing. As it turned out, it was my turn to be with Dad, so my daughter, my boyfriend and I settled in to be with him.

I remember my daughter pointed her finger to the park across from the hospital, where our family was conducting a ceremony for Dad. I looked through the glass pane, and it saddened me that our family had to have it without us. We were up in the hospital room, isolated, and we could not be a part of it. Inside the hospital was an exquisite chapel, but it was not for our ceremonies. We were the Others. That night, around 3 a.m., he inhaled once, and I heard his rattled, laboured breath, watched his chest swell with it, saw it come down once more, and his spirit left his body. The evening my father passed away, my mother's deepest fear had arrived; he had died without her there, and she agonized over it for many years until her death. Later, in a small show of consciousness- the hospital allowed our family to go back and retrieve his spirit. The same hospital that never allowed us to have a ceremony and said we had to move along because there were too many of us. We eventually had his ten-day feast ceremony at home on the Territory, but there were still so many events that could have been made better, even in our sad time.

Looking back on it fifteen years later, I see that the health care staff did not consider our family in the healthcare of my dad. Health through a settler lens is very

individually focused. The healthcare system treated us as unimportant and as a hindrance, yet it is so vitally essential to most Indigenous people to have family involved. The system does not account for this critical segment of life, and I saw it clearly for the second time in my observations of the healthcare system. The other glaring problem was how the hospital institution dismissed our cultural ceremony. Settlers who wanted to pray could have access to the chapel, and we had to go outside in the park to conduct our ceremony. The healthcare system should have accorded us the same respect, but instead, we faced institutional racism.

Two knowledge systems working at their best

It was such a joyous time when my daughter Kanen'tisakhe (She searches for peace /Shannon Del Marie) surprised me with a baby's bib. I was so surprised, but I should not have been when she told me she was pregnant. It was my first grandbaby, and I was as excited as her. She had done much research and wanted a midwife to assist her. There was no midwifery program here in Tyendinaga yet. I admit I was a little anxious because I never got the choice when I was pregnant with her thirty years earlier, but she was excited and adamant. She educated me as she carried the baby to term. She wanted to have the baby born at my house in the Territory. I was ecstatic at the prospect because I could help with the baby once she arrived. Traditionally, it is pivotal for the grandmother to be a part of the newborn's first days.

The midwifery program was terrific. The program coordinator talked to my daughter about what to expect and how they would be involved, asked what she wanted, and discussed safety all the time and with a caring nature. She got free things to help the baby, and her midwife taught her many skills. The time came, and the baby was born;

the father, myself, the midwife, and my daughter were in the bedroom. The midwife handed her to the father as soon as the baby came out. I stood beside him, and he stared at her with his mouth wide open. I nudged him with my elbow a couple of times, saying to him, “Say words, say words.” Because he spoke Mohawk, it was fundamental to have a Ceremony to introduce her to the rest of Creation. It is valuable for a baby to hear our language and be connected. Kahyakwas Eva Marie was born on June 30, 2012, and weighed over ten pounds. We could not have been happier; she was perfect. Her name means “She picks the fruit” because strawberries were always my daughter’s favourite fruit.

As time went on, my daughter told me she was pregnant again; this time, she was thirty-four, and she was retaining a lot of water. Due to her medical condition, her midwives suggested that she have the baby at the hospital. They did not expect complications, but they were sufficiently worried to err on the side of caution. Although that was not Kanen’tisakhe’s wish, she deferred to the midwives’ advice and did have the baby in the hospital. Yekaronyohs Leila Elaine was born on June 16, 2016, at a little over twelve pounds. Her name means “Where the water meets the sky,” and she was a perfect infant with a head of thick black hair.

I use this example not to brag about my grandbabies and daughter (although it’s hard not to) but to highlight that the choice was there for my daughter during her pregnancies. She had the selection of the midwifery program or the hospital available to her during a magical time for all of us. She had access to the hospital when it was deemed the best option for their safety. She still had her midwives there, but she did need to take the necessary precautions to have a safe delivery. Today, there is a

midwifery program at Tyendinaga called Kenhté:ke Midwives – Kontinenhanónhnha Tsi Tkahá:nayen, which means “They are protecting the Seeds at the Bay of Quinte,” and they instill our cultural practices in their business. Kanen’tisakhe could not use their complete services because she needed access to a midwife at the beginning of her pregnancy. As chance would have it, they had just opened their doors in Tyendinaga in May 2012, and Kahyakwas was born in June; nevertheless, Kanen’tisakhe was supported throughout her pregnancy by the midwife services in Belleville and some from Kenhté:ke Midwives – Kontinenhanónhnha Tsi Tkahá:nayen and afterward.

My daughter was able to use midwifery services, which allowed her to have more of a natural birth without a clinical setting, and we were able to combine ceremonies at that special time. Kanen’tisakhe relented when her midwife recommended that she err on the side of caution and deliver Yekaronyohs at the hospital. Ultimately, we were able to access two knowledge systems infused with our cultural practices and ceremonies. We did it and lived it! I am proud to say my niece Tewahséhtha (She hides it) Holly Miranda Leigh was a doula at Kenhté:ke Midwives and is now a midwife, so she will continue to instill our culture and bring our language back into our community services again.

My Personal Story and My Story as a Healthcare Worker

The following section is a transition between My Personal Story and My Story as a healthcare worker because it contains elements of both. It is a connection between ‘a healing journey’ and cultural competence. In my personal story, I gained experience working in the social services field. I learned that Indigenous healing requires helpers to examine themselves through ‘self-reflection and introspection.’ It is imperative to start working on any personal trauma or unresolved issues and find that balance within;

otherwise, we could do more harm to ourselves or clients who have been traumatized. I needed to examine my biases and *be honest, genuine, and congruent with myself*. Congruency means that what a person sees on the *outside* of me is a true reflection of who I am on the *inside*; in other words, it is my underlying values of who I am, honestly. I was surprised to learn that the above criteria required cultural sensitivity and cultural competence (Hanson, 2009; Laenui, 2013). I knew Indigenous helpers did this as a matter of course, but I was surprised to learn that this knowledge base was essential to effectively working with clients of different cultures. The other distinction I noted about Indigenous helpers is that we must establish an empathetic, compassionate, authentic, safe, and empowering working relationship. I believe a working relationship is different than being an expert. They are two different approaches.

One approach is that it is okay for people to see we are not the experts. In the social sciences, we need to listen, be non-judgemental, and offer back what we have heard in a refracted way. Settlers sometimes examine people behind glass, make notes, and pride themselves on being *objective* or *the expert*. Perhaps due to colonialism, my mom grew up believing that all “experts” are beyond questioning. I question objectivity; treating people like foreign objects to be studied is foreign. Our way is having a safe helping relationship, working *with them* to help them along their healing journey, but why is this important to know?

As a reminder to the reader, My Personal Story requires me to know who I am and where I belong and continue to work on being balanced and authentic, so that I may support the people I am helping. I do not ignore my frustrations, pain, or unbalance. I have become aware of those issues. I may have to put them on the shelf if I am working

with a client/patient at that very time, but later I try to work on the issues that bothered me earlier. Here is the conduit to My Story as a Healthcare Worker. When I worked in my community as a coordinator, I knew that it was essential for all staff to have a Personal Wellness Plan. These are actual health plans that help to keep us balanced and well. A personal wellness plan is a plan made up by the author (worker) to help keep themselves balanced. It is a visual and cognitive reminder for workers to care for themselves. A plan is 'personal' because it is unique to each person; no two are the same because no two people are the same. A personal wellness plan involves the staff person thinking about how to help themselves stay balanced in all four quadrants of their mental, physical, spiritual, and emotional states.

Therefore, when constructed, it will have all four quadrants, but each quadrant will hold each activity that the person does to help keep themselves balanced. For example, in my mental health quadrant, I wrote that I am completing my PhD and researching and learning how to do my work at St. Lawrence College (because I work full time and am finishing my PhD), and in my spiritual quadrant, I wrote that I speak to Creator and lay tobacco down to give thanks. In my physical quadrant, I wrote that I go to the gym and get eight hours of sleep a night, and in my emotional quadrant, I wrote that I talk to my daughter and sister and make time to play with my grandbabies. In each quadrant, the person must write down what they do to stay well. It is something that gives them strength and helps keep them grounded. I have only provided an example below; each quadrant should have several items in each quadrant, and the DOING of them is essential, not just writing them down.

Figure 1

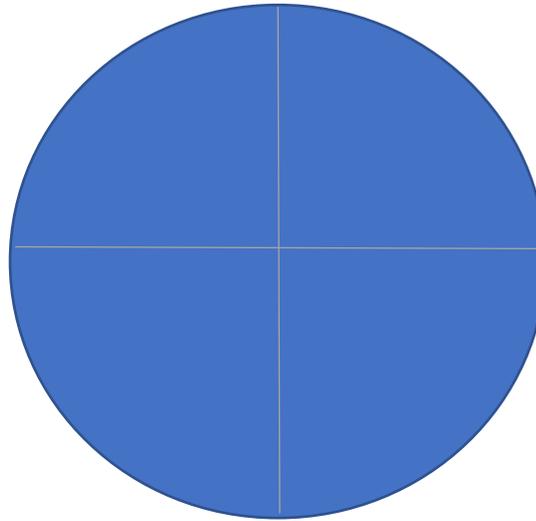
My Personal Wellness Plan

Mental

- Complete PhD
- Learn new tasks for the job

Spiritual

- Speak to Creator
- Lay tobacco down



Emotional

- Talk to daughter, sister
- Play with grandbabies

Physical

- Play with my flowers outside
- Get 8 hours sleep

I also asked my team to have these plans, but they were personal, so I never saw them. However, they needed to show a buddy or another co-worker their personal wellness plan; this was to ensure the employee understood the philosophy of the plan and the importance of staying well. I also allowed the team and myself to participate in yearly Caring for the Caregiver sessions. It was a time to examine how we worked within our team, to laugh, and to see another side of who we each were, rather than just seeing each other as another worker. Sometimes, we had manicures or pedicures, or a seer came in for us, and we had someone cook food for us. It revealed a new dimension of everyone, and it was a time to vent safely and build trust because we needed to trust each other in our relationships. We needed to let go of any negativity that may have been growing due to the job because no matter how good you are at your occupation; you cannot work with trauma alone.

When settlers in the same field found out about our plans and activities and that we did this, they were amazed! They said that their bosses never had sessions like that, and that workers were supposed to “suck it up” if they felt stressed about something. The bosses expected the workers to be *objective*, and if they were worried about work, they were not being objective. If workers *cannot* be authentic to themselves or others, can they be helpful if they must hide what is bothering them? So now, I can see why cultural competence may present some difficulties to some settler agencies, especially if it is unsafe for workers to express how they genuinely feel within their team. I believe honesty is paramount when working with Indigenous people because if workers are hiding anything or are being dishonest to clients/patients, they will see right through any bull and will not come back. They may feel that if you cannot be honest with them, why should they be honest with you? Where is the reciprocity?

My Story as a Healthcare Provider

In my lifetime, I have found myself working as a “healthcare navigator.” My role was to help Aboriginal, Métis, and Inuit families’ youth who were suffering from complex mental health or addiction issues “navigate” the healthcare system. When I began to work as a healthcare navigator, it was quite a new position in social services and the healthcare field. Because the healthcare system can be very complicated, people were asking for a better way to streamline services. People did not know where to look for healthcare/social services or how to access them. It was not because the healthcare service was not there; it was that people did not know how to access or find it, or once in it, “navigate” it properly. The healthcare system can be complicated for people, and it is hard for them to get the services that they need because it is an extensive, bureaucratic

and jurisdictional system, especially for Indigenous people; thus, the birth of the “navigators.” Where I worked, the agency surveyed their clientele of Aboriginal, Métis, and Inuit people to find out what they wanted, and the solution, among others, was to hire an Indigenous navigator. It was a phenomenon that was spreading province wide, and other navigators were also employed.

Other navigators in our area offered the same navigator services to the settler population. When my employer hired me, she told me there was a navigator program out there that settlers were using. She asked if I could “rework,” “rewrite” or “imagine” an “Indigenous Navigator Program” that would be more culturally suited to our clientele. She asked if I would Indigenize the program that they presently had and make it more culturally appropriate and more fitting for the people we served. So, I had to rewrite the program AND deliver the service to our clientele simultaneously! Looking back in hindsight, I should have realized a “tweaked” settler program would not be the best for our people.

Notwithstanding this, I was excited at the prospect and began right away. I never imagined how difficult it would be to do both. I included talking circles and Elders, started networking, searched for sacred medicines, *and* began a caseload. I believed that I could focus the program more specifically on what the people wanted in the program while I was on the ground running. I was able to do that, but it took me twice as long to rewrite the program. Remember, this was a brand-new initiative, so I was “plowing new fields” as I went. As I got more into the work, I found youth and families who had complex mental health and addiction issues. The families were usually involved with several healthcare professionals, hospitals, and clinics. The number of schools, school

boards, police, youth homes, secure or not, and the many other *social services* that were already involved in their lives was unbelievable. The involvement of such a high number of agencies was another indicator that there are no clear lines of delineation or “categories,” especially for Indigenous people. For example, my students and families did not slot just into a “health” (physical) situation or a “social” (behaviour) situation. Health factors usually affect physical, social, emotional, and spiritual elements. The complexity should have signalled that I would need more time than I had initially allotted to complete each case satisfactorily, mainly because I wanted to do the job well and be culturally competent.

The youth and families wanted to be able to access services seamlessly with culturally competent people. I mean, they wanted to work with agencies that would not harm them – that would relate to them as equals, as people with a vested interest in them, and help them come away with a better quality of life. My youth and families wanted access to their culture and traditional ways of knowing, as throughout their lives, for several different reasons, they had been denied this. Besides, I found that what is culturally agreeable to settler people is not for our people, because relationship building, re-establishing trust, and instituting and following cultural protocols take extra time (J. Archibald, 2008a; Christopher et al., 2011). There are differences in people’s cultures; ignoring them will only reify the gulf between delivering services and a good outcome (Snelgrove et al., 2014).

The Bottleneck to Access Services

Each Indigenous youth and family situation is complicated. I wondered why my settler counterparts were not required to have as many young people as I had but I never

got the chance to ask why. I was too busy trying to help the youth stay alive, literally, or stay out of jail or secure custody. I found that most Indigenous helpers are there because they care about the people they are trying to help. But often, there are not enough helpers for the jobs that clients need help completing (Anderson & Lavalee, 2007) within a specific time frame and in a good way, so I improvised. If the job needed doing and there was no one else to do it, and if it was vital for the wellbeing of my youth and family, I did it, but it was not sustainable. I was so busy putting out fires that I did not get the chance to enhance the program, not to mention keep up with statistics, because the more time I spent logging statistics for the program, the less time I had with the people I was trying to help. The program had a specific range of statistics, which the funder expected. I needed to have a certain number of students moving through the program. Although I was not supposed to be responsible for the families, it turned out that way. There was no way to separate them if I wanted to be culturally competent. Anyway, I knew that it would not be satisfactory if I did not have that golden number of statistics. There was no room to negotiate, so I had to keep the program statistics high and keep my client count as high as possible. The more elevated the statistics, the higher the need for the service, and so the funder would continue to fund the program. However, the exact opposite was right, too. Either the program would have low statistics and be deemed unviable because I did not produce the desired number, or I would be found unsuited to the job. It was not unusual for me to try to get the statistics done on my own time, and that kept me only a stone's throw from burnout, and I knew it. I knew it was central for me to be well-balanced because I could not talk about balance and wellness without practicing it. Otherwise, I

would have no credibility with my youth and families, or with myself. At that time, I began reflecting on my suitability for the job.

I was Dancing as Fast as I Could

I found that some of our families and students (clients) had tried to enter the healthcare/social services system but could not for some technical reason, making them bitter. These families said they had called the service they were attempting to get assistance from, but they had learned that they no longer met the criteria; then the authorities had referred the families to another branch or area. Often, the family would call a place or two, but after a few failed attempts to get what they wanted, they would just stop trying. Some services will no longer serve students if they “age out” of the program, such as a children’s mental health service or the Children’s Aid Society. I received calls from families who had heard of the navigation services and who were amazed that they had not heard of them before. The families said they would not have had access to the program if they had not had friends indicate to them that the program was available. However, I was the only one offering the Indigenous service as a navigator, and it was a narrow entry point, almost like a bottleneck, because there was only me. Sometimes, it was difficult to connect to other services and get services for my clientele (McBride & Gregory, 2005) because I had to look for many services in both the health and social arenas. Perhaps if there had been two or three more Indigenous Navigators, we could have collaborated and moved more people through the program. I am sure it must have been frustrating for some families. I was already working as quickly as possible for the youth and their families; unfortunately, it was not fast enough.

The Importance and Inclusion of Family

Another difference between the Indigenous Navigator and the settler navigator was the inclusion of families in their loved ones' plan of care. I later found out the settler navigators had another employee or a volunteer group in *addition* to themselves to work with their "families only." The settler navigators were solely working with their clients. Our families did not want to go to a settler family navigator; I know because I asked them. So I did what I could to help the families, too. It was part of the wellness package. There were no Indigenous "family only" volunteers or employees to work with "families only"; there was no such person for us, and sometimes I even needed to include the *client's community* in the healing plan (Carpenter et al., 2004). Indigenous people generally have a close relationship with their kin and extended kin.

Another reason why Indigenous Navigators never had "families only" helpers was because it was a new program. Settlers' agencies usually got the compliment of different related jobs necessary for their initiative to run optimally. Often, Indigenous services were not so lucky to get the "other" associated positions needed to fill this gap. Therefore, I did what I could with what I had because it was required, and our families had a different dynamic than that of the settlers' philosophy. When I could not articulate or identify what was happening, I knew I was near the end of the document I had been writing, and I updated my supervisor.

Time and the Contract

I wanted to help families avoid mental health meltdowns while trying to complete the student/youth family's caseload paperwork *and* finish the Indigenous Navigator Program document. I consulted with my supervisor about my difficulties. I suggested

that the number of youths *and* their families was too high. Given the complexity of the cases, I suggested that the funder might reduce the target number initially proposed. Besides, we could explain why our rationale was necessary. I felt that while initial services would take a little longer, once the care plan was negotiated and successful, it would be less time-consuming and much better for the youth and family's health and wellbeing. Indeed, I felt it would be more economical in the long run, rather than doing a band-aid job. But I never got to find out because the boss had already signed the contract for the program, and the funder expected this number; anything else would be deemed a failure.

The Contract in Stone

While my supervisor was very sympathetic, she told me that we needed the stated number of people because she had signed the contract, which was non-negotiable. She suggested I stop working with families, not try to case-manage them, and only concentrate on the youth. I did not want to contradict my supervisor; I knew she was trying to find a solution to help me. I could not, at the time, articulate that Indigenous youth and families do not work like the settlers' youth and families. So, her suggestion to work only with the individual was not an option. Families are one of the significant differences between the settler people and Indigenous people because sometimes it even means working with the family's community, too. In the end, my supervisor directed me to help clients quickly. I felt like I was turning them through a turnstile as promptly as possible. I knew then that I was not the best person for that job. I could not work as fast as the company needed, and I take responsibility for that.

I felt that Indigenous people needed more help and time than I was able to provide. I decided to return to school because I knew I did not know how to fix it. Besides, I could not articulate the solution to the problem; I only knew then that it was a problem. I was able to talk to some of my parents and youth before leaving. They said they were on the right path. They had highly complex cases, but I had spent the time they needed. They told me they were doing much better and were more knowledgeable about the healthcare/social services system overall, and they had a working plan. The families and youth thanked me immensely, and I reminded them they had made the change and that there were still good people at the agency to help them should they require it.

Naïve as I was, I thought we were there to help the youth and their families. I knew the agency was doing its level best. It was not the agency's fault. There were several different reasons why this was not working. However, one barrier I spoke about earlier was the funder's view of the contract as written in stone. Let me put it another way: when a brand-new program starts, no one knows how many people it will serve; it is all a guessing game. However, I have come to understand that when a settler's program starts, the financier usually starts the Indigenous program statistics based on the settler's figures (Adelson, 2005). Regardless, the goal of helping the youth and their families institute change in their lives should not change, because before entering the program, their lives were untenable, and in some cases, deadly. It seems that it would have been better to go back to the funder, explain what was happening and why, and suggest solutions for the program to work more effectively for the clients. We could not do that because the boss had signed the contract in stone.

Looking back, I can see two philosophies with the same objective: navigating the healthcare/social service system effectively. However, I now believe *how* people complete the work is critical; it must instill and recognize our cultural, historical, spiritual, and social ways. Otherwise, it will not be as successful, and Indigenous youth and families will push back when the services do not fit.

A Level Playing Field?

I know changes are possible because when I worked in my community, we could negotiate changes; our funders were genuinely interested in making the program work and were willing to listen to the people carrying it out. However, our financier was the Aboriginal Healing and Wellness Strategy (AHWS). The philosophy of AHWS was that Indigenous people must be involved in constructing and delivering programs. We always tried to explain our rationale, provide solutions, and be transparent. It was a respectful dialogue between our community and funder then. They trusted that we were trying to use the money provided in the wisest way possible, to get as many people to benefit from the program as possible, with the highest quality of care possible, while getting feedback from our clientele to improve the program. There never seemed to be enough money, but the relationship was respectful, and each party treated the other on a “level playing field.” We were lucky, whereas some other communities were not in personal communication with Marlene Brant Castellano, a Mohawk scholar and Elder, who reminded me that *relationship problems based on power imbalances are a colonial legacy*. While that entire discourse could launch me in a completely different direction, my purpose is to find that intersection of space between the two people for respectful dialogue. Part of that success hinges on the *relationship* with the funder. I think that Indigenous people

need to be actively involved in the construction of a program, not try to tinker with a ready-made settler program and try to tweak it to fit Indigenous people. I am confident that the solutions are locally based. Ask the people in the community what they need or how to fix the problem (Kana'iaupuni, 2005; Scott, 2008). Also, part of that magic is in rekindling and reclaiming our traditions through aspects of our roots, such as the Thanksgiving Address and the Two-Row Wampum.

The Concept of Relationships and Time

The concept of relationships is very different between settler people and Indigenous people (Brant Castellano, 2002; Denis, 1997; Little Bear, 2000; Maracle, 1996; Montour-Angus, 2003; Simpson, 2011). Indigenous people need to have time to familiarize themselves with their fellow employees and colleagues. We must build relationships to ensure trust; otherwise, the connection to each other or the program will not work (Christopher et al., 2011). On the other hand, settler services go directly into asking questions, and this is often seen as culturally offensive to Indigenous people (Brant, 1990). It takes more work and time to mend a broken relationship than to do things correctly from the beginning. Therefore, what initially seems like a waste of time is *saving* time in the long run.

Another matter to consider is the use of protocols (J. Archibald, 2008a); they also take time and are culturally necessary, especially if workers are culturally competent. People need to have a little time to get to know one another, and when an Elder is involved, the Elders will come when they think the time is right. No one hurries Elders because it is discourteous. When it comes to precious time, many agencies do not have that luxury because it is about stretching money (Traditional Healing-Circle of Elders,

2007). Unfortunately, when there is a disconnect between the importance of relationships and the time it takes to nourish them versus money, Indigenous people are usually at the losing end.

Indigenous people and settlers interpret time and how it moves differently (Doxtator, 2001). Settler people see time in distinct categories, while Indigenous people see it as an extension of today (Doxtator, 2001). Misleading myths about being late stereotypes Indigenous people, but it is a matter of interpretation. For example, when both peoples agree to meet the next day for another meeting, settlers may be surprised to find some Indigenous people there who got up with the sunrise, had the ceremony, and have been up for hours already meeting with other Indigenous people. So, the question is, whose timeline and whose interpretation are correct? Or should there be a dialogue about time to ensure everyone understands what time means for all involved?

Respecting Indigenous Choice

When I was working in my job, I came across an article in the news about an Indigenous family in southern Ontario who had been experiencing problems between the healthcare system, the government, and the family's wishes for their cultural values to be respected. The New Credit family had a daughter named Mykala. She came from a Sault family from the Mississauga First Nation, and unfortunately, she was diagnosed with Lymphoblastic leukemia (Walker, 2015). The family initially tried chemotherapy and accessed settler help, but little was working, and after consulting with their daughter, the family decided they did not want the settlers' help anymore. The newspapers vilified the family. There was an action to take the decision out of the parents' hands. The "authorities" did not believe the parents were treating their daughter correctly. There was

whispering about removing the daughter from the parents' hands. The parents turned to their Chief and Council for support. Their Chief and Council stood behind the parents and fought for the parents and the girl (Walker, 2015). It was a messy affair in the newspapers, and my heart went out to the family.

As a postscript, it was with sadness that I learned that Makayla passed away and that the family had to fight at such a difficult time with settlers who believed they knew better. The family was vilified again in the newspapers, and this saddened my heart and spirit. Massive misunderstandings are one small reason why I continue to work toward and be an advocate for our people's cultural beliefs to be respected in healthcare.

Conclusion

Throughout this chapter, I have tried to demonstrate how dissimilarly Indigenous people view what is important in health services compared to the health services offered by most settlers' systems. In my job, I found it increasingly difficult to fit within the settlers' box of health. Even the term health often connotes only physical health, which differs significantly from my definition. In a later chapter, I will explain what I mean by Indigenous health. I have tried to show some divergences I have noticed in my journey in this field, and I decided to offer some minor notes here to illuminate how we see health. Health is all-encompassing and intertwined with who we are as a people. Health is cultural, political, and spiritual, and workers must integrate these factors into healthcare delivery and implementation; otherwise, our health disparities will not change. Our culture plays a significant role, and I think this needs to be understood and respectfully implemented in care. Indigenous people need to have input, and Indigenous workers must be equals in changing this colonial field. If we work cooperatively, we can

improve our health, especially the health of our children and those not yet born.

However, cooperation means that we must understand each other more fully—for this more cultural and spiritual information on the Mohawk people’s connections to our belief systems is needed. The next chapter sheds light on our cultural and spiritual connection to Ohén:ton karihwatéhkwén and sheds meaning on the Two Row Wampum and its usefulness in reviving this idea. The following chapter explains the foundational principles and elucidates the Mohawk people’s approach to health. These Iroquoian hallmarks teach us about behaviour, character, worldviews, relationships, and how to live a good life. I demonstrate how these hallmarks can lead to changes in our contemporary times by focusing on the intent and spirit of meanings.

Chapter 1: Introduction

I began this thesis with a prologue on my positionality, my story as a family member, and my story as a healthcare worker. This section covered the context and explained why I have pursued this line of inquiry. It is my testimonial of how the healthcare system has failed my family throughout the years, opening a window of a small space into our pain. I did not write this for pity but as a catalyst to harness that pain into something useful and change the healthcare narrative into something that resonates more closely with Indigenous people. I used it to re-ignite a respectful conversation between Indigenous Peoples and settler people to find answers on how to work together in reciprocity, harmony, and peace. To do this, I needed to figure out how to prove or disprove that culture is a significant factor in our health. In addition, I needed to figure out how to infuse what I had learned about and lived through in Indigenous health, incorporate it into holistic health, and find ways to work more effectively with settlers. I knew I had to consult with the literature to see what other scholars had written about it, and I started formulating my dissertation questions.

Introduction

I had four objectives during this investigation to answer my dissertation questions. My main goal was to find a better way to promote holistic, relational health in the Tyendinaga Mohawk Territory. The four questions in this investigation were to determine what role, if any, culture plays in community mental, social, emotional, and physical health services. Second, I wanted to know if there are any barriers that healthcare/social services/midwifery professionals encounter in implementing or

delivering holistic health services. Third, I sought to find out whether they experience any glitches or challenges related to the production of paperwork required by funders. Lastly, I aimed to assess, *with* the professionals' input, any alternative approaches where we can create space for an inter-cultural dialogue regarding holistic health that encompasses all four quadrants of a person, namely, the physical, mental, emotional, and spiritual self.

Notwithstanding this, I intended to investigate the small space in this massive problem by answering these questions. I trusted that my investigation would advance the answers to my major dissertation questions: *What are the obstacles or gaps and possible solutions to Indigenizing the healthcare implementation, services and delivery in Tyendinaga Mohawk Territory, Ontario? Is there a "space" like the Two-Row Wampum where two distinct peoples can negotiate their relationship regarding health in an equally respectful and reciprocal atmosphere?*

I continued the prologue chapter on my positionality by discussing the possibility of two knowledge systems working together optimally. This is not meant to imply that one is better than the other; it merely demonstrates that they can work together hand in hand effectively. I moved on to the importance of including the family in the care of Indigenous loved ones, or at the very least, acknowledging that families are an essential element in Indigenous healthcare. I continued on to explain some of the differences in thinking between Indigenous people and settlers regarding time and the implications of how time gets interpreted in healthcare delivery. I then explored how relationship problems based on power imbalances are a colonial legacy. Afterward, I discussed the need for flexibility and our understanding of the prominence of relationships everywhere.

I wrapped the prologue chapter up by explaining the requirement for agency and autonomy concerning Indigenous health.

To provide more context related to the impetus of and approach taken in this research, in Chapter Two, I introduce the need to create an idealized space in designing and delivering health, social and midwifery services with and for First Nations Peoples, where different and distinct peoples can come together with a Good Mind using the Thanksgiving Address and The Two Row Wampum. This chapter explains the foundational principles of this research and elucidates the Mohawk people's approach to health. I include a version of our Creation story and explain the connection and significance of the Covenant Chain and the Great Law. I explain what these Iroquoian hallmarks teach us about behaviour, character, worldviews, relationships, and how to live a good life. I demonstrate how Mohawk people can implement these worldviews in contemporary times. I discuss divergent views on intercultural dialogue and how it complicates my approach. Despite travelling the river of life together as Indigenous and settler peoples, colonialism has dominated; several authors have identified institutional and structural problems heavily laden with power imbalances between the two peoples. Canada's healthcare system is permeated with colonialism, and the further out of our hands the healthcare system has travelled, the less our health has improved. While some Indigenous political scholars advocate ignoring the Canadian government and its systems altogether and turning our back on them, others propose that we must begin the conversation with them to change the current discourse. I acknowledge the Canadian government's contribution to knowledge and thinking and its view of the utopian vision. Still, my experience and research have prompted me to think further about the existing

cluster of problems. It reminds us that this issue is complicated and that we should examine all sides before moving forward. Finally, I wrap up the chapter with a few words about finding that idealized space and our spiritual connection.

Chapter Three is about lifting the voices of Tyendinaga's healthcare professionals. Indeed, I agree with the political scholars who believe in a decolonized healthcare system. Unfortunately, there is not much information about the steps required to accomplish this feat, or how I can develop those steps to make it work now, and I want to fill that gap. I propose in this chapter that we take baby steps and ask those in the trenches doing the work in our community how our culture guides them in their work. For my research, I asked these workers how we might extend the boundaries of knowledge from their directives, instead of asking what they thought would work better. I wanted to hear the workers proposing better ways of doing their work and take heed of their ideas. I listened to the allies who were working holistically. What I do know from our ancient practices is that the Two Row Wampum teaches the centrality of dialogue between groups. I want to provide the tools for that dialogue to move forward. That will be my contribution, not only to our people but to settlers as well. This chapter amplifies Tyendinaga's healthcare professionals' voices in light of the four questions asked at the beginning of the thesis. Those questions were: 1. what role does our culture play in implementing or delivering mental/physical/spiritual/emotional midwifery/health/social services? 2. are there any gaps in services, or more precisely, any barriers that midwifery/health/social professionals encounter in implementing or delivering our holistic health services? 3. could they identify any problems they might face in completing paperwork to justify funding for their program? 4. could they offer their

opinion regarding alternative approaches where they might create space for an intercultural dialogue regarding holistic health? Chapter Three is about the voices of Tyendinaga's healthcare professionals gathered from questionnaires and focus groups. This chapter magnifies the professionals' voices, and I put each category into four sections: Culture and Community, Gaps and Barriers, Accountability – Paperwork, and finally, Solutions and Alternative Approaches.

In Chapter Four, I discuss the meaning of the results of the questionnaires and focus groups, for which I conducted thematic analysis. There were twelve significant results, and my analysis of those results paves the way for a healthier Tyendinaga. This chapter reveals what I found and what is needed to improve our situation.

Chapter Five discusses healthcare professionals tying in our cultural belief system, working and living in a colonial world, and the resulting conflict. It outlines how nullifying or suppressing our cultural beliefs can cause oppression and discrimination. However, the thesis guides us back to how our solid cultural beliefs can be used to avert disharmony. I provide the data I gathered on the vision for the future together. I etch out the vital crosspiece *space* for respectful dialogue by revisiting the Two Row Wampum and the Thanksgiving Address, and the helpfulness of implementing Two-Eyed Seeing. In addition, I introduce the significance of the Good Mind, present questions around knowledge acquisition, and intertwine these with the importance of our shared historical consciousness. Based on the research findings, I propose a draft Action Plan and discuss the need to become bi-culturally competent. Then, I re-introduce the concept of the need to make *respectful space* again in a slightly different way. I finally wrap the chapter up with an analysis of what I understand from my interviewees' responses. Still, most

vitality, while I separate all the cultural content and reveal what the data demonstrates, I also refer to my philosophical touchstones. While this is valid for Mohawk people, other Indigenous people will have to look to their own traditions and cultural practices, but the *relevance* here is that we can go back to our respective cultures, and they will stand on their own. Therefore, I have answered my questions and demonstrated what I have learned about the importance of our culture in the area of health and what it means for reconciliation through the guidance of the Two Row Wampum and the Thanksgiving Address. I have found that respectful dialogue, our ways of knowing who we are as a people, and our ethos are indeed paramount in dealing with each other and our health.

In Chapter Six, I discuss my methodology and journey to gather the data during the pandemic. I describe how I have used my personal and professional experience, reviewed the literature to find out what other scholars have said, and used empirical data to generate findings. In this methodology chapter, I explain my rationale for gathering the data and why this data is appropriate. I organize the data, explain my method, and explain how I protected the data. I wanted to build on the work of others by examining the literature and thus designed the study. Then, I collected empirical data by completing interviews and Zoom focus groups with Tyendinaga's healthcare providers. Therefore, my data method was a mixed method. Ultimately, I organized the data and analyzed the documents with a particular prospect in mind: that the Mohawk Council might use it as an advocacy tool for the community of Tyendinaga. I did this so that we may strengthen our knowledge base and position regarding our healthcare implementation and delivery. I have included the appendices to provide transparency regarding my methodology.

Finally, I wrap up the thesis with a conclusion of the main points and what needs to happen in further inquiries. Ultimately, I propose introducing a relational way of practicing holistic health. I believe practicing and implementing relational holistic health will revolutionize and maximize how Tyendinaga healthcare workers can institute, implement, and deliver healthcare in Tyendinaga Mohawk Territory, and possibly beyond. I am excited about the possibilities, but first, we must learn how to create that idealized space to make it happen.

Chapter Two: Creating Idealized Space

The Thanksgiving Address Ohén:ton karihwatéhkwén and the Two-Row Wampum

The reader must understand that I am sharing what I have learned about the Thanksgiving Address through Speakers, Elders, ceremonies, and literature, and I am no expert. I am only beginning to learn. I understand I could be criticized for reaching out to the research because the written word is the antithesis of this address. Still, I was cautious about citing only Indigenous scholars, specifically Iroquois people and Elders, to shed light on its meaning. I was also careful to share what is already available in the literature and nothing sacred to us. Many Elders have discussed the Two Row Wampum and its meaning (R. Hill, 1990; S. M. Hill, 2017; Lyons, 1992; Miller, 2007; Mohawk, 1993). I will attempt to explain what I interpret as the spirit of the meaning and what I have learned so far.

The first part of this chapter will provide depth to Ohén:ton karihwatéhkwén. Also, I included our Creation Story because there are slightly different variants, but in each version, the essence of it remains the same. I want to note that when discussing our sacred connections, we must also include our link to Turtle Island and the rest of Creation (Williams & Nelson, 1995), because it is a glimpse into our worldview. I also wish to reveal how our health is a part of this complex, interlacing, dynamic, holistic sphere and how it can be considered an interwoven braid with relationships and our worldview. I will endeavour to show how it represents our worldview on relationships, how it co-exists with harmony, and how I will link it with health in our contemporary world (Asch, 2014; R. Hill, 1990; Lambe, 2004; Lyons, 1992; Miller, 2007; Montour, 2014; Turner, 2006; Williams & Nelson, 1995). When health is analyzed, both The Words Before All Else

and the Two Row Wampum are infused elements. These elements are one of the reasons why I am using them as touchstones and as my philosophical basis.

In the latter half of the chapter, I will discuss why I have chosen the Two Row Wampum, its significance to Haudenosaunee, and why it is appropriate. The Two Row Wampum represents two people who are distinct from each other but who have engaged in equal, respectful dialogue with each other in the past. In addition, I will mention the Covenant Chain and its relevance to this topic. Nevertheless, some scholars do not believe in negotiating with settlers because, after so many broken promises made by settler governments, not all Indigenous people trust there can be an equal, respectful, and reciprocal relationship. All partnerships need dialogue, but discourses of trust and power are interwoven in this debate. Accordingly, I will introduce the “politics of recognition,” the two sides of the argument, and what this has to do with reconciliation (Coulthard, 2014). Finally, the chapter will wrap up with a brief section on the place of metaphors used in our culture and the connection of those metaphors to the way we live our lives today. Lastly, I will discuss how “associational thinking” dates back to the Great Law and why rigidity will not work with Indigenous people overall, especially when working in healthcare.

Thanksgiving Address: Greetings to the Natural World: Onen:ton karihwatehkwen (Words Before All Else) – Understanding the Address

John Stokes wrote this version of the Thanksgiving Address with illustrational work by John Fadden of the Six Nations Indian Museum. I have used the “Thanksgiving Address: Greetings from the Natural World” with special permission from the author. The story, as told by John Fadden, was that it was the dream of Elder, Condoled Cayuga

Chief, longhouse speaker, an authority on the Great Law, and interpreter of Iroquoian culture, Jacob “Jake” Swamp, to send the Words Before All Else out to a more generalized audience. The reason was to allow more people to understand and send it to as many nations as possible. So, John Fadden and Eddie Benedict sent many other English versions to John Stokes, and they produced this booklet. John Fadden drew each element, which Dan Thompson translated back into Mohawk, fulfilling Jake’s wish. Sadly, both Jake Swamp and Dan Thompson have gone on to the Spirit World, but their work lives on. John Fadden said, “Since that time it has been republished in a number of other languages along with Mohawk, the most recent being translated into Hebrew” (2019, at the Six Nations Indian Museum, Onchiota, New York) (see also the website of John Stokes at <http://www.thetrackingproject.org> under the heading of Thanksgiving Address and Jake Swamp).

The People

Today, we have gathered, and we see that the cycles of life continue. We have been given the duty to live in balance and harmony with each other and all living things. So now, we bring our minds together as one as we give greetings and thanks to each other as people. Now our minds are one.

The Earth Mother

We are all thankful to our Mother, the Earth, for she gives us all that we need for life. She supports our feet as we walk about upon her. It gives us joy that she continues to care for us as she has from the beginning of time. To our Mother, we send greetings and thanks. Now our minds are one.

The Waters

We give thanks to all the Waters of the world for quenching our thirst and providing us with strength. Water is life. We know its power in many forms-waterfalls and rain, mists and streams, rivers, and oceans. With one mind, we send greetings and thanks to the spirit of Water. Now our minds are one.

The Fish

We turn our minds to all the Fish life in the water. They were instructed to cleanse and purify the water. They also give themselves to us as food. We are grateful that we can still find pure water. So, we turn now to the Fish and send our greetings and thanks. Now our minds are one.

The Plants

Now we turn toward the vast fields of Plant life. As far as the eye can see, the Plants grow, working many wonders. They sustain many life forms. With our minds gathered together, we give thanks and look forward to seeing Plant life for many generations to come. Now our minds are one.

The Food Plants

With one mind, we turn to honor and thank all the Food Plants we harvest from the garden. Since the beginning of time, the grains, vegetables, beans, and berries have helped the people survive. Many other living things draw strength from them too. We gather all the Plant Foods together as one and send them a greeting of thanks. Now our minds are one.

The Medicine Herbs

Now we turn to all the Medicine Herbs of the world. From the beginning, they were instructed to take away sickness. They are always waiting and ready to heal us. We are happy there are still among us those special few who remember how to use these plants for healing. With one mind, we send greetings and thanks to the Medicines and to the keepers of the Medicines. Now our minds are one.

The Animals

We gather our minds together to send greetings and thanks to all the Animal life in the world. They have many things to teach us as people. We see them near our homes and in the deep forests. We are glad they are still here, and we hope that it will always be so. Now our minds are one.

The Trees

We now turn our thoughts to the Trees. The Earth has many families of Trees who have their own instructions and uses. Some provide us with shelter and shade, others with fruit, beauty and other useful things. Many people of the world use a Tree as a symbol of peace and strength. With one mind, we greet and thank the Tree life. Now our minds are one.

The Birds

We put our minds together as one and thank all the Birds who move and fly about over our heads. The Creator gave them beautiful songs. Each day they remind us to enjoy and appreciate life. The Eagle was chosen to be their leader. To all the Birds- from the smallest to the largest- we send our joyful greetings and thanks. Now our minds are one.

The Four Winds

We are thankful to the powers we know as the Four Winds. We hear their voices in the moving air as they refresh us and purify the air we breathe. They help us to bring the change of seasons. From the four directions they come, bringing us messages and giving us strength. With one mind, we send our greetings and thanks to the Four Winds. Now our minds are one.

The Thunderers

Now we turn to the west where our Grandfathers, the Thunder Beings, live. With lightning and thundering voices, they bring with them the water that renews life. We bring our minds together as one to send greetings and thanks to our Grandfathers, the Thunderers. Now our minds are one.

The Sun

We now send greetings and thanks to our eldest Brother, the Sun. Each day without fail he travels the sky from east to west, bringing the light of a new day. He is the source of all the fires of life. With one mind, we send greetings and thanks to our Brother, the Sun. Now our minds are one.

Grandmother Moon

We put our minds together to give thanks to our oldest Grandmother, the Moon, who lights the nighttime sky. She is the leader of women all over the world, and she governs the movement of the ocean tides. By her changing face we measure time, and it is the Moon who watches over the arrival of children here on Earth. With one mind, we send greetings and thanks to our Grandmother, the Moon. Now our minds are one.

The Stars

We give thanks to the Stars who are spread across the sky like jewelry. We see them in the night, helping the Moon to light the darkness and bringing dew to the gardens and growing things. When we travel at night, they guide us home. With our minds gathered together as one, we send greetings and thanks to the Stars. Now our minds are one.

The Enlightened Teachers

We gather our minds to greet and thank the enlightened Teachers who have come to help throughout the ages. When we forget how-to live-in harmony, they remind us of the way we were instructed to live as people. With one mind, we send greetings and thanks to these caring teachers. Now our minds are one.

The Creator

Now we turn our thoughts to the Creator, or Great Spirit, and send greetings and thanks for all the gifts of Creation. Everything we need to live a good life is here on this Mother Earth. For all the love that is still around us, we gather our minds together as one and send our choicest words of greetings and thanks to the Creator. Now our minds are one.

Closing Words

We have now arrived at the place where we end our words. Of all the things we have named, it was not our intention to leave anything out. If something was forgotten, we leave it to each individual to send such greetings and thanks in their own way. Now our minds are one.

Understanding the Thanksgiving Address and Two Row Wampum as Touchstones

The following sections of this chapter will explain why *One, The Words Before All Else* is crucial to Haudenosaunee people and relationships. Two, what does it mean to our interconnection with culture and our spiritual bond to the Creator, Mother Earth, the rest of Creation, and our health? Finally, why am I using it as a touchstone and as one of my philosophical bases? I will also shed light on why Haudenosaunee people believe in flexibility. I want to show the linking of our Thanksgiving Address and Two Row Wampum and metaphors, or “associational thinking” (Mann, 1997, p. unpaginated), to the multidimensional facets of thinking and living. I have included *Our Creation Story* because it illuminates those multidimensional facets by providing a glimpse of our perspective of spirituality. Our view of the spirit world is much different from a Judeo-Christian look, and you will see the connection it holds with our Thanksgiving Address.

Note that the first Opening Address at the beginning of this *thesis* differed from the second one at the beginning of this *chapter*; this was intentional. This was to show the fluidity of it because there are no exact words to it; the words depend on the Speaker at that time. Even before the Speaker starts, the person making the request must follow the protocols. The opening can commence after the requestee has followed and completed all protocols. We the people put forth the Speaker to do an Opening or Closing Address on our behalf to acknowledge our gratitude for all placed on Turtle Island, and this speaks to our collective consciousness of being “of one mind” (Williams & Nelson, 1995). It recollects our responsibility to continue our life cycle and reminds us to keep in harmony with all living things (Mohawk Nation & Haudenosaunee Grand Council, 2015).

In my culture, it is customary before a group comes together to start the gathering with the *Words Before All Else* (T. Alfred, 2005; Thomas, 1992), as it is a part of our respectful culture of gratitude (Kimmerer, 2013) that has been given to us by Creator ‘Shonkwaya’tishon’ (Mohawk, 1993; Porter, 2008). It starts with sending greetings and thanksgiving to the people gathered and then goes on to offer greetings and thanksgiving to all in Creation; it is “...the spiritual key of the ceremonial world of the Iroquois:...” (Porter, 2008, p. 25). During the Words, the Speaker also asks everyone to “wrap our minds together as one” as we journey into this gathering; it “is a sacred act” (Brant Castellano, 2011, p. 40). A group’s consensus and cohesiveness are excellent medicine, and all people’s minds woven together means all gathered will try to think and make decisions in the group’s best interest for the next seven generations (Porter, 2008). While the Speaker thanks each element, there is a place for all in attendance to acknowledge their collective agreement, usually by answering “Tho” (pronounced “toe”). Although there is no exact way to say the Address, it usually has a structure. For example, it starts with giving thanks to the people, to remember to recognize life cycles (Williams & Nelson, 1995), and doing the ceremonies to pass them along and live in harmony with all (Gray, 2001). It then offers greetings and thanksgiving to all in Creation, usually ending with giving thanks to Shonkwaya’tishon.

Some Speakers will talk about our kin’s responsibilities; for example, Grandmother Moon’s is to assist in all-female matters. The Speaker may say Grandmother Moon aids in the time when babies are born, controls the ebb and flow of the tides, provides nighttime light, and assists with time. The Speaker may say our Grandmother, the Moon, is responsible for working in partnership with our elder Brother,

the Sun. Another example is the Speaker may mention the trees, and again the Speaker may give thanks for the gifts they provide, like the maple tree is the head of the trees because the maple tree provides maple water and adds sweetness to our diet, and it is the first sign of spring and re-birth. Ultimately, order notwithstanding, it will continue with the four winds, the three sisters who are corn, beans, and squash, the four-legged ones, the birds, the bugs, Grandfather Thunderers, water in all forms, our cousins the Stars, the four Ancient Helpers, the plants and whomever, human, and non-human, the Speaker is grateful for at that time. It usually leaves giving thanks to the Creator to the last, which are the choicest words sent. At the end, the Speaker may ask the gathering of people if They forgot someone in their Address to thank that kin uniquely and ask for their patience and forgiveness. When adequately said, it could last up to three days, although sadly, no one can do that feat anymore (Porter, 2008). Speakers can also tell a condensed version that can last a couple of minutes; again, it depends on the Speaker. I have heard Elders say that the versions spoken today are too short, too often. The Thanksgiving Address is stated in the Longhouse to begin ceremonies or socials or before any gathering or meeting, political or not. Alternatively, one person can speak privately to start their day in a good way, but the core idea is to remember to be grateful for everything in Creation.

The *Words Before All Else* demonstrates how we act toward all beings, human and nonhuman kin, plant life, animal life, and our ecosystem. It is not a prayer. We do not ask for anything. It is our spiritual connection. We believe the Creator placed everything we need on Turtle Island to live a good life. Our teachings remind us to be humble before Creation because humans are the weakest creatures placed on Turtle

Island. We must treat all in creation, including animals, plants, and our ecosystem, with respect and humility and live in harmony and reciprocity (Doxtator, 1997; Gray, 2001; Kimmerer, 2013; Porter, 2008; Williams & Nelson, 1995).

Indigenous people did not separate themselves from animals, plants, or our ecosystem (Napoleon, 2001). Settlers were the people who placed themselves above the animals and went in search of controlling nature (Scott, 2008). Indigenous people knew this was foolhardy because only the Creator could talk with the animals and guide the rest of this side of the sky. Since the people were placed last on Turtle Island, we knew we could learn from our kin. We can look to the animals to observe their behaviour (Burrows, 2010a). We can learn from the animals because they can show us how to hunt, be patient, and be tranquil when waiting for another animal to offer its spirit for food and clothing (Feit, 2001). We used to be able to look to the skies, coupled with the experience of hunters and Elders, to predict climate change, but the weather has become increasingly more difficult to predict (Riewe & Oakes, 2006). But we can look to the birds for changes in weather or danger; the birds fly south when seasons change and will be very quiet and stop singing when threats are near. If we are soundless and listen, we will hear the assorted sounds of the communications of our kin. From the wind in the trees to make them rustle, to the sounds of the water bubbling in a stream, the older ones and Elders taught us to listen, observe, and model. We are taught that those teachings are what is needed to live a good life (Porter, 2008). We may not hear it, but we know the trees are in continual conversation with each other because they warn each other of danger through their roots under the forest bed. They can teach us to be hushed, to listen, to be patient, and to think with our good minds to be rational. While our kin can teach us

so much if we take heed, so too can our Mother, because she is much more than just the earth under our feet. She is a part of us, and we are a part of her; the Earth is who we are as a people, it is our identity. We believe that Indigenous people have a responsibility to care for Mother Earth, as we were the first stewards of the land, and we have never given that up. This is where respect and reciprocity go hand in hand between Turtle Island and Indigenous people; take, for example, our harvests and medicines.

We look to the plants for changes in the earth and growing and harvesting times. In ancient times, Mother Earth let us know when we needed to move because she needed to lay fallow for a while. The medicines provide everything we need to keep us healthy, and the gardens where we grow our food provide nutritious sustenance. In our fast-paced life today, we forget how healthy the food we produce naturally is, and that we can preserve, can, and dry those foods for another season or later in the season. It all contributes to our health, to our ability to be rational, learn from other species, pleasing medicines, and nutritious foods. The animals, birds, and all in Creation have a place and responsibilities connected to us because we are part of the web of life. When a species can humbly respect another species, learn from them, and call them kin, it is much more difficult to destroy them in the name of capitalism (Kimmerer, 2013). Therefore, our Thanksgiving Address is much more than giving thanks; it is a way of life, our connection to our ecosystem, a way to live, and a prescription for relationships, and it connects to our health as our obligation. It gives us individual agency and shows how our health is our collective duty.

When I reference our health, I mean we are responsible for caring for ourselves. When that time comes, we must be healthy and balanced to contribute to the broader

group. It is further believed that each person has a special gift, and that, when nurtured, it will benefit the rest of the group, strengthening the group. That is the connection to our holistic health and each other. When we are safe, nurtured, valued, heard, included, loved, strong, and healthy, we will be resilient people who will bring strength to our people and the babies not yet born. The health challenge has many nuanced issues, like Indigenous identity, constructed identity, and the co-relationship between land and spirituality (Kimmerer, 2013; Simpson, 2000; Weir, 2012). I want to focus on the co-relationship between land, spirituality, and identity. Many Western settlers still do not see the relationship between land, health, and identity (Alexander et al., 2011; Wright, 2014), and this is one of the factors presently not addressed in the current healthcare system. Without the connection of spirituality to health, the subject of health misses a significant part of who we are holistically (Graham & Martin, 2016).

Ultimately, we are all connected in the web of life because we are our land, and our land is us. We contribute to the circle of life by taking care of Turtle Island. We care for our babies who have not yet been born through the lifecycles of our Elders. The Thanksgiving Address is the foundation for our connection to all the elements in Creation. It is our spiritual connection and it invokes the necessity of working harmoniously (Thomas, 1988). It reiterates how our kin follow their original instructions by continually fulfilling their responsibilities and demonstrate this by working together to complete them. You may have noticed that there seems to be no distinction between Onkwehonwe, land, and our spirituality; if you have noticed, I have clarified that interwovenness. We do not classify ourselves in neat boxes or recognize hierarchies,

which are foreign to us because we acknowledge the circle of life and the interconnection between ourselves, the animals, and the ecosystem.

The earth is where our physical bodies go when we no longer need them; however, Seneca scholar Barbara Mann (1997) wrote that our spirits may go to another dimension. She suggested that this is where spirits go, only to be reborn again. It is those faces under the earth that are not yet born. Our spirituality connects to our life and death on this side of the sky. Like humans have spirit, so too do the animals, the plants, and all our ecosystem have spirit; it is energy, and identity, and all of Creation is alive with energy.

We reach out to all in Creation and acknowledge them; this places us *within* that system of cosmos. The Thanksgiving Address is our spiritual link to all in creation. Our Address is a part of our epistemology, much like our Creation stories. They connect us to our identity, ancestors, language, and history. We believed we could share Turtle Island and take only what was needed, but throughout history, our land has been stolen, divided, bought, sold, and wrenched away from us. Scholar Robin Wall Kimmerer, a mother, author, professor, and citizen of the Potawatomi Nation, “In the face of such loss, one thing our people could not surrender was the meaning of our land” (2013, p. 17). We have a different love for land than settlers when settlers see land. They think of commodities to be bought and sold (Cronin 1983), but land is our responsibility to take care of *her* (Turtle Island) as she *takes care of us*; this is reciprocity. The land is so important to us as Mohawk people that upon first meeting other people, we will ask them, “what clay do you come from?” or *oh nisen’taròten*, which “literally means ‘what is the outline or contour of your clay?’” (Doxtator 1997, p. 3). That translates to a place, a

region, or location, but Indigenous people fear losing “a place of ancestry, identity, language, livelihood and community, [it] is a key determinate of health...” (Alexander et al. 2011, p. 480). When the landscape begins to drastically change due to the anthropogenic actions of people, like global warming and massive glaciers melting, the landscape changes and deprives Indigenous people of how we have historically interacted with the land. It also robs us of our fundamental human right to practice our cultural traditions of “on-the-land activities” (Watt-Cloutier, 2015). These activities are crucial to our health. That is why settlers miss the relationship of health in combination with our land. It is like our other relationships: intertwined and part of who we are as a distinct people.

As a distinct people, we learned how to live in our environment and were ever aware of our allies and our enemies. We had fierce warriors but strived for peace. We had our teachings and our ceremonies, and before the settlers’ invasion, Iroquois peoples had a very structured government, social and political life, and way of taking care of each other economically. Unfortunately, Indigenous land was made into a commodity by settlers (Cronin, 1983), which is the antithesis of how Indigenous people think of land. We see Turtle Island as our Mother, a spiritual force working with the rest of our kin for our wellbeing. Since the Thanksgiving Address has a critical cultural sacred connection to the Haudenosaunee, it also validates part of my reason for using the Two Row Wampum. The Thanksgiving Address and the Two Row Wampum are significant links because both are predicated on a respectful interaction from the beginning and involve a connection to relationships.

The Two Row Wampum has lived on as a powerful symbol and ideal for the Haudenosaunee but was never formalized in an enforceable legal form, as were subsequent treaties. The Royal Proclamation acknowledged the rights of Indigenous nations on their lands, but frontier citizens and land speculators ignored protections. Only in modern times have First Nations used the legal leverage of Proclamation promises to their advantage. The adoption of the Symbolic Covenant Chain was an attempt to revive the notion of living agreements in treaty meetings. The strong theme of these discussions is the persistent Haudenosaunee vision of respectful relations.

Using the Two Row Wampum's philosophy is central because Haudenosaunee recognize the independence and responsibility of all in Creation, including settlers. We know we must not be subsumed into settler culture if we want to work harmoniously. Nations working together but remaining independent is fundamental to the Great Law (S. M. Hill, 2017; Lambe, 2004). That very philosophy sets Two Row Wampum's philosophy apart from other types of interactions and relationships. I suggest our culture is distinct and can stand beside the settlers' culture, through dialogue, persuasion, reciprocal respect, compromise, and friendship. This same type of discussion is used in the Longhouse when discussing business. The decisions made in the Longhouse are through effective communication with each other and other clans, and this communication is paramount until there is a consensus (Porter, 2008). The three white beads of wampum between our peoples symbolize the purity of our interaction and spirit of intent.

The Two-Row Wampum is one of the oldest friendship agreements/treaties initially used between our people and the European people in 1613 (R. Hill, 1992; S. M.

Hill, 2017). It was later used as a framework for friendship and allyship between the Haudenosaunee and other Nations to affirm their relationship (Williams & Nelson, 1995). The Two Row Wampum is a belt made of purple and white wampum. The belt has two rows of horizontally running purple wampum representing both peoples. It has a strip of three rows of white wampum between the two purple rows. The belt describes each person's journey through the river of life together. The one purple row represents the settlers in their boat navigating life and carrying on with their business, political ways, religion, and laws, and the other purple wampum strip portrays the Haudenosaunee people in their canoes doing the same (R. Hill, 1990; Parmenter, 2013). The two purple wampum strips were never to cross, which meant there would be no interference between the two peoples, in their businesses or lives (R. Hill, 1990). The white wampum strip between the two purple streaks represents the two peoples' relationship with each other as pure. "The three white rows separating the two dark rows represent Kanikonriio (good mind), Kashatensera (power) and skennen (inner peace). Kaianaraserakowa (great peace) are all three principles together" (my translation; see also(Lambe, 2004, p. 27; Porter, 2008). This relationship was to be one of respect, equality, and friendship, and it also meant that there was to be a continual respectful dialogue between the two peoples (R. Hill, 1990; Parmenter, 2013). To the Haudenosaunee, it was more than just an agreement; it was considered a sacred trust between each group (Cassidy, 2012; Gray, 2001, p. 78; Miller, 2007).

Covenant Chain – A Variation on The Theme

The Two Row Wampum has validity because the two peoples later re-affirmed their relationship in the form of a Covenant Chain. They believed their friendship and

partnership were critical, and that each of their people must maintain it for generations to come. They wanted to have a symbol for their future generations of people to be able to understand their dynamic, evolving relationship together. Further, their belief was that wampum could break, so they needed to construct a more robust silver chain. The people believed a silver chain was more powerful and could withstand any attack.

Simultaneously, the two peoples inserted a clause regarding their union to ensure they returned together to refurbish it. In other words, they would renew their friendship and work out disagreements honourably. The Haudenosaunee saw the Covenant Chain as a living document that would evolve with both peoples. Evolution is the key to my argument and why I am using this philosophy; it is essential because it is fluid, not static, living, and sacred. Consequently, treaties were meant to renew their relationship periodically and used between Indigenous and settler peoples to commemorate a shared understanding.

Our Creation Story

This story is essential because it provides a glimpse into our epistemology and connects our thinking about Mother Earth and why we view ourselves as interconnected to the rest of Creation. It is a part of our culture and worldview and who we are as people. The Mohawk Creation story has been passed down orally in different versions that start with origins in Sky World, which exists in a time and dimension separate from our reality. The Creation story I will recount refers to the late Dr. John Mohawk's version. Dr. Mohawk sat under the protection of the Turtle Clan and was from the Seneca Nation. He was a scholar, historian, and spokesperson for the Haudenosaunee Confederation. He received his PhD in American studies from the University of Buffalo.

(<https://centerforneweconomics.org/people/john-mohawk/>) Although Dr. Mohawk begins his story with the life and times of the people in Sky World, I have decided to pick up just before Sky Woman falls from the sky.

In Sky World, there once was an influential chief, the keeper of the Standing Tree of Fruits and Flowers, who called together members of Sky World to guess his visionary dream in which he saw events that would come to pass. The community succeeded in guessing and fulfilling his dream by uprooting the Standing Tree. When the community uprooted the Standing Tree, it caused a great hole in the sky, and the chief's pregnant wife fell into the hole. All different versions agree that when Sky Woman fell, she grasped seeds in her descent.

Some authors say she grabbed the three sisters' seeds, corn, beans, and squash and, on the other hand, our brother tobacco. Sky Woman looked down and noticed the Earth covered in water. The birds saw that she was falling, and they noticed that she did not have webbed feet and would surely drown if they did nothing. The birds came together, had a small council, and decided to come together to catch the Sky Woman on their back feathers. They noticed that she had seeds clutched in her hand, and she said she was trying to grab them to prevent her from falling, but to no avail. The birds thought they were the three sisters, but there was no time to dally. They tried to take her back to the hole in the sky but found it impossible; it was too far, and they grew too tired in their attempts. The birds began talking with the water animals, and they tried to devise a solution because they could not keep her suspended. The water animals spoke, and the turtle said she could sit on his back. The birds lay Sky Woman on the turtle's back and decided to dive into the water to get some earth for her. Two water animals tried, but

each drowned; they tried to get some earth from beneath the sea for the woman. The animals knew instinctually that Sky Woman needed earth, so the last animal volunteered; a muskrat tried and, after a prolonged period underwater, popped up, exhausted but triumphant. Clutched in his paws was earth.

Sky Woman placed the earth upon the turtle's back and started growing food with the seeds. She walked and danced on the turtle's back counterclockwise, continually chanting, and magically, the earth began to expand. Soon, there were rolling hills and valleys. That is how Turtle Island got her name.

As noted before, Sky Woman was pregnant when she fell, and by and by, she had a daughter. Time passed; they were the only humans on Turtle Island. The women were very close and wandered the earth, naming the creatures they came upon because all could communicate with each other. The time came when a mystical presence, believed to be North Wind, appeared, and the daughter fell for him and got pregnant. Sky Woman's daughter gave birth to twin boys, but she died giving birth, leaving the grandmother to watch over the boys. The boys' names were Tharonhyawá:kon, "He Embraces the Sky," and Shawískara, "Mischievous One," with apparent connotations of their personalities. While Tharonhyawá:kon made beautiful things like the rose, Shawískara would put thorns on the stem. The boys constantly vied for the grandmother's attention, and sibling rivalry continued. Shawískara was jealous, and his mind was wrinkled; he believed his Grandmother only loved Tharonhyawá:kon. Shawískara thought his grandmother blamed him for his mother's death, which he felt made his Grandmother angry with him. Tharonhyawá:kon believed he had to care for his brother for all of humanity because his brother's mind would not become smooth. He

sealed him under the enormous mountain because he could not kill him. Shawískara lingers outside the community, concealed under the mountaintop (Mann, 1997; Mohawk, 1993; Porter, 2008).

There are a few notable differences that I want to mention regarding our Creation Story from the different aspects of the Creator and dichotomies. The twin brothers are sometimes described as good and evil when people tell the Creation story. However, after listening to various Iroquois Elders tell it, and according to Mann (1997), settlers altered that version to “fit” *their* Creation story. Our Elders say evil is a Christian word, and we did not view people in that regard. For instance, Elders say that his mind was “crooked” or “not smooth” or that it is a reference leading to madness, which is more palpable. This logic also fits in with the twisted mind of Atoraho, who later would get the snakes smoothed out of his hair by Degonaweda. Afterward, he embraced peace, and his thoughts became smooth. This legend is about the Peacemaker, but that is another legend for another time. The other notable difference is the mention of dichotomies in Iroquoia thought; however, that thinking did not originate with us (Mann, 1997). We believe in balance but not in dichotomies; the philosophy of “one or the other or one better than or worse than” is contrary to our thinking (LaRocque, 1990). That is not to say that all Indigenous people have the same beliefs; we are different within and between ourselves, and depending on where one stands, each opinion is valid. There can be more than one truth.

Divergent Views on Intercultural Dialogue

Historically, Indigenous people’s relationship with settlers has been like the ebb and flow of a tide (Ermine, 2007). Initially, settlers recognized Indigenous peoples’ land

rights because settlers had inherited the British's 1763 Royal Proclamation. This Proclamation acknowledged Indigenous people's ownership over their land, and settlers could not take it or buy it unless the Crown first purchased it or if Indigenous people ceded it (J. Milloy, 2008). "Then came a guiding legal decision in *Millings vs. The Queen* (1888) that set a flawed precedent whereby Indigenous land "rights" were derived from and depended on the bounty of the Crown rather than being sourced in their laws and prior possession of their traditional lands" (McNeil, 2019, p. 17). This flawed precedent was in place for over a hundred years until challenged successfully, but basically, it meant the opposite of what the Royal Proclamation declared. The *Millings vs. the Queen's* decision flew in the face of Indigenous people's beliefs, because we believe our rights flow from the land we once occupied. As a result, we are "born of this land" and are the original inhabitants, a type of *Sui Generis*, in our class (Youngblood Henderson, 2002). Ergo, based on our beliefs, our rights cannot be bestowed on us by anyone because we *were born with those inherent rights*; we had them before settlers invaded Turtle Island. Canada, a colonial state, wants us to believe that its declaration of sovereignty over us and our land is supreme, but more and more Indigenous peoples and allies are questioning that sovereignty over us and our territory. Ally and Trent University professor and scholar Heather Nicol noted that the *greater community* is not behind Canada's claim (Nicol, 2016). As a signpost, remember this rights-based argument does unite with reconciliation.

First, let me tie this rights-based argument into one of several divergent viewpoints. Afterward, and more precisely, I will preface how each case affects the determination of a neutral zone, as referenced in the Two Row Wampum earlier. Given

the claim of Indigenous peoples' beliefs outlined above, some Indigenous scholars have taken this argument of a "politics of recognition" to a higher level. A few learned Indigenous political scholars have written that working within the settlers' parameters will only amount to a manipulation of an alien system. They and many other followers do not believe it will change the narrative (G. R. Alfred, 2009; T. Alfred, 2005; Coulthard, 2014). They think that Indigenous people need to de-colonize their lives and turn their back on giving credibility to settler governments whatsoever because it would only *reinforce and perpetuate* settler dominance over Indigenous people. This distrust has been born from generations of continued broken promises from settler governments. While Anishinaabe scholar Leanne Simpson (2011) agrees with returning to our ancient teachings and generally that manipulating a colonial system will not work, she takes a more nuanced view because she also believes that dialogue engages people and is necessary.

Notably, the late Mohawk professor and lawyer Patricia Montour-Angus did not believe we could re-negotiate the colonial system because settlers predicated it on colonial interests. Ally, professor, author, and scholar Sherene Razack is also in agreement with Montour-Angus because she points out that the colonized project is legally authorized; one only needs to check out a library and read about the Indian Act and the residential schools (Montour-Angus, 2003; Razack, 2015). On the other hand, it is noteworthy that many other scholars believe differently in continued dialogue with settlers. Those scholars, both Indigenous and settlers alike, believe continued dialogue is the way to begin to change the direction of our relationship with settlers for the better (L. Archibald, 2009; Asch, 2014; Burrows, 2010b; Davis, 2010a; Regan, 2010; Turner,

2006). Contrary to what Coulthard (2014) and Alfred (2005) have argued, I believe that if we turn our backs on the settler governments altogether, there will be no discussion, which goes directly against the intent of the Two Row Wampum. As distinguished Onondaga Elder and Faith Keeper Oren Lyons outlined when discussing the Two Row Wampum, “That treaty established our equal rights in this land and our separate and equal coexistence on this land between our two peoples...As long as the grass grows green, as long as the water runs downhill, and as long as the sun rises in the east and sets in the west shall we hold this treaty” (1992, pp. 33–34). In the same context, I agree with Lyons and Ojibway artist Leo Yerxa. Yerxa said the Two Row Wampum philosophy should not be forgotten because “an idea can’t be killed” (as quoted in Barreiro, 1992, p. 158), and also because it holds the same commitment, sacredness, and timeframe as prefaced by Oren Lyons.

Our law, the Great Law

“Peace is the law law is peace to the Indigenous people of Turtle Island” (Gray, 2001, p. 72), and that encompasses working together in harmony. Harmony means we must function peacefully together because that is our law; it was our original teaching; and it means we must strive to be at peace with all others and ourselves. The questions remain, “How are we at peace with others? How are we to be at peace with ourselves?” The answers lie in our connection to our ancient teachings and how we can transform those teachings to the world in which we live now (G. R. Alfred, 2009). I agree with Mohawk professor emeritus Marlene Brant Castellano and the late Sto:lo scholar and prolific author Lee Maracle, who espoused that we do not have to go back and live in teepees and Longhouses and be gatherers and hunters per se, but that it means we need to

interpret and live by the spirit and intent of those ancient teachings (2011; 1996). In another way, we must emphasize our distinctiveness. We believe that Onkwehonweh cannot have one foot planted in the canoe and another planted in a boat because a strong wind will blow, and that person will fall into the water (Gray, 2001). Like Mohawk scholar Barbara Gray, I, too, will have both feet planted firmly in our Onkwehonweh birch (elm) bark canoe, but it does not stop our dialogue with the people in their boat. Indeed, that is the kernel of the significance of the function of “relationship” to which I refer; the ongoing dialogue must be fluid, continuous, sacred, and alive, just like the intent of the Two Row Wampum (Miller, 2007; Royal Commission on Aboriginal People et al., 1996).

The idealized space connection includes fluidity and flexibility.

We do not have to blend or mix our cultures; there is a space between us where each group can take from the other groups’ knowledge and, if it fits and works, use it for our contextual needs and vice versa. To be clear, I am not suggesting each culture is a stone. What I am saying is the exact opposite. Cultures are alive, adaptive, and fluid; they change and evolve to the world around us, and Haudenosaunee people are fantastic at adapting. Perhaps that is why we are still alive and kicking, even if it flies in the face of the “disappearing Indian” myth (Denis, 1997). Accordingly, that is the tricky part of the “idealized” space that I referenced at the beginning of this thesis. That “space” of negotiation is another reason why the Two Row Wampum’s philosophy is a logical answer: one because it is a part of our original teachings and our law, and two because it is fluid and alive.

We must further tease out the connection between flexibility and our cultural thinking because we use our orality with our rational mind. We did not write anything down with a pen and paper, and we were oral people. We believe life itself is dynamic and ever-changing, and that nothing stays the same; writing something down “in the moment” stifles the story (Lorde, 1984), and that is not the way teachings were to be interpreted (Hanson, 2009). Indeed, even if two people look at the same object, they will have different vantage points and may see the same subject differently (Battiste, 2000a). Storytelling aims to allow the person listening to pick up and use what they can from the story, and leave the rest (J. Archibald, 2008b). There may be many reasons for why one person will pick up a gem from the story and others will leave it, because everyone is unique and is at various places in their lives. People may revisit the story or even tell it, and it may change slightly, but the *story's spirit* remains the same, much like the Thanksgiving Address and our Creation Story.

Haudenosaunee people believe in flexibility, undeniably coming from an oral culture, and they have already laid that foundation. As Haudenosaunee people, our Speakers were great orators; our Great Law of Peace (our oral constitution of the Confederacy) uses metaphors (Williams & Nelson, 1995, p. 64). Curtis Arihote Nelson, a Chief in the Six Nations Confederacy, and Paul Kayansenh Williams, a lawyer who worked closely with the Confederacy, both of whom penned *Kaswentha* for the Royal Commission on Aboriginal Peoples, stated that Metaphors are in the Great Law. We did not write down the exact words of a meeting or treaty, but we still needed to know and commemorate the *intent* or *the spirit of what the person said* (Mohawk, 1992; To Dream Together: Indigenous Peoples and Human Rights Dialogue Report, 2018); for example,

instead of “this is what he said,” we understood “this is what he spoke about” (Williams & Nelson, 1995, p. 79). Just because we did not use pen and paper to write agreements down, it does not mean we did not have a way to record them. We used wampum as mnemonic devices, following “the oral tradition, where people are trained to remember what they hear” (Barreiro, 1992, p. 4). This type of recording went beyond the written word; as John Mohawk recounted, “The question that have to be put before the people are what is the thinking? Is the thinking right”? (Mohawk, 1992, p. 29)

Also, Barbara Mann, a scholar of Seneca descent, added that the metaphors were a way to do “associational thinking” and were never linear. Haudenosaunee laced metaphors in wampum belts for later generations to remember the intent and spirit of the meeting or agreement. In the beginning, Indigenous and settler people knew what the ethos of the belt they made together was; unfortunately, as time moved on, settlers came to have another perception of their wampum belt or ignored it altogether.

The point of this paragraph is to underline the differing historical viewpoints of an identical idea. That is especially true when I discuss the differing perspectives of how two peoples view a “contract” in healthcare and why it is not the best way of doing business with Indigenous peoples. As mentioned before, there needs to be flexibility when working together because circumstances change, and we all evolve (Breaking Point, *The Suicide Crisis in Indigenous Communities*, 2017). That does not mean there cannot be accountability; there can and should be, but there needs to be a systemic way built into the formula to make that happen. That formula should include both groups returning to the table to discuss how the project is progressing. Respectful dialogue

between the groups is needed to find that “idealized space,” a place to iron out any snags along the way in a good way.

In this chapter, my aim was to enlighten people about our cultural and spiritual connection to Ohén:ton karihwatéhkwén and to shed meaning on the Two Row Wampum and its usefulness in reviving this idea. I explained the foundational principles and elucidated the Mohawk peoples’ approach to health. These Iroquoian hallmarks teach us about behaviour, character, worldviews, relationships, and how to live a good life. I demonstrated how people can implement traditional teachings in our contemporary times by focusing on the intent and spirit of meanings. Younger Indigenous people are drawn to rekindling their traditional ways and are looking for means to reconcile their Mohawk identity with the world in which we live. Both teachings provide that solution and explain how people need to frame relationships. More to the point, however, is the professionals’ desire to see how they and settlers can construct those relationships. They already have a keen sense of what they want and how to implement it. The professionals believe they need to have a forum to speak their medicine. Therefore, the next chapter outlines and intentionally uplifts their voices regarding my investigative questions. The chapter outlines four different divisions for simplicity regarding the questions and probes the answers from the working healthcare professionals in Tyendinaga Mohawk Territory.

Chapter Three: Lifting Up the Voices

This chapter is about lifting up the voices of Tyendinaga's healthcare professionals gathered from questionnaires and focus groups. It amplifies their voices about the four questions asked at the beginning of the thesis. Those questions were: 1. what role does our culture play in implementing or delivering mental/physical/spiritual/emotional midwifery/health/social services? 2. are there any gaps in services, or more precisely, any barriers that midwifery/health/social professionals encounter in implementing or delivering our holistic health services? 3. could they identify any problems they might face in completing paperwork to justify funding for their program? 4. could they offer their opinion regarding alternative approaches where they might create space for an intercultural dialogue regarding holistic health?

Culture and Community

The healthcare professionals who participated in this research recognized the importance of family. They said that the family within the community is bigger than the nuclear family, and that it plays an essential part in health dynamics. What was also notable was the definition of the family because the client clearly defined their family membership, and the professionals respected their choice. The family can include biological and non-biological family, friends, Elders in the community, or *any* person. When the client's worldview had a family, the professionals said they recognized this and would consider this factor in the client's health plan. In addition, the professionals noted that clients felt safe if they implemented supportive people in the plan, thereby pursuing

healthcare more effectively. Therefore, if incorporating family into the treatment plan would give the client a sense of safety, the professionals did it. Finally, the professionals noted that they needed to be mindful of a client's family because it was necessary for looking at the holistic person before them. Understanding the client's view of their family is just part of the many intersections required to treat the whole person.

In addition, the professionals recognized that if the client knew their family/ancestry, they would have a better sense of self and identity. When clients know who they are and where they fit within the community, they understand enlightenment, leading to better health. The professionals reported that when clients connect to the community and have a sense of belonging, it gives them a sense of grounding. It is only natural that people want to be part of a greater whole of belonging. That is why the professionals had noted a resurgence in learning more about Mohawk culture, anything from healthy foods to a reconnection to the Mohawk language. The professionals stated they had noticed the hunger for any cultural renewal. Our community had welcomed the addition because it encompasses holistic treatment.

Being treated holistically was a theme that resonated throughout the interviews and focus groups. The professionals argued that the settlers' knowledge system is too rigid at times. They said it only captures a person's physical health and misses other crucial elements of the client, like the mental, spiritual, and emotional self. Professionals bemoaned reporting only on measurable health outcomes because it only garners physical well-being. Only collecting data on physical well-being misses out on the client's own reports of a better sense of welfare and support. For the professionals, overall health is essential data to acquire. The focus of treatment is getting the person's entire essence and

treating the client holistically. The professionals liked the concept of having the flexibility of treating the person holistically because they would be able to incorporate the client's history, family, and place in the community. They stated that they could get the best of both worldviews by incorporating both knowledge systems.

Practically all the healthcare professionals who participated stated that they preferred to use both knowledge systems: the settler's knowledge and Indigenous traditional knowledge. They said that working within both frameworks allows for the best health outcomes. Professionals can then assess the client and determine the best way to move forward using traditional knowledge or medicines, the settler's health knowledge, or incorporating both. The professionals reported that the settler's healthcare has value, and that they would be silly not to pull from both systems to create the best outcome for their clients. The saying "take the best and leave the rest" really applies to the choice of healthcare knowledge systems. There was a consensus that a blend of delivery is the best for Tyendinaga because we have a blend of cultures within the citizenry of Tyendinaga and because it is flexible and practical.

In addition to the flexibility and practicality of care, the healthcare professional needs to work with the clients regarding their care. The professionals reported on trying to attend to the patient's needs, whatever the patient's stage of health, and on offering the kind of referrals requested. Offering referrals also included end-of-life requests. They said that whatever the client asked for, they tried their best to accommodate them. The professionals said they respected each client's belief system regarding their culture and end-of-life requests and referrals. The clients were therefore always active participants in their own care. The professionals' ability to listen was at the heart of their care delivery.

The clients might want to use one knowledge system or the other, and the professionals were open to either choice. The professionals affirmed that the clients selected the type of care delivery they received. They were firm in their acknowledgement that the client was the driver in their care, including their cultural care.

Professionals noted that they liked using their cultural knowledge while treating a client. Many reported they tried very hard to connect clients with their culture, roots, teachings, and practices because it creates a feeling of belonging and connection. Several acknowledged that their culture led them in their decisions when working with clients. Many professionals noted that their sense of culture was congruent with who they are. They reported feeling proud of the care they delivered because they could offer either settler health only, traditional health, or a combination of both. They were incorporating Mohawk culture in their services more now than ever, whether through talking circles or plans of care created in conjunction with the midwives. A few comments from the professionals stated that they were settlers and were learning how culture fits in with the client's plan of care—indicating that they were beginning to understand the significance of culture in health and social treatment.

Some settler healthcare professionals noted that they were open to learning about culture in healthcare and incorporating it. Professionals reported that when they included culture in their work, the clients became more involved and interested in their work. Other professionals noted that culture was necessary to develop a therapeutic relationship. They said incorporating culture allowed them to use it as a guide in offering essential individualized services such as vaccinations, breastfeeding assistance, and mental health. When services are individualized, they become personalized, said one

professional. Various professionals stated that they used culture to guide them in promoting and protecting health. One professional used culture as a guide when they referenced “respect for life” and “seasons of life” because they said they implemented a holistic view of each person and the community in their work. Professionals and clients can have a symbiotic relationship by participating in an even playing field and engaging in reciprocity. Nonetheless, if healthcare professionals do not feel comfortable delivering Mohawk cultural teachings, they will not have that kind of relationship.

Numerous professionals felt they needed more training and education in Mohawk culture. There was a sense that if they had more training and knew more about our culture, they could combine it more in their treatment plans. Unfortunately, there was an overwhelming belief that our community lacked enough knowledge keepers. In addition, they felt that our knowledge keepers were “burned out.” When that cultural burnout happens, professionals must go outside to other Nations to look for people knowledgeable in Mohawk culture. Also, fewer people are familiar with both traditional and settler health. Therefore, the professionals wanted more consistent training in Mohawk culture. They felt that offering online and in-person training is best because people learn differently. The professionals also wanted the Chief and Council to understand that staff want more access to cultural teachings and to push that agenda. Professionals want that push because they know it will assist them in developing better relationships with each other and the community.

One hundred percent of the professionals acknowledged that all their relationships were crucial. Professionals discussed the relationships between themselves, funders, outside reserve vendors, the family, our community, the Mohawk Nation, and all humans

and non-humans in creation. All agreed that the relationship was the glue that made or destroyed their united work. They reported that when their relationships were respectful, reciprocal, communicative and open, they could get a lot of work done successfully. The opposite was also true; the work on the ground became dysfunctional and static when the relationship was not working. Trust was a positive word that professionals used to describe a healthy ongoing relationship. They noted that any groups working together needed to keep working on their relationship, even if it was difficult because, without trust, there would be no relationship. Overall, all the professionals believed that communication is the key to a successful relationship. Interestingly, communication was the touchstone of the Two Row Wampum, where relationships between Indigenous people and settlers needed to remain respectful, reciprocal, communicative, and open. In addition, the healthcare professionals stated that working with people outside the Territory is necessary.

There was a discussion among the professionals about working with people from outside the Territory, including settlers. Although the professionals admitted that having a reciprocal relationship was good, they realized it was not always possible. They noted that some people were unaware of the history of Indigenous people, and some were unwilling to face it due to the uncomfortable feelings that emerged. Some off-reserve people did not take Tyendinaga's healthcare professionals seriously. For example, healthcare professionals off-reserve would treat Tyendinaga's professionals differently. When off-reserve people chose Tyendinaga's professionals to be on committees, they felt that the settlers were tokenizing them. Another complaint was that traditional knowledge was not given the same weight as settler knowledge, a typical colonial legacy. However,

in turnaround, one professional said the settlers did not have to understand their traditional work, just respect it. Nevertheless, there was a general feeling among the Tyendinaga professionals that having a good relationship with professionals off-reserve was optimum. Having allies meant the Tyendinaga professionals could approach them and get help for their programs when needed because it was best for the community.

Many professionals commented about the community and their programs. Most said that they were working for the community, and that their work was community driven. They said that without the community's input, they would be unable to do their job. The professionals felt the community needed to be kept in the loop regarding what they did because if the community members did not know what they offered, they would not use their program. If the community members did not use their program, they would not have a practice. The professionals said the community was at the heart of their programs, and that continued dialogue was needed to keep pace with their ever-changing needs. Tyendinaga's professionals must communicate changing needs to the funder because it improves relationships and flow.

Many professionals felt that having a good relationship with their funder was essential and they wished there were more chances to dialogue. They reported that if the funders knew what they did and came to visit their program, the funders would better understand their work and their program's effects on the community. Some voiced that having funders go and receive some traditional teachings with them would be beneficial and ideal. It would persuade the funders to have a deeper understanding of their work, and perhaps the funders would give a broader scope of directives. The professionals also mentioned that funding formulas needed to last longer than one year. The reason is that

there would be more chances to dialogue, and thus more time to build a stronger relationship. The professionals felt that if funding were on a five-year rather than yearly basis, it would give them time to plan the program and begin a relationship with the funder. Also, it would allow the production of more programs that would flow freely. They would not have to worry about funding disruption, rationalization, and justification.

A few professionals did not like explaining and justifying how traditional activities could be healing for clients. Even after explaining the traditional training, sometimes it is not understood—for example, a reduced client load is necessary because the professional treats the person holistically. The professionals might also work with family members in the client's treatment plan. Incorporating family falls outside program requirements, but healthcare professionals in Tyendinaga know they might need to integrate family members or community members to provide optimum care. The professionals understood that community involvement is paramount to overall healthcare.

The professionals often reported looking at the whole community rather than at just one person. They saw the community as having the answers and preferred looking at the community as strengths based. For many, the community usually included part of their kin or relatives; therefore, it makes sense that they would have a vested interest in it. Moreover, it was not the same if they worked off the reserve without kin and thus had no personal interest or investment. One professional noted that working on the reserve was like coming home. They reported that local answers were the best; they just needed to be asked how to fix problems within their programs to move forward more effectively. Usually, when the professionals referenced family, they also mentioned community—like one did not go without the other. Community and family were tied together. One

professional noted that a resurgence and interest in our culture and identity was an act of individual and community healing. The professionals knew their feelings about culture and identity because clients gave them feedback.

Many professionals reported that they would like to give and get more feedback from the community. They felt the community needed to know where money was going regarding programming. A few professionals stated there was not enough dialogue with community members. Still, other professionals noted it was essential to try to work together, and most professionals indicated that they were invested in the community because it was their home. They were “Stretched,” they said, so they combined efforts to make the program work, even if their duties, money, and time were limited. The professionals complained about being stretched for cash and not having enough time.

The disconnect between the philosophy of money and time was a subject of discord. Some professionals noted that funders only wanted to see numbers flow from programs and saw programs as a business. The adage “time is money” contradicted the professionals’ cultural thinking. They noted that healing takes time, and that their work with clients, families, and communities was holistic. Therefore, working with everyone takes time. One professional noted the difference between quantitative and qualitative work. Funders may only see data and numbers, while the professionals work within a qualitative framework, which explains the disconnect. The professional said that healing takes time, and that we look seven generations ahead, not just into the immediate future. Allowing for both types of measurements would be a solution.

Gaps and Barriers

Many professionals reported that colonialism has taken our culture away from us. Professionals stated that we no longer possess our Indigeneity and uniqueness without our culture and language. Historical trauma and racism have almost caused cultural genocide, and now the citizens of Tyendinaga are hungry for traditional cultural teachings. However, it is not as easy as just getting the teachings. The professionals noted many different gaps and barriers that had prevented them from getting those teachings. Internal and external discrimination occurs in and out of the Territory, causing rifts and cracks. After years of colonization, ignorance can build up, like discrimination, which can cause the colonialization of our minds and attitudes toward each other. Lateral violence is a real obstacle that professionals noted can happen.

Another gap is that there are not enough traditional knowledge keepers on Tyendinaga, and the ones we do have are starting to burn out. The lack of traditional knowledge keepers was the number one complaint from the professionals. We often must import traditional people from other Territories for short periods to do a job. Even though we try to get knowledge keepers, there is criticism that there are not enough mentoring opportunities for our youth to carry on with the knowledge. Without a doubt, many professionals protested that there were not enough teachers regarding our Mohawk culture. Even though there are some knowledge keepers on the Territory, we desperately need more people versed in Indigenous and settler health knowledge. Notably, not enough disciplines know about both knowledge systems, with few knowledge keepers on Tyendinaga and even fewer who understand how incorporating settler's healthcare and traditional knowledge can be the optimum way of delivering healthcare. There is an

urgency to tap into Indigenous knowledge systems for Tyendinaga, especially in healthcare. Unfortunately, the professionals shared that there was not enough push to learn Indigenous ways of health.

If there is no push to learn Indigenous ways of health, we must remain with the status quo. Some professionals preferred challenging the status quo rather than only working in a settler's healthcare system. They said that when the system is not working, there needs to be a "pushback" from the people. Hiring a word warrior to begin negotiations to change a system that is not working, suggested some professionals. If the system is not working, workers can provide answers. They want input. They want dialogue. Many professionals noted that talks with their funder were often a one-way street, which was not ideal. The problem comes down to power and control. If there is resistance to changing the system, one must wonder why. A few professionals said that the funder did not ask how they could help. Instead, the funder imposed its criteria and did not understand the problem. As a result, communication becomes compromised, and when that happens, it becomes futile to hope to have equal footing. The professionals wanted to have equal footing like their "mainstream" colleagues.

One professional said the Ministry would fund the same programs available to "mainstream" groups for Indigenous groups and then impose their criteria. However, colonial requirements are their standards. Then, communication is nil, and the same problem keeps circling because no one is looking at the grassroots issues. The funder is just putting a band-aid on the subject, maintaining the status quo rather than approaching the workers and asking them, "How can we help you with your community issue?" Sometimes, even when the funder knows the problem, resistance still exists. The

Onkwehonwe Midwives have been pushing for healthcare professional billing numbers since being recognized as primary care providers by the Ministry of Health. However, as of the writing of this thesis, they still do not have them. Still, the problem lies not only with the funder. There was also an acknowledgement among the professionals that the “governance circle” needs work. Professionals still need to advocate, meet, and justify within the Territory to demonstrate the program and the best way to run it. Therefore, the struggle is not within the system alone. Sometimes, it means the professionals must continue fighting against colonialism.

Power and control over Indigenous people have been a colonial legacy, one which Indigenous people have resisted and continue to fight. There was also mention of Tyendinaga professionals conforming to the settler’s system or jumping into the settler’s boat. Jumping into the other’s ship refers to the Two-Row Wampum’s explanation of the metaphor between the Indigenous people’s canoe and the settler’s ship: our relationship. The abandonment of the canoe explains what can happen if there is interference between the two vessels and when one partner relinquishes their craft. Some mentioned that the relationship between the funders and Indigenous people is unequal. Although the statement was more of a political declaration, this person said the two groups would never be on equal footing until the treaties were honoured. They mentioned that it felt like Indigenous people were beholden to the government and would never be equal partners until the playing field was equal and level.

The unequal partnership was also mentioned in other areas of relationships, when the professionals mentioned their affiliation with other people outside the Territory. They stated that, sometimes, settlers asked Indigenous people to be on a committee only

because the group could then get more money from the government. They said once they were on the committee, they were treated like a “token” and not listened to or given the respect of other committee members. Some professionals off-reserve did not treat Tyendinaga’s professionals equally, which was not the same treatment received by the off-reserve professionals, they reported. They said that sometimes people did not want to face history because it was too painful. When people do not acknowledge the past because it is too painful, it is impossible to have a reciprocal relationship. Others refuse to face history even when they are made aware of it. Professionals noted that there were different expectations between the on and off-reserve professionals. For example, they believed that traditional knowledge does not have the respect it deserves because settlers do not understand it. Or, the other extreme situation can happen, where settlers expect the Indigenous person to be the expert on all Indigenous people and their ways of knowing and being. When an Indigenous person got classified as Indigenous, they said, then they could not escape this. It was rigid and one-dimensional.

Several complained about using the “Western” system only because, as they described, it is rigid and one-dimensional, usually focusing on one issue at a time. A one-dimensional focus was also proper for the professionals when describing the medical system. The “biomedical” approach failed to address their clients’ past, history, family, environmental issues, and mental, emotional, and spiritual quadrants. They noted that it was like putting a band-aid on the issues rather than treating the root problem. When the funder only wants statistics on physical health outcomes, it ignores other valid variables that healthcare professionals need to better work with their clients. Thus, there was a disconnect between the ideology of measurements of services provided by the

professionals. The components were either qualitative or quantitative. The healthcare workers complained that some funders saw their programs successful based only on the number of people served rather than the quality of service provided. The difference in philosophy was seeing the program as a business with rapid turnover in numbers, rather than promoting family and community healing, a meaningful difference.

In addition, the difference between the professionals and funders, in thinking about time is a significant hurdle. Seeing “time as money” contradicts the professional’s work ethic. An example of this is the direction for them to allow for a fifteen-minute visit when most clients require more than that allotted time. Previous success says the workers will make slow, steady progress, which will not happen overnight. Instead, we look seven generations ahead. The difference in philosophy is a gap that both parties can address with work, patience, and a continuing commitment to excellence. Funding, in this instance, was not the criticism.

However, funding was one issue that received much criticism from the Tyendinaga healthcare professionals. They noted that many variables came into play when they were delivering a program. Funding needs to come from all angles, not just for the delivery of the program. Human resources or capital funding is often not calculated in the funding formula. It was beautiful to get the money, but many professionals noted that one annual funding did not work for them because it did not allow for effective programming and relationship building. In addition, they said they would prefer to have the funding come to them promptly when they needed it because they scrambled to expend it at year-end. Finally, the professionals noted that jumping through hoops took time. Getting permission or approval from their supervisor, Council,

or funder took precious time. The time factor is often not rolled into the funding formula for these programs and interferes with deadlines, a definite grievance.

Another of the few grievances of the professionals was the lack of recruitment and retention of employees. They stated that they were often without their full complement of staff and, as a result, would become burned out trying to do other people's jobs as well as their own. This leads to low morale around doing the same position as people off-reserve but getting paid considerably less. Poor pay and job stress were reasons for leaving their jobs. When Tyendinaga's professionals get paid less than someone off Territory who has similar knowledge because the traditional knowledge is not understood, they sometimes opt to leave. Traditional knowledge often misses the respect it deserves.

When funders do not understand traditional knowledge, they do not understand how culture and traditional knowledge can help clients work toward healing. Professionals must justify why and how traditional crafting and beadwork can be a source of healing for clients' health. There is a lack of understanding that *culture is healing* and related to health management. While the topic is different, justification is still needed when professionals must explain to funders why they need a reduced caseload. Wholistically treating a client is foreign to some funders, and the explanation is still obligatory year after year. Equally, forcing people into a box they do not fit into makes the situation worse. It is the same idea as when professionals discuss the disdain of trying to put a round peg in a square hole. They mean that not all people fit into the funder's tidy categorized boxes, especially when it comes to the citizens of Tyendinaga.

Another noted gap among the healthcare professionals of Tyendinaga was the lack of communication with and from the community. Perhaps COVID-19 has made communication difficult, but the professionals felt the lack of communication flow was a problem. They wanted to be able to take a closer read on what the community was thinking and wanted, and the only effective way to find out was to ask. In the same way, they said they would like to invite and share information. The professionals wanted to feel they could give and take in conversations without being shut down; sometimes, this happens now. They also said they wanted less gossip and more listening. The professionals noted also that they wanted more people to take the time to think things through before reacting. The gossiping that occurs is a remnant of the lateral violence referred to earlier in the chapter. Perhaps COVID-19 has made working conditions more difficult.

COVID-19 has undoubtedly changed the work habits in Tyendinaga, from remote working to hybrid work. Still, one gap that a professional stated they wanted to change was placing less reliance on paperwork and more on electronic databases. Access to technology needs to increase because statistics need to be updated monthly; if the paperwork is lost, so is the statistic. In addition, there needs to be training to go along with the technology, which often is lacking. Finally, there is a need to have more access to provincial databases to obtain patient information. It becomes frustrating to have systems that are not equal to the ones available to off-reserve professionals.

Accountability – Paperwork

According to the healthcare professionals, there appears to be a disconnect between the types of wellness measurements because the funder's only box is for

quantitative statistics. The measurement statistics were a cross-over when discussing earlier gaps and barriers and many other measurable variables in a client's wellness. The professionals noted that their funder was missing quality-of-life answers. Some stories that can add value to a client's health are sometimes not captured. Professionals said the stories that clients told changed over time because of the ever-evolving needs of the clients and the population. By capturing the statistics and personal narratives of the clients, they could dictate the difference in the program's direction. Because the community is driving the program, not the other way around, this could help them better meet the community's needs. The philosophy of the community driving the program is foreign to the funders. As one professional put it, usually the funder can fund their program because the Ministry offers the same funds to settler agencies. The difference in measurements is a problem the professionals face when completing their paperwork. There is no place to include the personal narratives that the clients tell. Earlier in this thesis, the number of clients served versus the quality of service was mentioned; also cited was the lack of boxes to tick off to assess the quality provided by the professionals.

The statistics capture the quantities only. However, some professionals stated that the system had been set up as "western" because it was all about numbers, not necessarily the quality of service. That was a problem when the professionals wanted to offer their assistance more holistically, which took longer. They said a fifteen-minute visit was problematic because most client visits took longer than allowed. Professionals noticed the differing view of time. They noted that there was no time taken to come together to dialogue. Some professionals stated that the funder was not asking how they might be able to help them further. They felt that sometimes there was a lack of dialogue. When

there is a lack of a reciprocal relationship, fixing problems related to accountability becomes difficult. Both parties circle the same problem without fixing it because the relationship only goes one way. Sometimes, there is no latitude to write down the problem because there are no boxes in the paperwork to address it.

When the paperwork comes from a colonial perspective, some professionals noted that some questions can be worded in a “Western” way and be unnecessarily complicated. Another complaint was that paperwork could ask questions that could reawaken traumas, so the professionals had to try to paraphrase the question to avoid any triggers for their clients. The paperwork can be daunting, and the professionals complained that it took a lot of time. The professionals stated they could use their time more efficiently. Some said they did not mind doing it if it benefited the community, but some reports did not. For example, they said they had written an extensive, extended essay that did not give the funder any vital statistics nor was it of any consequence to the community. Then, they would send it in and not hear back from the funder. They were tired of ticking boxes so their funder could tick boxes. Along the same lines of being a waste of time was doing reports twice from the same program, just in a different format for the same Ministry!

When different ministries require the paperwork, each funder has different expectations. The professionals noted that some rules and regulations accompanied the paperwork; it all took time. Sometimes, the time was not readily available, which could cause stress. Different kinds of funding require different types of reporting, such as year-end funding. Professionals, at times, end up scrambling to try to write proposals to compete for funding. Funding applications can be urgent, with only a short time to

submit a proposal and offer a service that might have several thousand dollars to expend. Still others are in the position of trying to spend money unexpectedly. Whichever the case, it still requires paperwork, which is ok, but only if the paperwork can benefit the community, not only the funders. The professionals said that all the paperwork they completed benefited the funder, not necessarily the program. Take, for instance, one professional comment that some of the paperwork they did had nothing to do with the reserve statistics due to historical traumas. One of Tyendinaga's professionals must generate paperwork geared only toward off-reserve purposes, but they still must complete it. On the other hand, the Mohawks of the Bay of Quinte also have some time restrictions.

Admittedly, the time factor within each organization was cumbersome. The professionals discussed the need to jump through hoops to accomplish tasks. They indicated that with some funding, they needed to get approval from higher-ups, like a manager, director, CEO, or even the Council. All support levels take time, and then the paperwork follows. For example, if funding requires Council approval, workers may need a council resolution, which means more time. If, however, it takes too long, there is a chance they can miss the opportunity. The more people involved in the approval process, the longer it takes to get and spend the money. Afterward comes the paperwork that accompanies the approval; after each approval, comes the paperwork necessary to explain the expenditures that complete the process. Likewise, with the process comes the paperwork, which is part of accountability.

There seemed to be a consensus from the professionals that they did not mind doing the paperwork, but they could use updated technology to complete it. Less

paperwork would be best, and they also wanted to rely more on technology. They said if the paperwork got lost, it was gone, but if they had the current technology and the training that accompanied it, they would have the information stored. In addition, they wanted to have training in using the technology and be updated as their software was updated, which would benefit the programs.

Many professionals said relationships with funders were significant to their programs, but no reports the funder offered recognized that factor. A few reported that their relationship with their funders was one-sided and they wished it were more reciprocal. Yet, others noted that their funder was open to listening to them if they needed to talk about their programs; they said the funders appreciated the transparency in their reports. Another professional reported that they kept in contact with their funders to reassure them that everything is fine. However, in my opinion, if the opportunity is unavailable and there is no dialogue to educate funders about the knowledge and updates as community needs evolve, the relationship dissolves. When there is no dialogue, there is a disconnect between the funder and the professional, and the community suffers. Therefore, one professional said it was up to program managers to let the funder know certain aspects of their directives are not working for the program. They must respectfully approach the funder to let the funder know the aspect is not working for the program and the reason behind it. The professionals wished the funders would come for some traditional teachings and discover firsthand what programs they had because it might entice funders to “loosen” some of the criteria for Indigenous communities. What would be even better is if the funders negotiated new writing standards for outlining those

broader directives. New directives that better reflect community needs will expand relationships all around.

The professionals said the other significant relationship was the one with the community. They said that if the trust between the community and the program is not there, people will not access the program. Programs are accountable to the community; if the community is not using the program, there is a problem. Professionals then must stand up to the funders to explain the issue and work together to find a solution. Some professionals noted that transparency and good documentation had worked magic, and their funders had been very understanding about changing directives. Another professional indicated that they did not need the funder to necessarily understand their traditional knowledge when they needed to change direction; they only needed the funder to respect that they had the knowledge. Traditional knowledge is of value to the community if only it was given respect by the funder.

Changes in directives were also a topic that came up among the professionals. They said that they were the people who had to adapt to the funder's philosophy around running a program in a particular way. One professional stated that some of the programs were settlers' programs, and money was given to Indigenous agencies to run the program, too. However, the *way* a program runs in an Indigenous community may differ from that of a settlers' program. The outcome may be the same, but how it is delivered may vary, which is the key to understanding a program. If there are changes in the delivery of a program or if the program does not precisely fit the funder's criteria, professionals may find they have to try to make the community's needs work. The professionals must be creative in completing the paperwork, but they have to complete it to fulfill a standard.

Professionals in Tyendinaga wanted funders to know what their program was like “on the ground.” They felt the funders would then appreciate the differences in how they ran a program and why. The professionals believed that offering training to funders about cultural knowledge was necessary because it would be helpful to their program’s operation. In addition, the training would also account for the holistic nature of the paperwork needed to reflect the cultural knowledge imbedded in the program and offer a better understanding to the funders overall.

Solutions and Alternative Approaches

Overwhelmingly, the healthcare professionals wanted to use traditional cultural approaches in their practice. They tried to use cultural strategies because they offered more of a holistic approach than the settler’s biological method, which frequently only focused on physical ailments. They preferred to view the client holistically, including the physical, emotional, mental, and spiritual aspects, and where they fit in with their community and family. They liked to be aware of the client’s past, including their history. To be inclusive meant it would take longer for assessments. Sometimes, they might need to include the client’s family in the plan of care. Holistic care took longer, and if they had that added time, it would be a solution for them. Professionals reported that they did not want to focus on time and money because that is not in our belief system. They believed that treating someone simply as a statistic was not the way to go. Many found it distasteful. Several professionals already embedded cultural teachings in their care. However, several did not have a comprehensive understanding of the Mohawk culture.

Several professionals noted that the connection between culture and identity was crucial. One professional wanted to incorporate culture in care because they felt that when clients have a good sense of self and where they belong, it brings them confidence. They reported that knowledge about their culture gives clients an internal linkage to enlightenment, leading to a better sense of self and health. Also, having a good understanding of self and who they are as people will provide clients with a good sense of identity. One professional noted that reconnecting with culture, roots, and identity as an Indigenous person allows for individual and community healing. Another person reported that connecting with families and communities protects against disease.

The problem with obtaining that protective factor against disease is that the professionals consistently reported needing more training in Mohawk culture. Many did not feel confident providing cultural teachings and wished they had more training. While several infused traditional teachings in their work, many thought they consistently needed access to cultural teachings. They said that Indigegogy needed to be offered in different formats, in-person or online, because people learn differently. They also said it would be ideal to have funders there when they offered the teachings because it would educate them about our culture. When both parties have a foundational understanding of Mohawk culture and its place in healthcare, there will be less of a divide. In addition, it will eliminate the need for justifying the use of culture as a healing method and open the door to better relationships.

Hands down, all the professionals believed that relationships were essential to their livelihoods—the relationships between the community, funder, themselves, outside agencies, and allies, and within management. There were many suggestions for how to

make teamwork dream work. However, they all believed that communication was the number one solution. Poor relationships with any parties would lead to disadvantages for the program and shortcomings for the community. The professionals stated that communication does not just happen on its own. They need to make space for it. They shared a solution: they must build communication into their agreement and be aware of it.

One solution they shared was the idea to invite the funding party to the programming to let them see what the professionals are doing. The next step would be for the professionals to dialogue with the party to educate them about programming and provide teachings regarding Mohawk culture. Building rapport with all parties becomes central to trust, and community members will use the agency if there is trust. They added that varied relationships provide necessary support that is not as readily available in Indigenous-only-based program delivery. Indigenous communities need a multitude of partners to gain access to the optimum healthcare available. Professionals said that trusting allies is the key, combined with patience and communication. When there is trust, it allows for respect, reciprocity, accountability, and social capital for all parties.

When people work together, trust is optimal because it suits internal mechanics and relationships. A few people noted that their relationship was essential because they needed to trust each other. They suggested breaking through silos, collaborating on projects, and just lending a hand to get the job done. Some others suggested being mindful of each other's boundaries and limitations. They wanted people to “pitch in” or ask for assistance to get help, but not to the point of burnout.

Another suggestion was that professionals should be asked about what kind of assistance they need. Again, the professionals wanted to give input, not just send in a

report and be asked to fill in boxes. The professionals also did not want their program to be called a number. Above all, many professionals felt that the solutions lay within the community, and that if they could ask community members, the answers would flow from them. But there needs to be trust from the funder to start that conversation.

Dialogue requires both parties to listen to each other as equals.

However, trust also takes working together, which means coming to the table as equals. The professionals said they want equal treatment because that is the solution. They suggested that it may take outside consultants, like a mediator or translator, to come and work with the players to ensure they communicate openly and fairly. They added that having an Elder present might also be beneficial as a reminder to keep a good mind during negotiations and training. The professionals said it would be ideal for the “registered model” to remove all prejudices and be open to learning Indigenous ways of knowing and being. Training might include providing additional resources on delivering culturally sensitive care. There were a few references to the Two Row Wampum regarding how to act toward one another. One person said respect and self-determination guided their actions. When they delivered care with the spirit of the teachings of the Two Row Wampum, they said, they were providing excellent services. However, the healthcare professionals wanted autonomy to deliver those services in the best way they knew how and without imposed interventions.

A solution for overcoming imposed interventions was hiring a lobbyist to advocate for healthcare professionals. This advocate could articulate the problems and negotiate resolutions. They could be someone who would push back on imposed directives, explain why those directives were not working, and bring the professionals’

solutions to the table to come up with better ways of doing business. The professionals wanted to have open forums where people could give and listen to community feedback, speak up, and express what they felt the community wanted. Unfortunately, at the time of writing this thesis, there were no community meetings, and it was difficult for them to have meaningful give-and-take conversations without fear of retribution for speaking up. The professionals wanted their voices to be lifted up internally and externally by funders.

The professionals believed that funders needed to allow for broader scopes of direction and to put it in writing. That constitutes an improvement and a solution. They wanted to go to the funder and explain changes in the path according to community needs and change criteria in programs when warranted. They noted that because the community was always evolving and needs were changing, they also needed to change and be flexible to provide timely and beneficial services. The professionals said they wanted to take *all* the information to the funders to explain their rationale, including narratives from the community. When the funder only offers boxes for physical statistics, they miss out on essential data that describes a person's well-being. In the culture and community section of this thesis, I also noted how funders are missing out on crucial data and referenced the need for using Indigenous and settler knowledge systems.

The most prominent solution the professionals liked was combining Indigenous and settler knowledge systems. They believed that because the citizenry of Tyendinaga is a mix of Indigenous and settler heritage, the services needed to reflect the people living here. They liked to use both knowledge systems because they could pull from each system to provide optimum service for clients and the community. Overwhelmingly, the professionals used both knowledge systems because they were flexible and could fit the

situation into any discipline. When the professionals used both knowledge systems, it fit in comfortably with the philosophy of holistic knowledge. The professionals also liked it because they could contour their service to the client's preference. For example, if the client only wanted to use the settler's system, the professionals would accommodate them. If clients only wanted to use the traditional knowledge system, the professionals would do their best to accommodate them. For example, one agency hired a traditional person to accommodate the clients requesting traditional services. Another reason the professionals liked to use both knowledge systems was because they offered balance. Balance was a philosophy that the professionals endorsed as part of healing and wellness in both knowledge systems.

As part of confirming the value of using both knowledge systems, the professionals wanted community engagement to understand how the blended knowledge system worked. Some community engagement regarding the knowledge systems is needed. As noted, the professionals liked to have community feedback, and they felt there was not enough as it stood. If there was communication with the community, they were aware that they might need to revamp their current system completely.

Many professionals felt that efforts to retain and recruit staff were missing, and if there were an effort to change the system and re-vamp it, that would be a solution. Professionals felt that good staff were leaving because they could find employment elsewhere for more money than the Tyendinaga administration offered. They stated that the job was the same whether on-reserve or off-reserve, but that reserve employees get paid less. Sometimes, those reserve employees find work off-reserve, but sometimes, on-reserve with more pay. When good staff leave, job vacancies exist, and the remaining

team must try to fill the void. Professionals said the extra work went to the remaining staff, who were already stretched, and that this could sometimes lead to burnout. Some suggestions were to try to fill the gap by hiring more casual staff and contracting people to fill the positions. However, hiring casual and contract people is only a stop-gap solution; professionals wanted to go to the root of the problem by raising the pay and offering better benefits.

Conclusion

Tyendinaga's healthcare professionals had many reactions to the four questions. There was some crossover in their answers, which reaffirmed their responses. There was also a connection in their answers to the Two Row Wampum when they explained how they wanted their relationship with settlers to look. Respectful, reciprocal, two-way communication was one of the solutions professionals wanted to see. In addition, the professionals were invested in their services and put forth their very best because Tyendinaga is home to them. Perhaps because Tyendinaga is home to the professionals, the results are evocative. The following chapter analyzes the meaning of the results. The results highlight how healthcare professionals in Tyendinaga view their culture, how that reflects on who they are as professionals, and how they deliver their services. It is demonstrative of their investment as members of a close community. Although the meaning of the results is specific to Tyendinaga Mohawk Territory, they could transcend any Indigenous community with slight variations. It is the same dance that many First Nations must navigate to live and work on Turtle Island. However, most importantly, at the end of the day, the following chapter reveals a workable plan to move forward together in harmony.

Chapter Four: The Meaning of the Results

After examining the results of the questionnaires and focus groups, I found the following twelve points to be the most significant findings, and the necessary changes needed for the better as expressed by Tyendinaga's healthcare workers. From those twelve points follow the discussion points and some context. The discussion section recaps the worldview of the Mohawk healthcare workers, the philosophical touchstones of the Two Row Wampum, Thanksgiving Address, and Two-Eyed Seeing, and the healthcare worker's need to be or become bi-culturally competent. This section ends with what the literature suggests for an action plan moving forward, based on the meaning of the results. The results show that dialogue between all parties is essential in moving forward and creating a safe, ethical space at all levels, using mutual recognition, respect, responsibility, and sharing in a true partnership (Royal Commission On Aboriginal People, 1996).

1.

The professionals stated that they would not mind doing paperwork if it yielded helpful information for them, but sometimes it did not.

They did not like filling out paperwork that only produces statistics on physical well-being. There is no place in the funder's form to track other helpful information on the client's mental, emotional, and spiritual well-being. Instead, this information often comes via stories of their well-being; there is no place to track narratives or stories of well-being and support. Reports and stories tell a fuller picture of health and well-being, which is precisely what the professionals want to see.

The form offered is colonial and, if professionals are lucky, maybe slightly modified for the Indigenous patient, but often not. “Often Ministries will fund the same type of mainstream services to Indigenous groups.” The funder provides the form because the funder wants to fit the Indigenous statistics into their more extensive database.

This information system dictates that professionals try to “fit” the people’s needs into the funder’s requirements! This is precisely the opposite of what the professionals want to happen; it needs to be the other way around in an effective reporting system. When directives on how to run a program come from outside the Territory, it is highly frustrating to the professionals. They see the community members and clients and hear what they want and how they want it delivered. Professionals try to stretch the guidelines to fit the client’s needs. Then, when funders do not understand how culture “fits” into wellness programs, it is up to the professionals to educate the funder.

Ideally, the professionals said they would like to build a reporting system around the kinds of data that they need to track. They want to see changes in well-being in all the quadrants, physical, mental, emotional, and social, but also want to note changes in the family and community.

Ultimately, the professionals want to explain to the funder why they need this data, and how to track a client’s progress better and include information that reflects community trends. More precise data would help with preventative directions and keep them ahead of emerging community needs, AND professionals want the funder to *put it in writing*.

2.

Another finding is the difference between qualitative and quantitative data. The funder appears to be more interested in only the amount of quantitative data the professionals can pump out. The more clients through the turnstile, the better the program looks. However, that could not be further from the truth. The truth is that professionals pride themselves on the quality of service they deliver. They also would prefer to treat the whole person and not focus on one area only. When professionals treat a person holistically, they look at the whole person, often incorporating their culture, community, family, and history. Naturally, the professionals need more time with each client, and they frequently find themselves defending why they need a reduced client load. Overall, it is better for the client, in the long run, to have all four quadrants of health examined rather than putting out fires when they arise, because the former addresses the preventative aspect.

3.

“Federal funding structure one annual funding does not work for long term more effective program planning and relationship building.”

One of the necessary building blocks for professionals is funding. Building a strong, healthy, reciprocal relationship with the funder is part of the building blocks. All professionals noted that having a respectful relationship with the funder is integral and requisite. They complained that there is no dialogue and only insufficient communication to explain their rationale for changing directions. They suggested that funders come to the Territory to visit their program in person and sit in on some cultural

teachings to understand better what they are trying to achieve with their agenda. They believe it will help the funder better comprehend their program. It would be advantageous to have a place where everyone could talk openly.

Ultimately, the funder must treat and understand the professionals with respect. The professionals want the funders to know they know how to run their program best. “We need to be able to show the impact and barriers of their ‘imposed’ directives to make a change.”

4.

Technology needs to increase to the maximum because we must look ahead and keep data for at least seven years. If the data is only in hard copy and lost, it is lost, and this is a loss for the community. Training needs to be offered to staff, so they will be updated and feel comfortable using the electronic system; this training needs to happen regularly.

5.

There is not enough training in traditional Mohawk culture in the Territory. The professionals noted that there are not enough people in the Territory to provide cultural training, especially as they were only beginning to learn it themselves. Yet the expectation is that they will provide cultural training to clients. It is challenging when they are just starting to understand it themselves. When cultural training, resources, or tools are lacking, they become frustrated and leave. When it becomes too difficult to provide a service, and the expectation is that they must, they leave their job. There is a lot of staff movement within MBQ.

Another reason cited for the movement within MBQ is that traditional knowledge lacks the same respect as colonial knowledge in some circles. Colonial knowledge is given the centre over traditional wisdom, and knowledge keepers get burned out.

Overall, professionals want to use both types of knowledge systems, both mainstream and traditional knowledge. They stated that using both knowledge systems can yield the best health outcome for the patient/client.

Therefore, there was a push from the professionals to demonstrate to the community how important using both sets of knowledge systems is for optimum health. There is a demonstrated need for professionals to become bi-culturally competent because, as the professionals noted, the citizenry of TMT is of both ethnicities.

6.

Many professionals noted how essential the community voice is to their programming. They said they would not have a program without the community, and many indicated that they believe there is a need for more community meetings to showcase their program and get feedback. They said they are trying to meet community needs but require more input. The feedback will help push the program's agenda, rather than reverting to offering the community a program the funder offers to the mainstream.

7.

Professionals believe they can build some spaces that allow dialogue between settlers and Indigenous professionals. They noted that it will take much work, and there needs to be political will behind it. They may need a consultant, an Elder, and time invested to work together more comprehensively. However, they cautioned that there

needs to be respect from both sides and a willingness to listen and compromise. They cited the need for an even playing field to build their relationships and for a return to the ethos of the Two Row Wampum. The benefit would be that we would embrace the Two-Eyed Seeing concept, and so would our counterparts, so we all would benefit.

8.

There was a question about how the professionals define family; without question, the professionals ultimately leave that decision up to the clients. The professionals accept the client's definition of family, but the takeaway from this question was that they do not want to interfere with their definition. This means the professionals are respecting the Indigenous ethical concept of non-interference, as coined by Dr. Clare Brant (Brant, 1990). The cultural spirit of respecting the client's definition is honoured.

9.

One of the complaints of the professionals was that they need to “jump through hoops” to get the job done. There are so many layers of supervisors for approval, and it all takes precious time. The framework of the system is such a hierarchy that they become stressed about meeting deadlines. One of the suggestions was to have more of a consultative process, with more than one department working on an assignment. We need to break down the silos and see which department can help with other departments. One department may be unable to access specific funding, but another may be able to do so. Sharing resources may also mean talking to funders to “loosen up” criteria to allow the money to work for the community's needs.

10.

Some funders want to see a certain number of people encountered in a day, but the professionals noted that it depends on the number of available staff and the urgency of the matter before them; therefore, they triage. There are only a certain number of staff, and there is only so much time in a day. The professionals are willing to go to the funders to explain this is the reason and that they will pick up cases as they go along based on triaging results.

11.

Professionals want the ability to explain to funders that their paperwork often does not fit with their view of holistic health. There is nowhere to track statistics of how history, colonialism, and community fit into a client's chart. But the professionals know they do fit, and that these aspects make a difference to the client's health. The more connected a client is to their community and their culture, the better connected they are to their identity. The professionals have noted that a well-defined feeling of identity is a safeguard for better health: "Something we know serves as a protective factor against disease."

12.

Indigenous midwives have complained that they still do not have billing numbers despite being recognized by the Ministry of Health as primary care providers. If Kenhtè:ke midwives are competent in their field, why is this not an easy fix? Why do

there have to be ongoing meetings, advocacy, justification, and rationale for why their service is needed?

Chapter Five: Discussion and Action Plan

What makes Mohawk people so different from settlers? I faced this question when I examined the results of what I found in my survey and focus groups. This question came down to the daily dilemma that Indigenous people face when walking, working, and playing in contemporary Turtle Island. For example, we no longer live in Longhouses; instead, it is not unusual for several Indigenous people from the same family to live in one house. There are many reasons for this, but this example means that we still embrace the *spirit of the meaning* of Indigenous family connection and its significance. Tying together the two concepts of our belief system and living in a colonial world is our reality. We must function in a colonial world nonetheless; however, we still embrace our worldviews. Ingrained in our worldview is looking at relationships and how we fit in the world from before birth. I say before birth because we choose our parents from Sky World. It is in our consciousness. Our DNA is a repository for our worldview and is a part of us. We cannot separate ourselves from our worldviews because they guide us in making sense of our world, as a kind of inner barometer. When that barometer is interrupted, it causes stress, confusion, and, ultimately, dissonance.

The interruption, confusion, and collision of worldviews are not new ideas. Dr. Leroy Little Bear, a Blackfoot of the Kainai First Nation in Alberta, discussed the differences in worldview between Indigenous people and settlers. Dr. Little Bear was awarded the Order of Canada in 2016 and 2019 and wrote about the clash of worldviews in his paper entitled “Jagged Worldviews Colliding” (2021). Although his article was about the social order of Indigenous people and settlers, he highlighted the differences in the worldviews of both peoples, which significantly contributed to the clash. Ultimately,

he noted that cultural differences were one problem between both peoples. Colonialism tries to “maintain a singular social order employing force and law, suppressing the diversity of human worldviews...Typically, this proposition creates oppression and discrimination” (Little Bear, 2000, p. 77).

When put in context, when differing worldviews are suppressed, nullified, or rejected, the professionals in Tyendinaga who are trying to do their work have feelings of oppression and discrimination. Notwithstanding the difficulties, the professionals had to put one foot in front of the other and continue their work, so they reflected on their culture to help them keep moving. In doing so, they reflected on the original teaching given by their ancestors when the world was new. Since time immemorial, the Creator has given us our Thanksgiving Address. It outlines how we treat one another, not just people but all living spirits (Gray, 2001). It teaches us how-to live-in-harmony with each other and about gratitude. It teaches us about equality, respect, and reciprocity, and it mirrors our teachings (Porter, 2008). It is a philosophy about living together and a good life (Jacques, 1991). It teaches us to care for each other and work for the good of the community and nation, not just ourselves. The Thanksgiving Address teaches us about boundaries, navigating in humility, and the importance of maintaining relationships to keep them pure and robust. As stated eloquently by Dr. Carol Cornelius, Educator of the Oneida Nations, Six Nations Confederacy, “The Thanksgiving Address: An expression of Haudenosaunee Worldview (1992, p14). The worldview of the Thanksgiving Address and linking of the Two Row Wampum fit together because they both address relationships coming from a *good mind*. First it is imperative that readers understand what a *good mind* means coming from a Haudenosaunee point of view.

Understanding where “a good mind” originated is critical because it gives context to the Thanksgiving Address. As a bench post, readers will remember the full story of the Peace Maker in Chapter Two; however, the following will link ideas together and provide more context. In history, in the 14th and 15th centuries, the Indigenous people were fighting everyone, including each other (Porter, 2008). Our history teaches us that there was much bloodshed, and the Creator was not pleased, so the Creator sent us a person who could help smooth out our minds, Deganawidah. Many teachings and legends surround his birth and his time on this side of the sky. Our instructions tell us that he was born in Tyendinaga Mohawk Territory, Ontario, but he was not Mohawk. Instead, he was Huron.

Nonetheless, when he grew up, he was best known for spreading the message of peace to the five nations, the Mohawk, Oneida, Onondaga, Cayuga, and Seneca peoples. There are many stories of Deganawidah’s mission to spread the message of peace. Later, he met his future friend Hiawatha, who was suffering from great grief. Still, Deganawidah was able to provide a condolence ceremony with him, and Hiawatha was able to recover from his grief. Finally, the story goes that they both travelled a lot and did much convincing and persuading the five nations to stop warring and accept Deganawidah’s message of peace.

Initially, the nations did not accept the message of peace. However, Deganawidah convinced even the last most ardent fierce warrior, Adadarho, in Onondaga. The five nations finally received the message of peace, and Deganawidah became known as The Peace Maker. Deganawidah dug a large hole, threw all the weapons of war in the hole, and planted a Tree of Peace to signify their agreement to

keep peace whenever possible. The Tree of Peace's roots spread out in all four directions, indicating that any nation could join if they embraced the message of peace (Tehanetorens, 2000). The message of peace is foundational to the nations because they believe in the same principles. Also, they formed the Iroquoian Confederacy because of their like-mindedness and other political reasons. The Confederacy pre-dated the United States' joining, and they were the first on Turtle Island to be the *authentic* peacekeepers (Porter, 2008). Later, Tuscarora joined the Confederacy in 1622 and became the sixth nation. Subsequently, the Confederacy became known as the Six Nations Confederacy (Williams & Nelson, 1996).

Purportedly, when people embrace the message of peace, they embrace peace, power, and righteousness, which means they also have *a good mind*. Peace and power flow from The Good Mind, where good means respect, power implies unity, and peace means stopping the war (Williams & Nelson, 1996). A Good Mind means people want harmony and peace in all relations, and when they embrace it in their hearts, it will emanate to other people, which is what the five nations did. Therefore, reciting the Thanksgiving Address creates great power (Swamp, 2010). The Thanksgiving Address and the Great Law of Peace link our history, principles, and traditions to who we are as people. Perhaps Haudenosaunee and scholar Susan Hill best linked the ideas when she wrote, "The principles of respect, friendship, unity of mind, and peace are embodied in the Two Row Wampum and the Silver Covenant Chain. The idea that nations can be of one mind without becoming subsumed one by one or the other is consistent with those relations and is drawn from The Great Law of Peace" (2017, p. 100).

Taken from the Kaswentha (Two Row Wampum) Executive Summary, “The Kaianerekowa, or Great Law of Peace, of the Haudenosaunee (also known as the Iroquois Confederacy) is a complex and self-sustaining system of law. Its founding principles promote forethought, responsibility to the natural world and to future generations, and a desire to create and spread peace” (Williams & Nelson, 1996, p. 2). It is our law. Our Constitution relies on the people’s original ways of peace, justice and power (Williams & Nelson, 1996).

Just as the Great Law of Peace encourages the engagement of ongoing negotiation of respectful relationships and forethought, so does the Two Row Wampum. At the beginning of this thesis, I referenced the Two Row Wampum of 1613 as one of the philosophical touchstones for the thesis. As a postmark, I want to loop back around and bring readers back to that bench post. The Two Row Wampum is more than a friendship belt. It is an idea, as Ojibwa artist Leo Yerxa stated, “...the belt shouldn’t be forgotten in a museum because it expresses an idea, and an idea can’t be killed” (as quoted in Barreiro, 1992, p. 158). The Two Row Wampum is an idea that addresses the importance of two distinct peoples navigating the river of life together but in separate vessels; it provides an outline for the future (Barreiro, 1992). One people has their own culture, values, governance, belief systems, traditions, etc., and it is the same with others. There is a division between the peoples, where there is a sacred space to refurbish our relationships (Gae Ho Hwako, 2022). Those three rows of white beads between the peoples represent a place where peace, friendship, and respect can flourish. It epitomizes an ethical space where dialogue, compromise and respect can flow from both sides (Ermine, 2007). The belief is that one people does not have to subsume the other (S. M.

Hill, 2017). Both peoples can live according to their traditions, values, and cultures and continually refurbish their relationships.

Respectful relations means that one group of people does not interfere in other people's life course. Indigenous people see non-interference as an ethical and cultural responsibility, and as good manners (Brant, 1990). Good relations are likely when there is a willingness to listen, compromise, and perceive each other with respect (Davis, 2010a; Porter, 2008). I respectfully contend that respect means accepting diversity, because it speaks to our responsibility to maintain harmonious relationships with all spirits on Turtle Island. While we believe in the importance of group cohesiveness, we also uphold the right for each person to think and be who they are authentically (Lambe, 2004; Youngblood Henderson, 2002). When there is a mutual understanding that diversity can make us stronger, not weaker, and when there is a concerted effort to work together to live harmoniously, we all win. But what happens when these touchstones are not understood, and colonialism becomes a structure?

When colonialism invaded Turtle Island, with it came a belief by settlers that they needed to improve Indigenous people (Razack, 2015). History clearly shows that assimilation was one of the policies that captured the consciousness of political settlers. The settler leaders tried vainly to make Indigenous people like them (H. Cardinal, 1999), but it did not work. Centuries later, the settler government still pushes this tactic, and I will prove my logic. The healthcare professionals in Tyendinaga shared their views about trying their best to do the work they needed to get done in Tyendinaga for the health of community members. They followed their belief system and took pride in their work. They knew they had a worldview they worked within, but when the funder or

government expected the healthcare workers to operate under differing viewpoints, the two diverse philosophies clashed. The inner ethical barometer of the healthcare professionals clashed with the external reality of the settlers' perspective and attitude. Unfortunately, the settlers are laying out the rules for the funding. Therefore, if the healthcare providers in Tyendinaga do not provide healthcare or documentation the way the funders want, their financing is cut. Said in another way, if you (professionals on Tyendinaga) do not do what we (the settler government) want, then we (the settler government) will withdraw your funding for your resources. It is as simple as that.

The breakdown in differing philosophies between the healthcare professionals and the funder/government is a central sticking point in implementing and delivering mental/physical/spiritual/emotional midwifery/health/ social services in Tyendinaga. According to the survey and focus groups, our culture plays a *significant* role in implementing and delivering healthcare services to the citizens of Tyendinaga. Still, when the funder/government does not recognize their knowledge as valid, healthcare workers become disenfranchised. Disenfranchisement means that the healthcare professionals operate under one type of belief system and knowledge, and the clash happens when the funder/government uses another kind of belief system and knowledge—the healthcare professional works within a paradigm that fits their inner barometer. Still, when confronted with an external reality that counters what they are trying to accomplish, there is a dissonance within the professional. The professionals in Tyendinaga had begun questioning themselves and sometimes even blaming themselves for the movement within the Mohawks of the Bay of Quinte. The inner barometer and

the external reality then explode, leaving the professionals at odds as they try to support Indigenous people's health to their own detriment.

The solution is for the government to recognize that there is more than one way to complete a task efficiently and effectively. The funder/government needs to understand there is more than one way of doing things. It needs to realize that there is more than one way of respecting sound knowledge: in essence, there is more than one knowledge system.

“Colonialism has from the very beginning been a contest over the mind and the intellect.” ~ Dr. Vandana Shiva

Foreword: Cultural Diversity and the Politics of Knowledge (2000, p. VII)

Where does knowledge come from? It seems like an easy question, but when you think about it, it is not. Whose knowledge, what is the knowledge about, and who is the expert on whether that knowledge is valid? What does colonialism have to do with knowledge systems and knowledge acquisition? It is not easy to define “knowledge,” but I will attempt to put some parameters around it. I will examine knowledge or what Indigenous people would term “ways of knowing.” I will try to etch out what I mean when I discuss “ways of knowing.” First, I do not have all the answers to this question, and I will only barely touch the surface of this vast topic, but it is crucial in this context because it links a worldview with “valid” ways of knowing. Knowledge contains a context. I commit to tying in how context and culture all play an intricate role in ways of knowing. Also, I will explain why language is essential in the context of health for Indigenous people. I will draw on analysis to continue to piece together why the

intersection of language, power, and knowledge is crucial in Indigenous health. Unequal power is a colonial legacy, and for centuries, our ways of knowing have been devalued, belittled, and discarded altogether (Doxtator, 2011; Haig-Brown, 2008).

For knowledge systems to be valid in some settlers' eyes, they need an imperialistic, monolithic, Eurocentric, capitalistic, empirical, positivistic, and objective base for validity. Indigenous knowledge systems are the opposite. Understand that I will not paint an entire people's beliefs with one brush; not all settlers have the same paradigm. But this is the history of our knowledge system, and what better way than to begin somewhere near the start of this transgression? I will explore how knowledge is *not* a universal realm and that there is more than one way to interpret a worldview. The trick is to make room for an Indigenous placeholder and to invite it into that neutralized respectful location of reconciliation between two distinct peoples.

Luckily, other scholars have defined knowledge and ways of knowing (see Brant Castellano, 2000; Dei et al., 2000; McGregor, 2004). I want to construct a definition that makes sense for this thesis. I want to do this because effective communication is one of the main principles required for people to understand each other better (Davis, 2010a). People who gather to understand and work through a problem must have the same understanding of definitions. We all need to know what each other is discussing, so that we all can give constructive input on the topic. Language is compelling; unfortunately, I must write in English, the colonizer's first language (LaRocque, 1990). The definition of health needs interpretation because not all cultures have the same conception of it (Cooke & Long, 2011; D. Steinhauer & Lamouche, 2015). Therefore, I will discuss how the professionals of Tyendinaga define health. Health's definition is different from the

settlers' paradigm. After discussing knowledge acquisition, language, power, and health, I will hopefully show how intertwined and political this topic is without laying blame. It is more important to understand it and work together for the betterment of both peoples. I wanted to lay the groundwork for the intersection of knowledge, language, and power because these concepts are intrinsic to my dissertation topic. I intend to investigate that unique space between groups of people of respectful neutrality that I know exists. Those spaces are significant, and I will demonstrate that the Two Row Wampum belongs to these consortia of ideas but remains distinct.

Indigenous people link our ways of knowing with how we see and interpret things through our worldview. Dr. Marlene Brant Castellano has written that there are three types of knowledge: empirical, traditional, and revealed (2000). Empirical knowledge is gained through thorough observation, while traditional knowledge is rooted in experience and stories and passed down from older people and Elders. But I wanted to explain the spiritual aspect of revealed knowledge in more detail. Earlier in the thesis, I discussed the significance of dreams and dream time. A belief still lingers around Tyendinaga that dreams are a source to heed and a window into the unconscious. I can attest to this because Brant Castellano is from the same Territory as me, and she, too, had a dream that guided her to choose a particular type of pedagogy for a class (2000). I believe in dreams, also! My late father, a Mohawk man from here, told me about the significance of dreams a long time ago. He said when you have something troubling you and can't find the answer, you must "let it go." He said the more you try to hunt for the answer, the further away it will go, and it will be like trying to grab smoke or fog. He said, "Just let it

go,” and if it is supposed to come to you, it will come to you in your dreams. He was right; this Indian country senior had a lot of teachings in his very sage advice.

Sometimes, our dreams come from a troubling event, and the answer will magically come later in our dreams. Or it is one of our ancestors who has gone on to the Spirit World who wants to tell us something, or maybe they want to visit. In any event, *revealed knowledge* is sacred and comes in many forms. A piece of revealed knowledge is like intuition; women have it in spades, but men have it, too, if only they would listen. Instinct is something we get in the pit of our stomach; I have heard other Indigenous people say they get a feeling, but nowhere in particular. It signals us that “something is not quite right,” or more obliquely, to “wait a minute.” It is not a physical feeling per se; it is more of a sensation that happens. It can be fleeting or linger longer, making the person ponder more about it. In either case, there may be no evidence as to why the person feels this way, but if the person ignores it, it can lead to dire/uncomfortable consequences. The only other way I can explain it is like the energy in a room. Have you ever walked into a room, and right away, the energy in the room *felt* negative? It feels like walking into a malevolent force; it is heavy and oppressive. There is nothing in the room to indicate to you that anything is wrong, but you can *feel* it. My Mama, another Mohawk, said, “If it feels bad, leave.” Practical, right? Our intuition seems to leave us as we get older. In the hustle and bustle of today’s fast-paced world, we forget to listen to our inner fire. That inner voice that whispers to us to help keep us on track is still there, and if you are quiet enough and give it time, you will hear it again.

Let me describe another example: have you ever walked into a room and felt déjà vu, like you had been there before, but you knew you had not? Have you ever heard a

song or a story for the first time, but somehow you *knew* that song or story? Sometimes, the feeling is strong when you walk out into the bush or back where your ancestors lived. It *feels* like home. Then it hits you, as you have already heard it, have been there before, or have experienced it somewhere in the recesses of your mind. Some Indigenous people call this blood memory. Blood memory for Indigenous people is our identity (Robertson, 2020). It is our history and connection to our past. It is an extension of who we are, from our Ancestors watching over us, and calling out and guiding us. Because our Ancestors walked, loved, fought, and are buried here, we are “born of the land” (Wilson, 2008, p. 88). It is a part of us, just like the land is a part of us (Youngblood Henderson, 2002). It holds those babies whose faces have yet to be born, the circular connection from spirituality to our relationship to other worlds beyond. There is no reason you already know it, other than it is traceable through your blood. You have experienced it before, like it was “born right in you,” or the land has experienced it before (Holmes, 2000), and your history is a piece of that knowledge. Perhaps Cree writer David Robertson put it best when he wrote: “The experiences of one generation felt by the next, and the next after that. Experiences, teachings, woven into the fabric of our DNA, ingrained in us through the stories we pass down as gifts.” (Robertson, 2020, p. 60). Blood memory is revealed knowledge.

Another type of revealed knowledge involves visions; some young Iroquois men go on vision quests as a part of their “rites of passage” in moving from puberty into adulthood. After Indigenous men engage in the ceremony, fasting, and being out in the bush, their vision may come to them; this is another revealed knowledge. You may have forgotten why I am telling you this. Revealed knowledge is well out of the realm of

recognized “valid” university academic research but is understood in Indigenous circles. Just because settlers may not understand, it does not make it quaint, fanciful, or backward and nostalgic. (Notice the language?). It is spiritual and no less valid than the settlers’ epistemology. Settlers say, “Can someone prove that? Why can I not do that or feel that?” Then they later conclude that if somebody cannot replicate it, it is hokey pokey. However, understanding ceremonies or teachings may take a long time, and the correct mentor/Elder or Traditional person is needed to teach them or pass them along. The learner must *live* it, not just hear about it fleetingly, read it, or study it from a book (McGregor, 2004). That responsibility may *pick the person*, not vice versa, like in settlers’ schools. For example, a Helper may work with an Elder or Traditional person doing an activity or preparing for a ceremony. Then, the Elder or Traditional person may say, “Now, it is up to you to carry this forward.” The Helper may be surprised or feel unprepared or shocked, and the Elder will explain that whatever they were doing now falls on the Helper’s shoulders to carry it through or to continue with the activity, as if *the activity picked* the Helper. That Helper is usually ready for it and is in a good place; the person could say no, but it is usually not turned down. It is a *responsibility*, usually passed on after their years of teaching in that knowledge area.

Conversely, a settler’s domain of obtaining knowledge is going to university. The longer and farther people go in school, the more recognized they are to have acquired “knowledge.” A person with a PhD is someone with expertise in that study area. It may be in a particular area, but in settlers’ eyes, that person has expertise. After the person achieves the PhD and receives the parchment, the training may be over, compared with the Helper whose *responsibility has picked them*. *The Helper’s* learning journey has just

begun and may last a lifetime. The point is that other ontologies and epistemologies are equally valid.

The key is not staying wedded to one universal truth but remaining open to other possibilities (Cajete, 2000). Otherwise, you risk closing off alternative ways of doing and seeing the world and marginalizing Indigenous peoples by believing in only one valid culture, voice, and knowledge. This type of manifestation is called “cognitive imperialism, also known as cultural racism...” (Battiste, 2000b, p. 193), where “only one language, one culture, and one frame of reference” (Battiste, 2000b, p. 198) holds legitimacy. In other words, only the English settler language, knowledge, voice, and culture are normative, ideal, and sound. Indigenous people know we cannot separate cultural and social context from knowledge acquisition.

Knowledge acquisition and any analysis of power relations must be a part of that evaluation (Pottier et al., 2015, p. 4). Unfortunately, ethnicity and unequal power have been driving the marginalization of Indigenous peoples’ ways of knowing and being (Simpson, 2000). Canada has groomed itself in the imperial throes of a homogenized, monolithic group (Tully, 1995). Very clearly, whoever gets to do the “defining” gets to possess the power, and usually, that is a white, heterosexual, non-disabled, Anglo-Saxon, elite male (Montour-Angus, 2003). Crenshaw (1991) and Aylward (1999) have noted that power can cluster around specific categories, and power is taken away from others in that process.

Indigenous peoples have dealt with a legacy of unequal power for decades, and colonialism has left an indelible mark on our histories (J. S. Milloy & McCallum, 2017). Indigenous people were once relegated to being wards of the state because the state

believed we were childlike, gullible, and too uncivilized to care for ourselves (Doxtator, 2011). Settlers used that justification for sending our children away to residential schools, and later, the '60s scoop caused alienation and disruption. Our affinity for keeping our land, culture, and traditional ways was considered ancient, backward, and as part of our inability to deal with modernity (again, notice the language) (Denis, 1997; Razack, 2015). Our people had different ideas about land, child-rearing, governance, ecology, social development, family, community, and the meaning of health. Just because we had other ideas, it did not make those ideas less than other people's. It meant that what we valued and believed was different from the settler population. Therefore, with the two knowledge systems at odds with each other, knowing the settlers were not going anywhere, and neither were we, we needed to come to a working transition and reconciliation.

Through our resilience and reconciling our worldviews with the reality that we lived in, we re-examined, scrutinized, and reassessed, looking at different health situations, and decided an open mind was the best way to move forward. It did not matter if the solution was some aspect of settlers' or Indigenous knowledge, or a little of both! The main objective was to find a viable, effective solution for Indigenous people. Overwhelmingly, the professionals in Tyendinaga believed that using both knowledge systems to their maximum potential would benefit the citizens' healthcare. The acknowledgement of using both knowledge systems led me to examining *Two-Eye Seeing*.

Two Eyed Seeing is a philosophy coined by two Mi'kmaq Elders from Eskasoni First Nation in Cape Breton, Nova Scotia, named Albert Marshall and Murdenda

Marshall. They taught us that there are many ways of understanding the world. They taught that diversity and respect for autonomy are essential. Turtle Island's well-being and health and the people's well-being and health are linked (Martin, 2012a). The principle behind this concept is rooted in using half of an Indigenous lens and the other half of a settler's lens to view an issue. Using Two Eyed seeing they scrutinized a problem using an Indigenous and settler viewpoint and philosophy. Essentially, both people analyze the situation first and then determine the best action. It could be from an Indigenous point of view, a settler's viewpoint, or a combination of both perspectives to obtain the optimal outcome for both peoples involved. And there will be mutual consent on which way to move forward with the solution. One group's viewpoint may be best, or the other's may be, but both lenses are given equal weight from the beginning. The intent is for no one group to be dominated. Both lenses have equal respect, and difference and contradiction will be valued, but there will be an agreed-upon position from which to move forward. Of equal importance is that no viewpoint is wrong. One knowledge is not greater than the other, and each lens is mindful of dissimilarity but embraces it and perhaps even makes a different constellation of knowledge (Evering, 2012). The key is seeing through both eyes for the maximum benefit of people's health.

Tyendinaga's healthcare professionals want to position Indigenous knowledge as a co-contributor to Western science, in essence, to allow Western science to enter our circle of care by using and optimizing traditional knowledge systems. We want to re-imagine Tyendinaga's healthcare system using the concept of Two-Eyed Seeing, with the touchstones of The Thanksgiving Address and the balance that the Two Row Wampum offers. The RCAP report "explicitly identifies the affirmation of aboriginal knowledge as

an essential goal of aboriginal policy” (Brant Castellano, 2000, p. 21). My argument is that if more people understood the worldview of the Thanksgiving Address and the balance of the Two Row Wampum and how that translates into Two-Eyed Seeing, they would better understand the dilemma healthcare workers face while doing their jobs. Tyendinaga’s healthcare professionals would be happy not to deal with conflict and disenchantment.

When we take this dilemma a step further, it is complicated by the Indigenous reality of living in a colonial world, as stated from the very beginning. The topic of dilemma that Tyendinaga’s healthcare professionals face is not just theirs in the health context. It is a more significant dilemma of our society that flows from the history of colonialism, the contradiction, the dissonance, the incompatibility. When our worldview and the demands of colonial society force us to fit in, the situation only worsens. Incongruity is one of the reasons. Indigenous people face such poor outcomes in health. Colonialism is more than a Tyendinaga problem. I suggest it is a significant societal, structural, and historical problem. What I want to reiterate and advance is a closer reading of the lessons in the Thanksgiving Address and the Two-Row Wampum through the application of Two-Eyed Seeing.

The Significance of Our History

I have laid the groundwork for using the Thanksgiving Address and the Two-Row Wampum. The next step is moving forward to an action plan. Tyendinaga’s healthcare professionals must incorporate the literature and the Mohawk people’s traditional ways by outlining who does what. Mohawk people believe in looking back to see where we have been, so that we may know where we are going, and this is not new. Unlike

European thinking, we believe the past is a part of us, whereas in the settler's view the past, present, and future have discreet categories. According to Rotinohsyonni (Haudenosaunee), thinking about the past is just a part of what is happening in the present, like a giant snowball rolling down the hill. Imagine the snowball is tiny at first and represents the past, and as it moves down the hill, it incorporates the present; the past is still there but now is bigger than the present (Doxtator, 2001). As Mohawk scholar Deborah Doxtator said, "History is an additive process" (2001, p. 39). The past, or history for Mohawk people, is essential because life revolves in cylindrical ways, seasons change, some animals hibernate, the life cycle moves from infancy to old age, and life renews itself. For significant events, we marked those occasions in wampum strings or birchbark etchings to remember the occasion's significance, such as the Two Row Wampum (Williams & Nelson, 1996). Therefore, reviewing history is necessary for developing the action plan for Tyendinaga; the Two Row Wampum and the Thanksgiving Address are a part of our past. We learn from the past and try not to repeat the same mistakes because our ancestors have already walked a particular path. They continue to guide us today if we are humble enough to look.

The Action Plan

Traditionally, for the Mohawk Peoples, women have always had a significant role in decision-making, and diplomacy was a matter of checks and balances through the line of people. Equally important, most healthcare workers in Tyendinaga are women, which is another valid reason to listen to them. The Mohawks put business before the people and bantered about it back and forth in the Longhouse between clans (S. M. Hill, 2017; Porter, 2008; Williams & Nelson, 1996). Consensus was the norm because *all voices*

mattered. The same ideology needs to be put into place to disseminate a new healthcare strategy for Tyendinaga Mohawk Territory, but what does that mean in contemporary Tyendinaga? The Mohawks of the Bay of Quinte have one Chief and six Councillors elected every two years (see their website at mbq-tmt.org). Throughout this research, the participants suggested that the Mohawk Council be the advocate for making changes to the healthcare strategy currently operating within Tyendinaga. The Tyendinaga Mohawk Council (TMC) has many responsibilities and does its best to represent the interests of the citizens of Tyendinaga. However, de-colonizing the healthcare system is not as easy as it sounds! In addition, we, the people of Tyendinaga, must be the agents of change. We cannot leave it to one entity. We know who we work with, and we understand what we want. We must take baby steps that are positive moving forward. Yes, we need the Council's buy-in, and therefore it will require a Mohawk Council Resolution to move in a new positive direction.

A positive movement begins at the bottom and funnels up, in this case starting with the healthcare workers. Throughout the thesis, I have referenced the "funders," which are the Ontario Ministry of Health, the Aboriginal Healing and Wellness Strategy, and Indigenous Services Canada. The participants mentioned odd pots of money that came from other smaller sources, but the primary funding sources are listed as these three. From my experience working as the coordinator for Red Cedars Shelter for seventeen years, the Aboriginal Healing and Wellness Strategy was a joy to work with because they were always open to any suggestions I offered. Depending on which program offered suggestions, a few professionals during this research noted that the Ministry of Health representative was open to suggestions if the rationale and logic were

persuasive, but it depended on the representative. The healthcare workers in Tyendinaga know who funds them, and once they become knowledgeable about the new healthcare strategy, it will be incumbent on the respective managers to reach out to their funders to discuss changing directions. My formulation of a possible new healthcare strategy came out of a literature search. After reviewing the 1996 *Royal Commission on Aboriginal Peoples (RCAP)* report, specifically “Chapter 3, Health and Healing, the Truth and Reconciliation Commission” (“Volume 3: Gathering Strength - Health and Healing,” 1996) and “Chapter 12, Moving Beyond the Politics of Aboriginal Well-being, Health, and Healing” (Cooke & Long, 2011) “First Peoples and Second Class Treatment:” (Allan & Smylie, 2015) and the government’s Action Plan to Implement United Nations Declaration on the Rights of Indigenous Peoples, (Government of Canada, 2023) a new plan emerged in my mind for going forward.

Consultation

A first critical step is to ensure that all professionals who work within the Mohawks of the Bay of Quinte who deal with the physical, mental, emotional, and spiritual health of citizens on Tyendinaga become briefed on heading in a new direction regarding a new healthcare strategy. First and foremost, this healthcare strategy will incorporate “increased First Nation decision making and control in health programs and service philosophy, design and delivery” (Allan & Smylie, 2015, p. 32; Cooke & Long, 2011). Moving control over health back into Indigenous hands is not a new idea. In 1996, the RCAP advocated for this and said shifting governance over to Indigenous health management, moving it from the federal government to Indigenous communities, was necessary. The commission’s logic was reasonable; for example, see this quote from

RCAP: “It would seem reasonable to support many or most of the ideas we heard simply because Aboriginal people are likely to know best what will work in their communities” (1996, p. 215). That statement is a firm argument for upholding the recommendations from this thesis because it houses the recommendations from the healthcare professionals. As the RCAP reads, “In every instance, Aboriginal communities and organizations should be engaged in designing and guiding initiatives” (1996, p. 307). While engagement is necessary, it is reasonable to build new and more vital bridges *first* before a complete takeover by the Mohawks of the Bay of Quinte starts.

Establishing an Even Playing Field

When two groups come together, they must be able to talk respectfully and listen to each other. Power imbalances have been a colonial legacy. However, when the will of both parties is to engage with each other, the dialogue is of utmost importance (Davis, 2010b). Building these bridges means a willingness on both sides to learn to work with each other, because both sides can learn from each other. According to RCAP’s Volume 3, “Aboriginal and mainstream healing systems have much to offer one another. It would be detrimental to the development of both systems and those they served if ways to co-operate and collaborate were not fully explored and encouraged” (1996, p. 295). Working cooperatively can be most productive for both sides, and the community wins.

Making Respectful Space

First and foremost, what is essential in two distinct groups coming together is the steps necessary to make that respectful *space* for a reconciled relationship. There needs to be an acknowledged understanding that both groups are distinguishable and must

embrace their diverse wisdom (Ermine, 2007; Lambe, 2004; Martin, 2012b; Tully, 1995). Diversity is not a threat. Instead, it is an opportunity for new growth for both sides. People need to have face-to-face interaction with each other. The closer the space is shared, the more probable the relationship can become strengthened and sacred (Wilson, 2008). The link of *neutral* space between peoples is the same concept as the three inner white shells between the two rows of purple wampum in the Two Row treaty belt, which signified the purity of the agreement symbolizing peace, friendship, and respect (Royal Commission on Aboriginal People et al., 1996). When diversity becomes a reality, following the idea that there are many ways to address holistic health issues becomes doable.

When embracing diversity happens, all parties can begin an intercultural dialogue (Tully, 1999). This dialogue is the stepping stone to opening a mutually respectful space. When all participants are fully involved, they must change the colonial system to a mutually beneficial one. Respect means listening without interruption until the other person has finished, and the listener must truly hear the information provided with an open mind on an equal basis. A shared comprehension of the health and wellness philosophy can take root by listening openly. In addition, there must be a willingness to enact change and a commitment to respect each other's side (M. Smith & Sterritt, 2010). When there is a commitment to respect each other, there is the possibility of addressing unequal power flows. Handling unequal power can cause tension, but it is worth it if it is rephrased in a way that moves everyone forward, through putting their best foot forward and making the group more robust. Face and acknowledge anger, and understand that mistakes will happen, and both sides will recognize that being vulnerable is complex but

valuable (Davis & Shpuniarsky, 2010). When authenticity, vulnerability, and genuineness are invested in the relationship, true reconciliation happens, and it can be transformative.

The plan is to link partnerships between healthcare workers and funders, where collaboration and cooperation between both groups, without prejudice against First Nations' interests, are paramount. At issue is the right to participate in decision-making processes that affect Tyendinaga's healthcare system. That will mean strengthening our engagement with federal and provincial representatives across healthcare systems and improving linkages and dialogue (Government of Canada, 2023). It will be necessary for the funders to know we are interested in changing how we have done business in the past. We will look to change some of the ways from now on by using our knowledge systems.

As healthcare workers, we look forward to being active members with the right to participate in decision-making around program administration, funding, and delivery models. We want to stress that our programs are community driven, focusing on incorporating Indigenous ways of knowing and being. We will infuse our methods with the knowledge that our ways of knowing and being are valid (Allan & Smylie, 2015; Cooke & Long, 2011; *Royal Commission on Aboriginal Peoples: Report of the Royal Commission on Aboriginal Peoples*, 1996; Truth and Reconciliation Report: Calls To Action, 2015). Our knowledge system can include but is not limited to the use of Traditional Practitioners/Seers/Medicine people/Elders/knowledge keepers' knowledge and traditional medicines if requested by clients.

Training and Education

The clients are often involved with other healthcare professionals off-reserve, and those relationships are critical, too. Reciprocal relationship building between non-Indigenous groups also benefits all peoples moving forward in health. Therefore, meetings and traditional educational forums with partners involved in health, social, and midwifery programs are necessary to begin the focus of renewed reconciliation with “two objectives in mind; to enhance mutual respect and to discuss areas of possible collaboration” (Royal Commission on Aboriginal People et al., 1996, p. 360). The collaboration will focus on education and training in the application, implementation, of the Two Row Wampum, the Thanksgiving Address, and Two-Eyed Seeing, as well as the funders joint programs/initiatives. In building a renewed relationship, the training must include skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism (Truth and Reconciliation Report: Calls To Action, 2015). Training in cultural competency and cultural humility must also be included (Greenwood et al., 2017; Hagey, 2000; Hanson, 2009). The emphasis in training is the importance of Indigenous culture on health, healing, and well-being.

The professionals in Tyendinaga had already noted that training was vital to them, and they were struggling to learn about our Mohawk culture. Therefore, some cultural training in this area is needed. So, if we must bring traditional training from outside the Territory, so be it. Preferably, the teachings will be in Mohawk culture. The program managers usually get money in their budgets for training, and those staff who do not have funding managers can arrange training them with other departments that do have funding for it. Healthcare professionals can pool their funding to bring in traditional trainers.

Training should be evergreen, and each group's supervisor's acceptance is necessary. The professionals noted that some people learn the best face to face, while others are alright with online training. Without question, political buy-in is essential.

The staff will learn about the teachings of the Two-Row Wampum, the Thanksgiving Address, and Two-Eyed Seeing. Afterwards, they can take the concepts back to their programs and see how they might implement them. The training will offer literature on all principles, and staff will be encouraged to talk amongst themselves to troubleshoot ways of implementation and delivery. Emphasis on collaboration and consultation within programs is essential to breaking down silos and sharing resources whenever possible. Once staff have a good understanding of the philosophical underpinnings, then the doors will be opened for the funders' briefing. Both funders and healthcare professionals can benefit from sharing knowledge, and the sharing of knowledge was a preference of the healthcare workers who participated in this research.

Enlightening Funders

The Mohawks of the Bay of Quinte will invite the funders for a consultation to explain Tyendinaga's new healthcare strategy. As part of the negotiation process, staff will explain the new direction of health. The training of both staff and funders is vitally essential for both to move forward in a coordinated effort of reconciliation. Funders must understand the philosophical underpinning of their position on health and wellness and what that means. A joint understanding of health and wellness between Tyendinaga's healthcare professionals and the government will go a long way in moving the conception of health along (Cooke & Long, 2011), in addition to any negotiated documentation revisions. As a part of the definition of health and wellness, staff can explain the

significance of including the emotional, mental, and spiritual aspects of health, along with the essential inclusion of colonialism as a determinant of health (Greenwood et al., n.d.). Family, history, and community will also be a part of the definition of health and wellness. As explained by Cooke and Long, “Health from an indigenous perspective is thus more than the absence of physical disease in an individual. Rather, it is a ‘measure’ of individuals’, communities’ spiritual, mental, emotional, and physical well-being and ‘all their relations’” (2011, p. 297). It is essential for the government to affirm and understanding the inclusion of all quadrants of the health of the Indigenous person.

The governments must understand and affirm that they must provide sustainable funding for all aspects of wellness across all quadrants, including the physical, emotional, mental, and spiritual aspects of wellness (Truth and Reconciliation Report: Calls To Action, 2015). Acknowledging all elements of wellness introduces a new type of involvement “in the development, implementation and evaluation of such goals and standards of practice” (RCAP, 1996, p. 313). The healthcare professionals will assist in the development of tools of assessment that more clearly reflect their choice of the data required for our community. They will also be in a better position to explain the faults of one-time funding, which hinders the professional’s ability to plan sustainable programs for health. Together both groups must work out a plan that is workable for both parties, a negotiated bottom line with flexibility to revisit it when necessary.

In addition to sustainable funding, there is a need for more Indigenous healthcare workers (Analysis of Aboriginal Health Careers Educations and Training Opportunities, 2003; McBride & Gregory, 2005). I have great expectations that once the Mohawks of the Bay of Quinte have more control over their healthcare, more workers will want to

enter the holistic health field. Data taken from the surveys and focus groups on Tyendinaga clearly show that people who work for their community are there for the love of being there for their community and being helpers. Their jobs are much more than a paycheque. It is a cause and provides a sense of pride and belonging.

In conclusion, the meaning of the results and a closer examination of the issues between two groups of people emerged, and it became clear to me that dialogue is essential. Operating within that respectful space of the Two Row Wampum is possible and preferable. Using the philosophical touchstones of the Two Row Wampum and the teachings of the Thanksgiving Address provides the framework for two diverse groups working together. Applying the Two-Eyed Seeing framework sets the tone for a respectful working relationship. None of the ideas presented in this chapter are new; the bulwark come from the RCAP, a twenty-eight-year-old document. The two touchstone philosophies come from time immemorial. The solutions revisit old concepts that have endured time – taken from our history.

The views are rooted in reconciliation between two peoples and an effort to try to do things differently. Time and again, we have stated that our history matters, and now, more than ever, Canadians are beginning to understand the true history of Indigenous peoples. We can start to take our healthcare system back because there is no space for paternalistic views anymore. The way forward is to work together cooperatively, show the positive results of a renewed healthcare system from our worldview, and still live and work on a contemporary Turtle Island successfully. The next chapter outlines how this investigation started and how I followed it to the conclusion. The methodology lays the pathway of who, what, where, and how this study developed. I explain in detail the

journey I had to take to complete this investigation, including working through a worldwide pandemic. I tried to be as professional and transparent as possible, including all of my appendices at the end of the chapter. This is a cumulation of an idea, community engagement, and the obstacles I endured due to maneuvering around the pandemic. It represents believing in my cause and stubbornly sticking it out until I reached the end product, for my community.

Chapter Six: Methodology

I began my dissertation with my positionality because it best set the scene for my study and research questions. Once my positionality is understood, I believe it is clear why I want to work in my community. I wanted to do an investigation that could leave a positive mark in my community because I have family, community, and my nation here. I went beyond my personal experience and into my community of Tyendinaga, to the healthcare workers there, to listen, Lift Up their Voices and document them, and turn their voices into empirical evidence. I will explain a brief layout of the health services and the reporting and funding that they entail, and the complexity of the different silos of services. When these services are coupled with the various layers of governmental funders, and all the while the healthcare professionals are offering services, evolving, and reporting at other times, it can create a complex web. My research is a part of my community engagement during the pandemic of 2020 and 2021. In this chapter, I outline the steps that were necessary to complete the social engineering, gather the data, stay confidential, be respectful, and, most importantly, maintain a reciprocal relationship with my community. The research also needed to stay within ethical guidelines while respecting my community and different institutional ethical frameworks. The story of this journey started before the pandemic and then necessitated working in a real-world pandemic environment to finish my investigation. I needed to pivot from my original method of face-to-face focus groups to online groups or questionnaires. It required adaptations and the ability to be flexible and massage our oral communication protocols on the Territory for a successful outcome. I did what I needed to, and therefore, I have used a mixed study method.

Indigenous personal narrative is a valid tool I used to decolonize my research methodology. With this in mind, this investigation was three-fold; first, I positioned myself in this narrative because my positionality and the experiences that I have had in the healthcare system were one of the stepping stones to use in doing a comparative analysis of the experiences of the healthcare providers on Tyendinaga Mohawk Territory (TMT) Ontario (L. Cardinal, 2001; Montour-Angus, 2003, 2003; E. Steinhauer, 2002; Weber-Pillwax, 2001). I used my personal and professional experience and reviewed the literature to find out what other scholars said in this field. I then converted the healthcare professionals' voices into empirical data to generate findings. Cree scholar Gaye Hanson wrote that this method is much like a braid of sweetgrass (2009), and as I see it, my personal and professional experience is one braid and the literature review is the second braid. The healthcare professionals' voice is the empirical data and the third braid. When woven together, they have made a strong braid that I believe has made this a compelling mixed method investigation. Ultimately, I collected and analyzed the data with the prospect in mind of it being an advocacy tool for the community of Tyendinaga. I used the philosophical touchstones of the Thanksgiving Address and the Two Row Wampum as guiding lights in my research. My goal is for my community of Tyendinaga to benefit from this research, strengthen our knowledge base and position regarding our healthcare implementation and delivery, and improve service effectiveness.

For my first step, I booked an appointment with the Chief and Council of the Mohawks of the Bay of Quinte (MBQ) and explained my request to interview the Health and Social Team members along with employees of Red Cedars Shelter and the Kenhté:ke Midwives – Kontinenhanónhnha Tsi Tkahá:nayen. I explained what I wanted

to do and how the thesis document might be helpful to them once completed. After I received my Mohawk Council Resolution on August 12th, 2019, from Tyendinaga Mohawk Council (see Appendix B – TMC-MCR(1).pdf), I applied for ethics approval from Trent University's Research Ethics Board and the Indigenous Education Council (IEC). I submitted my application to the Trent Research Ethics Board. They notified Chair Lynne Davis (lydavis@trentu.ca) and her Indigenous Education Council committee, which reviewed the application online. Before I was approved, I was required to do a nine-hour online training course regarding ethics, which I completed (see Appendix A – TCPS Core Completion Certificate).

As part of my application to the ethics committee, I needed to complete an application, but I had a bit of a glitch with the ethics approval process. It pertained to one of the questions in the application form that refers to "conflict of interest." According to colonial scientific standards, it is acceptable to gather data "objectively," and any other type of investigation will "taint" the data and make it questionable. However, according to Indigenous research methods, it is acceptable for Indigenous people to gather data in their community, even when the researcher has a vested interest in the project (L. T. Smith, 1999; Wilson, 2008). Let me explain; first and foremost, I do not believe researchers come to the investigation table entirely without bias. Researchers must reflect on their position and be honest before they begin (Baskin, 2016). They must ask themselves many questions about the research they will embark upon and be transparent about who will benefit from it (Wilson, 2008). Second, according to the colonial process, the researcher should have no relationships with the subject matter. Ergo, the researcher should have no connection to the data, so there is no conflict of interest. Another

conflict-of-interest question asked in the ethics application was about any relationship I might have with the participants. The following was my response to them:

I do not know all the names of the participants I will have in my focus groups, but I expect to have cousins and friends involved in the project. I will be interviewing my niece as she works for the Midwifery Program. The same is true for my first cousin, who also works there. I worked with many of the employees and was once colleagues with them, so I would expect to see many friends there in the focus groups. I would know 90% of the employees' families; they would know mine because I live in this community. If I looked hard enough, I would find that we all may be related somewhere down the line. This project will take place in our community, and I must get the local people's opinions. It contradicts the conflict of interest because I am conducting Indigenous research. What I mean is I do have a vested interest, and, therefore, I will do my very best; my integrity is on the line. The community expects me to be professional and accountable because my community scrutinizes the process. I live here, so I must maintain complete transparency and behave with respect and reciprocity throughout this process. I am asking for their input, and because I am, this research project is very relational. Ultimately, we are doing it together; hopefully, the community will benefit.

In keeping with my argument, according to Indigenous research methods, it is honourable to have relationships with the subject matter, specifically the community, because 1. Indigenous people see relationships as crucial in life, and 2. Ultimately, the researcher wants to ensure that, if possible, the community will benefit from the research. Professor Emeritus Marlene Brant Castellano states, “Research that seeks objectivity by maintaining a distance between the investigator and informants violates Aboriginal ethics

of reciprocal relationships and collective validation” (2004, p. 105). In other words, seeking knowledge from a settler’s viewpoint is very different from the values of my Indigenous community. Differing principles and traditions are where and how the problems presented themselves to me. I am researching within my community. It is a First Nation community.

I am a First Nation woman who lives in this community. I have worked in my community for seventeen years and continue to live here. Yes, I know and have relationships with most of the people I am working/researching with, and yes, I have a vested interest in this research. My community must support my actions, or it will never work. They need to trust me and the process, and I know my community will scrutinize me. They need to know that I will be professional, ethical, genuine, and honest in my research. So, it is better to be upfront and honest and keep them abreast of the investigation. They expect reciprocity from me. One of the most critical elements is to brief the participants about the analysis’s outcome; hopefully, my research will benefit my community. So, circling back to the ethics application process, I had to explain why I did have a vested interest in my proposed research and why it was respectful. On reflection, I know the ethics process is a way to ensure that Indigenous people are protected after the damage that colonial research has done in the past. However, I still maintain that our research approach is practical, valid, rational, and inclusive.

Before I could begin to collect my data, a few considerations needed tending first, like, who would own the data? I determined that the data would be “owned” by the participants and the community represented by the Mohawks of the Bay of Quinte Council (MBQ). In addition, I (Holly Brant) would validate the accuracy of the

transcripts with the focus group participants, and the questionnaires. As a steward, I planned to hold on to the raw data in the focus group records and the questionnaires, ensuring that participants' privacy is protected. Data records have thus been stored at my home, given an alphanumeric code, kept under lock and key, and kept separate from the participants' consent forms. I will destroy the data two years after the investigation to verify validation. Furthermore, I will provide a concise report and a copy of the completed thesis to the MBQ Council in compliance with the resolution that specifies sharing "the final paper."

I conducted research online in the Tyendinaga Mohawk Territory. I looked to obtain empirical data from my Territory. I did Zoom focus groups in Tyendinaga and sent out questionnaires online (see appendices G and H). I did not conduct research at Trent University. Therefore, I did not use resources at Trent University, and I completed my written work in Tyendinaga. I will not receive any personal benefits (financial remuneration, intellectual property rights, rights of employment, consultancies, board memberships, share ownership, stock options, etc.) because of or in any way connected to this study.

Informed Consent

The informed consent process was as follows: I obtained informed consent from the participants (see Appendix E – Consent fillable form, and Appendix F), and I am the principal researcher. I asked the Director of Health and Social in Tyendinaga to post an attachment letter with my invitation to participate (see Appendix C). I sent out a one-page document outlining the investigation and the role of the participants and informing recipients of the invitation to participate in my focus groups. I sent the one-page

introductory letter to recruit possible participants. No minors were involved in the focus groups or were given the questionnaire. I did not anticipate any impediments because participants were aware of the project before providing consent. I informed participants that they could withdraw from the focus groups at any time. I told participants they could withdraw their consent before, during, or after the focus group or questionnaire; however, no person withdrew their consent. After I received the data, I analyzed it and gave the participants a verbal and written report. The participants received a written analysis of the investigation, and I briefed TMC and gave them the results verbally and in written form.

Participant Confidentiality

I expected most of the participants to be of Mohawk ancestry. I told the participants that I would only use aggregate data, and that their names would not be included in the document. The thesis does not identify them based on what they contributed. I told them also that all “raw data” would be locked up in my home until I finished the report, and that I would keep the raw data for two years afterward. I told them that I would transcribe the data. I got their informed consent in writing before they participated in the discussion, or if on Zoom, I obtained their approval on video and later transcribed it. There were no exclusions on my behalf. They were automatically eligible if they worked for the health and social agencies in Tyendinaga. There was no direct compensation. However, as an incentive, I offered small draws for participants to take part in (see the Wellness Basket draw discussed later in the chapter).

I will keep the Zoom recordings for two years after completing the document; to ensure the participants’ privacy I will keep the recordings under lock and key at my

house. After two years, the data will be retained only for proof of findings and validity, after which I will destroy the recordings. I have kept the consent and the data in my home, under lock and key. I have also kept the electronic data from the focus groups on my computer and password-protected it. Furthermore, I have kept the password in a different location from the computer and coded the data alphabetically.

Eventually, I received approval from both committees, and I had everything in place to commence gathering my data in 2020.

The Data

My four objectives were my priority. I had written my questions about what I wanted to discuss with the healthcare professionals taking part in the research, but I needed to have a “dry run” first to see if my questions made sense to other people who had worked in the health/social field. I originally had twenty questions, and I asked two people from the Health/Social Department who no longer worked there to go through the questions with me and answer them. One person was a former program manager, and the other was a former employee. I reviewed all the questions with them in a focus group-style setting. Afterward, I offered them both a small gift for their participation.

All the questions seemed to make sense, but we eliminated six questions. I tweaked the questions to make them more open-ended and asked the participants if they wanted to share with me anything I missed. Next, I called the Director of Health and Social Services, explained what I was doing, and asked if I could have an appointment with her in person. We met, and I explained in more detail what I was doing and ensured she knew I already had a Council Resolution and their approval to move forward. She

offered to email her staff to let them know that I would be coming by and asking for their input, but that their assistance was voluntary.

I had double-checked all my requirements to go ahead, including getting the thumbs up from pertinent organizations and people in power. Unfortunately, it was March 2020, and in mid-March, the pandemic hit, and the pandemic shut down my research. Trent University informed me that they would no longer allow face-to-face meetings. Therefore, I had to reconsider and find another way of obtaining my information because face-to-face focus groups were off the table. I had intended to use focus groups to get the information required because our oral protocols are still effective. I had planned to use a talking stick and traditional circle teachings to conduct the groups, but now this was off the table. COVID-19 restrictions collided with oral communication protocols, so I had to think of how to maneuver around the pandemic.

I remember talking to a settler professor, who stated that I could look back at the data in the literature some more. I knew the answers did not lie there, so I asked myself *who* I should ask how to proceed with this investigation. Out of the blue, it became clear to me. I needed to go back and ask my community! It was apparent that I was investigating with and for my community. Who else would I rely on for help? I felt transformed when I called a few program managers in Tyendinaga. I asked them how they would prefer to complete my questionnaire if they were to do it. Specifically, would they like to answer a fillable questionnaire or be included in a focus group on Zoom? Ninety-eight percent told me they would like to participate with a fillable PDF. They explained that now that we were all in a pandemic, they were busier than ever before.

I had my answer, but I had to learn to make a fillable PDF with my questions. That was a significant learning curve because, at best, I am not tech-savvy; it took me months of trying to ask the correct technical people how to do things before I finally got it (see appendices for the result). Then, now that I had it, I had to write an introduction to the questionnaire so that people would know how to use it, and so that is what I did. I had difficulty getting it to people's emails because, as I stated earlier, there is a lot of movement with the MBQ staff. The two most ardent people who were so excited to get their team to do it had left by the time I was able to pull together the next phase of getting the questionnaire done. I emailed it to everyone. I had the email addresses, but I only received a few questionnaires back. I knew that the pandemic meant more work for all employees. In essence, I was asking them to do extra work, so I decided to offer an incentive. I should have known I could not ask people to do something for nothing; our teachings tell us about reciprocity. I should have known better, but I needed time to decide what was okay ethically. I finally came up with an answer that I thought would work; I would offer a small incentive to do the questionnaire. I would provide draws for prizes when they filled out a questionnaire or did a focus group.

Eventually, I put together a Wellness Basket with an estimated cost of \$65.00 for the 1st prize. Then I bought a gift certificate worth \$25.00 from one of the local gas stations on the rez for the 2nd prize, and for the 3rd prize, I purchased a gift certificate worth \$20.00 for a manicure. I requested participation via email again, letting recipients know I would enter their names into a draw for the prizes. I informed participants who had already completed the questionnaire that their names would go into the draws. I took a picture of the Wellness Basket, and I sent an email to all the participants. I decided to

do the draw when I had completed thirty questionnaires. Getting the questionnaires back was slow. I genuinely believe there would have been better participation if the pandemic had not been happening. In a slight change of direction and to bolster participation, I contacted people to see if they would participate in a focus group on Zoom. I was lucky when people showed an interest in this process. Lovely people gifted me by showing an interest and giving detailed information that I would not have received on the questionnaire due to the space provided. I noted that the Zoom focus groups gave more detailed answers.

Most importantly, I made it to my magic number of thirty participants. Then, I put all the names of the people who had answered the questionnaire or participated in the focus groups in a cookie jar, and I asked our Chief, R. Don Maracle, if he would pick the basket and gift certificate winners. He chose all three names, and I got his picture while he did it. Next, I emailed everyone who had participated with the winners' names and the image of the chief for legitimacy. Finally, I delivered the prizes to all the participants' homes. I felt triumphant. I had my data!

Selection of the Participants

To select the participants, I consulted with the Mohawks of the Bay of Quinte's official website and determined the number of people who needed to be interviewed to conduct the study. Then I noted how many people were in each program, their positions, and the vacant jobs. I tried to get at least one person whose location in each agency was slightly different from each other. The groups involved were the Kenhtè:ke Midwives, Red Cedars Shelter, Community Wellbeing Team (both Social and Health sides), Home and Community Care Team, Family Health and Child Development Team, Home

Support Team, the Indigenous Interprofessional Primary Care Team, and Ohahase. I completed two Zoom focus groups. One Zoom focus group lasted two hours and involved five people from Ohahase. I included Ohahase because they are a part of the Mohawks of the Bay of Quinte and my investigation was meant to be holistic, including the mental, physical, spiritual, and emotional. I found out that one Ohahase employee was an educational assistant who provided support, and another was the Ka'yenkehake Indigenous Studies teacher; therefore, both employees were good candidates for my investigation. All their employees, minus one, were willing to do the focus group, and I did not exclude anyone. The other Zoom focus group was from the Good Minds Program; it included two people and lasted forty minutes.

The total number of participants was thirty. Twenty-three people completed the questionnaires. There were no requests for any personal information from participants. However, there is always a chance that someone might disclose a participant's sensitive data. I therefore planned that if any sensitive information was disclosed, it would not be attached to anyone specifically. If any sensitive information was disclosed in the questionnaires, I determined that such information would not be used/mentioned in the document. Therefore, I did not apply sensitive information, and all data has remained in aggregate form. I only collected participants' names and only to obtain consent; however, I will destroy all documents two years after the completion of the thesis. I have kept all information and documents related to their consent and all transcribed information in different locations, and all answers had an alphanumeric code. In addition, to ensure there would be no way to identify each participant's response, I made

sure that replies do not coincide with their names, and the names from consent documents are confidentially stored in a different place in my home.

I recruited participants by way of their employment using physical, mental, emotional, and spiritual connections at Red Cedars Shelter, Kenhtè:ke Midwifery, Indigenous Interprofessional Primary Care Team, Community Wellbeing Centre (health and social sides), and Ohahasa, and according to their availability. They were able to opt out of participating if they chose.

Some indirect benefits of this research may be, one, that some policies may change to reflect their preferred way of doing business, and two, that knowledge has been generated from the investigation.

I did not have any conflicts. The professional healthcare providers must abide by these same laws under their professional bodies as a part of their job. Furthermore, I am a Registered Social Worker and must comply with my college's professional codes.

The Layout of the Health Services

Notably, all the programs had different funders, possibly working independently, and had a specific clientele. They may have had one or several funders at various levels of government, some to whom they reported using other guidelines. Sometimes, professionals generate reports using a different template but manipulate the exact data for the same ministry! Whatever the funder's requirement, the workers met it. The services were complex, from community health to clinic health to social services to midwifery, with different mandates. Some programs were new, while others had been around for a long time. These services and agencies reported directly or indirectly to the Mohawks of the Bay of Quinte administration. While the agencies and services differed, all the

professionals agreed that they were there working for the betterment of the community. While the funding and reporting mechanisms varied, I needed to collect my data to make sense of it and arrange it to draw a picture of the services.

Assigning Data

I arranged my data thematically. Indeed, I needed to organize the data to see it physically in front of me. I needed to take small chunks of the data to analyze it. There was a massive amount of information, and I appreciated that I needed to do this systematically. After all, I had sixteen questions and all the participants' answers to them; so, I separated each question and placed each response with the corresponding question.

When I completed the assigned number of questionnaires, I placed all the answers with each corresponding numbered question. At the start, I constructed the questionnaire so that all solutions would align with each related question. For example, I had the answers for question one together, then all the answers for question two together, and so on. Next, I read all the answers and highlighted only the most relevant information from each question. Afterwards, I had to transcribe all the focus group sessions from Zoom video into print form. I had two Zoom sessions, with seven people in total, which took me thirty-nine hours to transcribe. Finally, I reviewed my objectives and purpose and looked for the answers to my questions. Again, I highlighted only the most relevant information from the Zoom sessions. In the margins, I put headings that answered any of my sixteen questions or that were related to my objectives.

Then I went out and bought several colours of construction paper, and I purchased black Sharpies. I wrote each highlighted answer on paper, cut them out, and then situated

them on the construction sheets that matched the questionnaire question. Afterward, I stuck the construction sheets on the walls, stood back, and looked at the answers to the questions. When one question's answers filled a construction sheet, I wrote the same question on another construction sheet until I had revealed all the answers for each question. I tried to keep each question with the same colour of construction sheet, but it did not work out every time because I would run out of a particular colour, and I did not want that to slow me down. Also, I did not know how many construction sheets to buy, so I only bought as many as I could comfortably carry. Eventually, I had to go back and buy more.

I made sure that I reviewed each page in the transcription for each question. When I found a passage that spoke directly to my questions/objectives, I included the answer with the corresponding question. I wrote each highlighted response out separately, cut out each answer, and placed some tac putty on the back of the paper. I then put the answer on the construction sheet with the corresponding question. I also noted the number of respondents who answered "do not know" or "not applicable" on the construction sheet because I knew that answer would also tell me something. Some replies to some questions were very similar, and when I recognized exchangeable results, I put them together as much as possible. Notably, I eliminated any respondent's wording that might allow it to be traced back to them. In no way did I change any answer in doing this. I knew that if I looked at the answers, they would tell me what I needed to know. I was already forming a picture of what my community was saying. Again, I had hit another exciting plane in my investigation. I started to see and gather themes from my community. It was all coming together. I saw the bigger picture of what the

professionals wished for in our community, and they had excellent suggestions to make that a reality.

In conclusion, the methods used in this investigation started with the intent of using our oral mode of face-to-face communication and our oral protocols. The pandemic changed the structure of the technique to online focus groups or questionnaires, but the professionals who worked in Tyendinaga generated the information. It was vital that I capture and lift their voices because they deliver the services, and they know what our community needs. The pandemic made social engineering challenging in the beginning, but in the end, it all worked out. In addition, Indigenous ethical considerations were slightly different from settler ethical considerations. Although we have come a long way from even ten years ago, there is still a need to make Indigenous space more open in the research journey.

Conclusion

We are still working within a colonial healthcare exterior in real time. Inside the walls of our health, social, and midwifery agencies on Tyendinaga Mohawk Territory are professionals who still believe in their cultural worldviews with integrity. The outside exterior walls are still trying to maintain the colonial exterior while the workers fiercely hold onto their cultural beliefs inside. Then, two worlds collide. The analysis of the results shows that funders ask for foreign statistics that are not useful to the community and try to offer mainstream programs on reserves. The healthcare professionals want the community to guide programming, not vice versa.

Furthermore, the professionals working in Tyendinaga want to treat the client holistically, meaning they want to treat the person's mental, physical, emotional, and spiritual well-being, incorporating their culture, community, family, and history. They also want a place to track statistics on how history, colonialism, and community fit into a client's chart. They prefer to have the ability to explain to funders that their paperwork often does not match their view of holistic health. Holistic health can use both mainstream and traditional knowledge systems and be highly viable. The professionals stated that using both knowledge systems can yield the best health outcomes for the patient/client. The way to achieve this is to look to the relational way of practicing holistic health. The Tyendinaga healthcare workers want to implement a relational holistic health approach to achieve healthy outcomes. But enjoying the best beneficial outcome is not as easy as it sounds. One problem is that there is not enough knowledge about Mohawk culture in the Territory, much less an infusion of both knowledge systems. We need to provide them with more training, and our colleagues must respect

our Mohawk traditional knowledge. The professionals know that they require training in both knowledge systems. In addition, forcing them to push a certain number of clients through the turnstile and collecting only physical data due to quantitative expectations is not helpful either. Some funders want to see a certain number of people encountered in a day, but the professionals noted that this number depends on the number of available staff and the urgency of the matter before them; therefore, they triage. Having foresight also means they want technology to increase to the maximum because we must look ahead and keep data for at least seven years.

Furthermore, the professionals want respect and dignity. They expect funders to know that Tyendinaga's healthcare professionals know how to run their programs in the best way possible. The professionals know that sharing resources may also mean persuading funders to "loosen up" criteria to allow the money to work for the community's needs. Loosening up criteria also includes the Kenhtè:ke Midwives' program. Our Indigenous midwives have complained that they still do not have billing numbers despite being recognized by the Ministry of Health as primary care providers. If the Kenhtè:ke midwives are competent in their field, why is this not an easy fix? The funders must come to the table to negotiate any barriers so the Kenhtè:ke midwives can carry out their business uninterrupted as equal partners. This can be done by implementing the respectful space of the Two Row Wampum and utilizing the ethos of the Thanksgiving Address.

The Thanksgiving Address and the Two Row Wampum are significant links because both are predicated on a respectful interaction from the beginning, and both involve relationships. The professionals in Tyendinaga believe they can construct spaces

that allow effective reciprocal dialogue between settlers and Indigenous professionals. We know that respectful space is a solution we can build. The key or solution for two people to work within this neutral space is possible, and I have referenced this throughout the thesis. The Two Row Wampum holds this respectful, reciprocal space. I have mentioned how this space has always been sacred between peoples. The closer the space between people, the more sacred the space. When space becomes sacred between peoples, vulnerability and genuineness become infused in a relationship where true reconciliation can flourish. We can embrace diversity and differences in this space. A constructed space is where two knowledge systems work together for the maximum benefit of their partnerships, and as a result, the community wins.

Partnerships and harmonious relationships are keys to my argument, and creating the space to build them is paramount. Defining this space is why I am using the Two Row Wampum and the Thanksgiving Address's philosophy; it is essential because they are fluid, not static. They are living, and sacred. That very philosophy is what sets the Two Row Wampum apart from other types of interactions in relationships. The three white beads of wampum between our peoples symbolize the purity of our interaction and spirit of intent. Indeed, that is the kernel of the significance of the function of "relationship" to which I refer; the ongoing dialogue must be fluid, continuous, sacred, and alive, just like the intent of the Two Row Wampum (Miller, 2007; Royal Commission on Aboriginal People et al., 1996). Respectful dialogue between the groups is needed to find that "idealized space," a place to iron out any snags along the way in a good way. Accordingly, that is the tricky part of the "idealized" space that I referenced at the beginning of this thesis.

At the beginning of the thesis, other issues surfaced that I never got to investigate further. I mentioned my family and how the healthcare system failed them. My oldest sister, as you recall, was treated very poorly. She was stereotyped, belittled, and racialized by registered healthcare providers and their institutions. It is with sadness that I never really was able to address racism in the healthcare setting, but we know it exists and is something that needs further investigation. I like to look at it; as I investigated Tyendinaga's healthcare system, I found racism against them at times, but their focus was making the space so we all can work together harmoniously.

Another issue that people asked about was whether I had talked to the clients and patients to seek their views on healthcare, and my answer was no. My focus was very deliberate. However, this is another area where more investigation needs to occur. I like to believe that I am building on top of a gateway that involves a tiny piece of our healthcare setting, and I hope other scholars will pick up the braid and continue to run with it. Running with it may also include examining how other First Nations are handling their healthcare systems, and if they found the job of decolonizing their system to be working for them. Perhaps looking at the different Five Nations' healthcare settings and seeing how we might borrow from and share our findings would benefit all. It would be fascinating to have a legion of networks all closely connected, with our cultural beliefs infused in our systems. While we have much to share, we still have much to learn, and I believe we have much to appreciate, considering how far we have come due to our resilience.

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Prologue: My Positionality Bibliography

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Table of Appendices

- A: TCPS2: CORE
- B: Tyendinaga Mohawk Council Resolution
- C: Introductory Letter
- D: Second letter to participants
- E: Letter of Consent
- F: Consent Fillable Form
- G: Questionnaire: Lifting Up the Voices of Tyendinaga's Healthcare Professionals
- H: Questionnaire for Community Wellbeing Fillable Form

Appendix A: TCPS 2: CORE

**PANEL ON
RESEARCH ETHICS**
Navigating the ethics of human research

TCPS 2: CORE



Certificate of Completion

This document certifies that

Holly Brant

*has completed the Tri-Council Policy Statement:
Ethical Conduct for Research Involving Humans
Course on Research Ethics (TCPS 2: CORE)*

Date of Issue: **9 November, 2019**

Appendix B: Tyendinaga Mohawk Council Resolution



MOHAWKS OF THE BAY OF QUINTE KENHTEKE KANYEN'KEHÁ:KA

ADMINISTRATION, 24 Meadow Drive, Tyendinaga Mohawk Territory, ON K0K 1X0
Phone 613-396-3424 Fax 613-396-3627

MOHAWK COUNCIL RESOLUTION

Chronological No.:	2019/20-020
File Reference:	

NOTE: The words "From our First Nations Funds, "Capital" or "Revenue", whichever is the case, must appear in all resolutions requesting expenditures from First Nations Funds.

THE COUNCIL OF THE: MOHAWKS OF THE BAY OF QUINTE	Current Capital Balance	\$
DISTRICT ONTARIO REGION SOUTH	Committed	\$
PROVINCE ONTARIO	Current Revenue Balance	\$
PLACE TYENDINAGA MOHAWK TERRITORY #38	Committed	\$
DATE 12 August 2019 Date Month Year		

DO HEREBY RESOLVE:

Moved by: Josh Hill

Seconded by: Stacia L. Loft

That Council supports Holly Brant's endeavour to complete her Ph.D. dissertation entitled "Lifting Up the Voices of Tyendinaga's Health Care Professionals". This will involve the assistance of staff at the Community Wellbeing Centre's Health and Social Programs by engaging our professionals to participate in focus groups. Holly Brant will share the final paper in hopes that this research will be of benefit to the staff, for programming and the whole community.

Carried.

A quorum for this First Nation
Consists of 3
Council Members

Councillor Josh Hill

Chief R. Donald Maracle

Councillor Stacia L. Loft

Councillor Carl E. (Ted) Maracle

FOR DEPARTMENT USE ONLY

1. First Nation Code	2. COMPUTER BALANCES	3. Expenditure	4. Authority Indian Act See	5. Source of Funds <input type="checkbox"/> Capital <input type="checkbox"/> Revenue
	A. Capital \$	B. Revenue \$		
6. Recommended			Approved	
Date			Date	
Recommending Officer			Approving Officer	

Appendix C: Introductory Letter

May 30, 2020

Greetings:

My name is Holly Brant, and I am a member of this community. I have lived here practically my whole life and have worked for the MBQ for seventeen years of it. I am currently completing my Ph.D dissertation entitled “Lifting Up the Voices of Tyendinaga’s Health Care Professionals” at Trent University, and I hope to finish it next year with your assistance. I believe that our culture is vitally important in implementing and delivering our services to our community, and I want to know your opinion on this subject. I am asking if you would voluntarily participate in completing a Questionnaire to help me answer this question and other questions related to it.

This Questionnaire can be filled in anytime you like within 2 weeks of receiving it, it is a fillable PDF for ease, and is of minimal risk to you, and you are under no obligation to participate. After you have filled it out, (to the best of your ability) I ask that you send it back to me. You may withdraw at any time without prejudice. If, however, you chose to withdraw after you have sent it back complete, be aware that I cannot pull your responses from the data pool because I will not know which Questionnaire is yours and, therefore, cannot identify which answer to remove or eliminate. Please understand all names will be held confidentially and separately from all responses given. I cannot, however, *guarantee* confidentiality because I will have no idea whom you may have confided in about the questionnaire. No personal information will be collected, and all responses will be provided an alphanumeric code to protect your anonymity and will be locked and stored for two years and destroyed afterward. Only aggregate data will be used from the Questionnaires, no confidential information will be shared. The *possible* benefit of the report after analysis may be better policies for the implementation of delivery of the health/social services and extended knowledge for our community based on your responses.

This information will be used in my Dissertation, and you will be fully debriefed when the analysis is complete, including access to the final report generated for Council. This investigation has 4 objectives, which include: 1. To find out what role, if any, our culture plays in implementing or delivering mental/physical/spiritual/emotional midwifery/health/social services. 2. To ascertain if there are any gaps in services, specifically any barriers the health/social/midwifery professionals encounter in implementing or delivering our holistic services in health. 3. To identify any problem you may face in completing paperwork to justify funding for your program and 4. To offer your opinion regarding any alternative approaches where we may create space for an inter-cultural dialogue regarding holistic health.

Our Mohawk Chief and Council have already agreed to this investigation by way of a Mohawk Council Resolution #2019/20-020 dated August 12, 2019. This study has been reviewed and approved by the Trent University Research Ethics Board. Please direct questions pertaining to this review to Jamie Muckle, Certifications and Regulatory Compliance Officer, Trent University, Phone: 705-748-1011 ext. 7896, Email: jmuckle@trentu.ca.

If you agree and you work or are about to work in the Health/Social programs on Tyendinaga you will be requested to sign a Consent for Participation form and send it along with your completed Questionnaire. Just pick a date and time that is most convenient for you. I ask that you fill in only one Questionnaire. If you have any questions or concerns, you may contact me at 613 885-1065.

Nya:wen so much for agreeing to participate

Skennen

Holly Brant

Appendix D: Second Letter to Participants

August 5, 2020

RE: Lifting Up the Voices of Tyendinaga's Health Care Workers

Dear Health Care Professionals:

First and foremost I want to say nya:wen to you all, you are the first people in line fighting in this unprecedented times of Covid 19 and I wanted you all to know how grateful I am to have people like you in our (Tyendinaga's community's corner).

I also wanted to give you an update regarding the Focus Groups regarding my project. You may not have known I was not permitted to go forward with my face to face research as originally planned. All of Trent University's research was put on pause due to Covid 19, however I was not able to leave it lapsing and I was forced to look at alternative ways to my method of face to face focus groups. I took a short poll and asked participants if they would rather fill in the forms via Zoom or Teams or by fillable forms, overwhelming participants said fillable forms so I have them now passed all by both Indigenous Ethics Committee and Trent Ethics committees. Enclosed you will find the fillable form, take your time and I want to express my gratitude for your opinion, together we will be able to lift up Tyendinaga's Health Care Professionals' voices.

Skennen,

Holly Brant

I have also been informed that our Mohawk Chief and Council have already agreed to this investigation by way of Mohawk Council Resolution #2019/20-020 dated August 12, 2019. This study has been reviewed and approved by the Trent University Research Ethics Board. Please direct questions pertaining to this review to Anna Kisiala PhD, Coordinator, Research Conduct and Reporting Office of Research & Innovation, Trent University, Phone: 705-748-1011 ext. 7866, Email: annakisala@trentu.ca.

Please check and initial

I agree with the recording of the focus group.

I prefer that the focus group not be recorded.

Signature of Respondent: _____

Interviewer's Signature: _____

If there are any further questions regarding this investigation below, you may find contact information on Holly's Dissertation Team.

Contact of Name of Researcher	Graduate's Supervisors
Holly Brant, Ph.D. Candidate	Dr. Heather Nicol
Email: hollybrant@trentu.ca	heathernichol@trentu.ca
Phone: 613 885-1065	705 748-1011, ext. 7107, 6049 or 6024
Address:	Dr. Katherine Graham
1407 A York Road	KatherineGraham@cunet.carleton.ca
Tyendinaga, ON K0K 1X0	613 520-2600 ext. 8936
	Dr. Marlene Brant Castellano
	castellano@kos.net
	613 967-4697

There is no conflict of interest with the researcher, and there will be no commercialization of this research.

Appendix F: Consent Fillable Form



CONSENT FORM: Lifting up the Voices of Tyendinaga's Health Care Professionals

This is an invitation to consent to participate in completing this questionnaire.

The four objectives of this questionnaire are:

1. To find out what role, if any, our culture plays in implementing or delivering mental/physical/spiritual/emotional midwifery/health/social services.
2. To ascertain if there are any gaps in services, specifically any barriers the health/social/midwifery professionals encounter either in implementing or delivering our holistic services in health.
3. To identify problems, I may face in completing paperwork to justify funding for my program.
4. To offer my opinion regarding any alternative approaches where we may create space for an inter-cultural dialogue regarding holistic health.

This study has been reviewed and approved by the Trent University Research Ethics Board. Please direct questions pertaining to this review to Anna Kisiala, PhD. Coordinator Research Conduct and Reporting Office of Research & Innovation. Trent University Phone: 705 748-1011 ext. 7866; email: annakisiala@trentu.ca.

If there are any further questions regarding this investigation below, you may contact Holly directly or anyone on Holly's Dissertation Committee.

RESEARCHER

Holly Brant, Ph.D. Candidate

Email: hollybrant@trentu.ca

Phone: 613 885-1065

Address: 1407 A York Road, Tyendinaga, ON K0K 1X0

GRADUATE'S SUPERVISORS

Dr. Heather Nicol - heathernicol@trentu.ca, 705-748-1011 ext. 7107, 6049, or 6024

Dr. Katherine Graham - KatherineGraham@cunet.carleton.ca, 613-520-2600 ext. 8936

Dr. Marlene Brant Castellano - castellano@kos.net, 613-967-4697

There is no conflict of interest with the researcher, and there will be no commercialization of this research.

* Required

CONSENT

By completing this section and checking the boxes below, you are indicating your consent to participate in completing this questionnaire.

1. Name *

2. Name of Department and Agency *

3. I am voluntarily participating in answering a Questionnaire for Holly Brant providing information regarding my experience and knowledge of my Agency about the four objectives above. *

I understand and agree.

4. This information will be used in Holly's Dissertation and I will be fully debriefed when the analysis is complete, including access to the final report generated for Council. *

I understand.

5. I have been told that I can fill this in on my own and send it back to Holly within 2 weeks of receiving it. *

I understand.

6. I understand it is of minimal risk to myself, I am under no obligation to participate, and I may withdraw at any time without prejudice. *

I understand.

7. All personal information will be held confidentially and all responses will be given an alphanumeric code to protect anonymity and will be locked and stored for a period of 2 years and destroyed afterward. I have been told that all consents and answers to the Questionnaires will be kept separate to ensure confidentiality. I acknowledge that Holly cannot, however, guarantee confidentiality because there is no way she will know who I may confide with later or during the completion of the questionnaire. I have been informed that only aggregate data will be used from the questionnaire, no confidential information will be shared. The possible benefit of the report after analysis may be better policies for the implementation of the delivery of health services and extended knowledge for our community. *

I understand.

8. I have also been informed that our Tyendinaga Mohawk Chief and Council have already agreed to this investigation by way of Mohawk Council Resolution #2019/20-020 dated August 12, 2019. *

I understand.

Submit

Online Form Link: https://forms.office.com/Pages/ResponsePage.aspx?id=3-mzllVhrE2u0ngohYEq7NmGeDQPHGpPvk_VniK1e3ZUNTIKRTRKQldLVEU2NFFSN0szRVRONDRU TC4u

Appendix G: Questionnaire Fillable Form



QUESTIONNAIRE: Lifting up the Voices of Tyendinaga's Health Care Professionals

* Required

1. I am answering this questionnaire as: *

- an employee of Kenhte:ke Midwives.
- Community Wellbeing &/or Indig. Inter. Prim. Care Team

Next

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**QUESTIONNAIRE:**

Lifting up the Voices of Tyendinaga's Health Care Professionals

QUESTIONNAIRE (Appendix B)

Questions to be asked of those who work at Kenhte:ke Midwives

2. Where do you get your funding?

Enter your answer

3. How does your program define family?

Enter your answer

4. What role, if any, does culture play in the delivery of midwifery services to the community?

Enter your answer

5. How does our culture provide guidance to you personally when implementing or delivering your services?

Enter your answer

6. How can traditional health systems contribute to better health?

Enter your answer

7. Do you feel that you must continue to “sell/convince” the Funder of the success of the mix of traditional and contemporary knowledge systems? Please explain.

Enter your answer

8. What are the obstacles and/or gaps & possible solutions to Indigenizing the health care implementation and delivery of services on TMT?

Enter your answer

9. Is there a “space” like the Two Row Wampum where 2 distinct peoples can negotiate their relationship regarding health in an equally respectful and reciprocal atmosphere? Please explain.

Enter your answer

10. Do you believe relationships are important to the program? Relationships to the Funders? Relationships to the Community? If so why?

Enter your answer

11. How can we extend the boundaries of knowledge from funders' directives as opposed to what you think will work better?

Enter your answer

12. Do you encounter any problems completing paperwork required by your program funder? Please explain.

Some examples: number or frequency of reports; type of questions to be answered; boxes to be checked; room provided to explain client/patient needs.

Enter your answer

13. What are the differences in the perception of time between Indigenous people and expectations of the Funder?

Enter your answer

14. Have workers felt "stretched" when delivering their services & what solutions or how have (you)/ the Team managed?

Enter your answer

15. Identify and describe any situation in which you were asked to justify your program funding even though your program was/is a success.

Enter your answer

16. Is there anything you especially wanted to share that we have not covered?

Enter your answer

Back

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Appendix H: Questionnaire for Community Wellbeing Fillable Form



QUESTIONNAIRE:

Lifting up the Voices of Tyendinaga's Health Care Professionals

QUESTIONNAIRE (Appendix C)

Questions for Community Wellbeing Centre (Health Side) & (Social Side) & Red Cedars Shelter & Indigenous Interprofessional Primary Care Team

2. Where do you get your funding?

Enter your answer

3. How does your program define family?

Enter your answer

4. What role, if any does culture play in the delivery of health/social services to the community?

Enter your answer

5. How does our culture provide guidance to you personally when implementing or delivering your services?

Enter your answer

6. Does your staff mix traditional and contemporary knowledge systems together and if so, is it important? Why? Why not?

Enter your answer

7. How can traditional health systems contribute to better health?

Enter your answer

8. What are the obstacles and/or gaps & possible solutions to Indigenizing the health care implementation and delivery of services on TMT?

Enter your answer

9. Is there a "Space" like the Two-Row Wampum where 2 distinct peoples can negotiate their relationship regarding health in an equally respectful and reciprocal atmosphere? Please explain.

Enter your answer

10. Do you believe relationships are important to the program? Relationships to the Funder? Relationships with the Community? If so, why?

Enter your answer

11. How can we extend the boundaries of knowledge from funders' directives as opposed to what you think will work better?

Enter your answer

12. Do you encounter any problems completing paperwork required by your program funder? Please explain.

Some examples: number or frequency of reports; type of questions to be answered; boxes to check; room provided to explain client/patient needs.

Enter your answer

13. What are the differences in perception of time between Indigenous people and expectations of the Funder?

Enter your answer

14. Have workers felt 'stretched' when delivering their services & what solutions or how have (you)/ the Team managed?

Enter your answer

15. Identify and describe any situation in which you were asked to justify your program funding even though your program was/is a success.

Enter your answer

16. Is there anything you especially wanted to share that we have not covered?

Enter your answer

Back

Submit

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