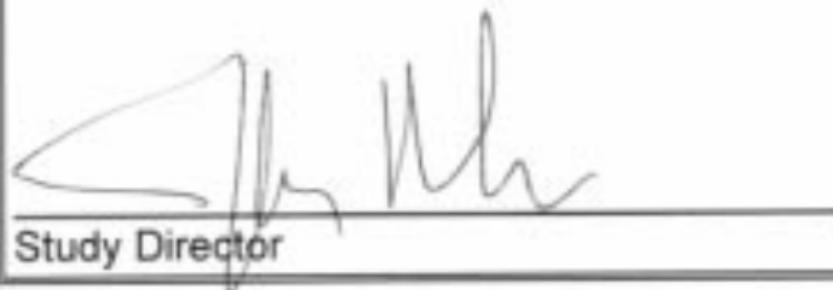


WEST KITIKMEOT / SLAVE STUDY SOCIETY

Re: Traditional Knowledge on Community Health: Community Based Monitoring

STUDY DIRECTOR RELEASE FORM

The above publication is the result of a project conducted under the West Kitikmeot / Slave Study. I have reviewed the report and advise that it has fulfilled the requirements of the approved proposal and can be subjected to independent expert review and be considered for release to the public.



Study Director

Jan 19/99

Date

INDEPENDENT EXPERT REVIEW FORM

I have reviewed this publication for scientific content and scientific practices and find the report is acceptable given the specific purposes of this project and subject to the field conditions encountered.

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John O'Neil

Reviewer

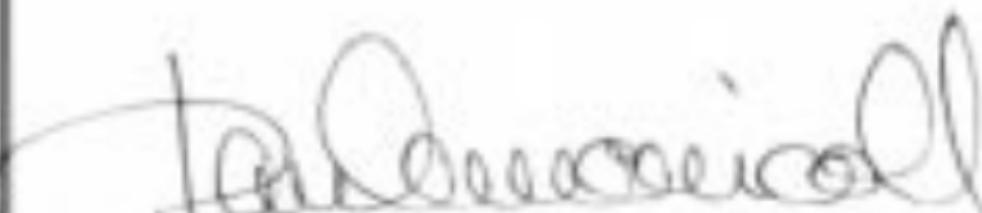
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March 22/99

Date

INDEPENDENT EXPERT REVIEW FORM

I have reviewed this publication for scientific content and scientific practices and find the report is acceptable given the specific purposes of this project and subject to the field conditions encountered.

A handwritten signature in black ink, appearing to read "D. A. Duncanson".

Reviewer

A handwritten date in black ink, appearing to read "March 1, 1999".

Date

BOARD RELEASE FORM

The Study Board is satisfied that this final report has been reviewed for scientific content and approves it for release to the public.

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Chair

West Kitikmeot/Slave Study Society

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Date

Final Report

Traditional Knowledge on Community Health

Community-Based Monitoring

Submitted to:
The West Kitikmeot Slave Study Society

by
Lutsel K'e Dene First Nation

Prepared by:
Brenda Parlee and Evelyn Marlowe

Summary

The *Traditional Knowledge Study on Community Health* involved documenting traditional knowledge about community health or the Dene way of life (Dene ch'anie) as it was defined in an earlier project. Twenty-seven (29) Lutsel K'e Dene elders were interviewed about a range of indicators or issues which they defined as important including:

- Good leadership
- Togetherness
- Economic Development
- Youth Participation
- Family Well-being
- Individual Well-being
- Healing
- Land/Land Use

The traditional knowledge that has been gathered about the Dene way of life (Dene ch'anie) will provide a context for future monitoring efforts and a basis for measuring changes.

Acknowledgments

In memory of the late Joe Boucher. (1911-1997)
His participation in interviews, particularly as a member of the on the Lutsel K'e Elders Committee made a tremendous contribution to this study.
He will be sadly missed.

Thanks to:

West kitikmeot Slave Study Society
Lutsel K'e First Nation / Chief Florence Catholique
The Lutsel K'e Elders Committee and Lawrence Catholique (Elders Coordinator)

Elders who Participated in the Study:

Noel Abel	Mary Louise Nitah
Joe Boucher (deceased)	Mary Louise Rabesca
Liza Casaway	Isadore Sanderson
Marie Casaway	Louis Abel
Zep Casaway	Vicky Desjarlais
Annie Catholique	Joe Fatt
Edward Catholique	Pierre Fatt
Jonas Catholique	Maurice Lockhart
Judith Catholique	Madelaine Marlowe
Madelaine Catholique	Pierre Marlowe
Pierre Catholique	Alice Michel
Madelaine Drybones	Joe Michel
Noel Drybones	Marie Nataway
Billy Enzoe	Jean Baptiste Rabesca
Liza Enzoe	Judith Buggins
Rosanna Lockhart	

Additional Thanks to:

The Lutsel K'e Lands and Environment Committee
Ellen Bielawski
Marie Catholique, Charles Nataway
Archie Catholique, Aliizette Abel, Bertha Catholique, Stan Desjarlais,
Dennis Drygeese

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1 - Objectives

1. Setting Up the Project

To meaningfully involve the community in establishing the research project.

2. Training

To provide skills, knowledge, and training to community members

3. Interviewing Elders

To gather Traditional Knowledge on Community Health from Dene elders.

4. Transcribing and Translating

To accurately and efficiently document and maintain data collected through interviews.

5. Analysis and Report Writing

To learn more about community health and potential impacts from mineral development

2 - Project Description

The *Traditional Knowledge Study on Community Health* in Lutsel K'e was funded by the West Kitikmeot Slave Study Society. The project, which ran from March to August 1997, was an extension of and based on work done previously during the 1996 Community Based Monitoring Pilot Project.

The idea for the study came towards the end of the *Community Based Monitoring Pilot Project*. At that time, the Project Director (Brenda Parlee) began discussions with the Lutsel K'e Dene Lands and Environment Committee, the Personnel Committee and the Band Council about the future of the monitoring project. Who would be involved? How long would it continue?

First we discussed the importance of training. If the project was to continue, it was important that the community researchers were sufficiently trained in doing research. One committee member emphasized that everyone involved had to commit to working together over a longer period of time than three months. One council member argued that the Community Based Monitoring project would have to continue for several years for the training process to be worthwhile.

The Project Director of both projects was Brenda Parlee. Evelyn Marlowe was the primary community researcher for the *Traditional Knowledge Study on Community Health*. Two additional community research trainees, Marie Catholique and Charles Nataway joined the project during July and August, 1997.

The research was conducted according to an Action Research framework, guided by several key principles for research, which were set out by the community of Lutsel K'e.

These included: a) training of local people, b) coordination with the local leadership c) broad involvement of the community. An Elders Advisory Committee was established to guide the project. The core eight members of this committee are Annie Catholique, Maurice Lockhart, J.B. Rabesca, Vicki Desjarlais, Isadore Sanderson, Noel Drybone and Alice Michel. One of the original members of the committee, Joe Boucher passed on during the project. The major role of the Elders' Advisory Committee was to set the direction for the project, establish guidelines for interviews, work with the community researcher to develop interview questions and to provide feedback about the information that was gathered. The major themes for the interview questions were based on the indicators that elders emphasized during the *Community Based Monitoring Pilot Project*.

Questions around each of these themes were developed over a period of 2-3 weeks. In addition to input gathered from the Elders' Advisory Committee; the Lutsel K'e Community Wellness Worker, the Elders' Coordinator and the two Chipewyan Language Instructors provided very useful input in the formulating appropriate questions.

3 - Methodology - Action Research

Action Research (AR) was the participatory methodology I considered most appropriate for the *Traditional Knowledge Study on Community Health*. Although similar to Participatory Action Research (PAR), this methodology allows for greater openness and flexibility in how it is used. This was particularly important for the *Traditional Knowledge Study on Community Health* because Lutsel K'e Dene First Nation has its own ideas about the way research should be done which are drawn from past experiences with researchers and research projects. These ideas were articulated to me and affirmed during the *Community-Based Monitoring Pilot Project*. Those ideas relate to community involvement and the use of Traditional Knowledge by those outside the community. Drawing on those ideas, "Community involvement" and "Respect of Traditional Knowledge" were the two key principles we adopted to guide the *Traditional Knowledge Study on Community Health*.

3.1 Community Involvement

Community involvement in Lutsel K'e can be understood as:

- **Training:** training and employment of community members
- **Coordination:** strong communication and working relationship between the researcher and the local leadership
- **Participation of Lutsel K'e Dene Elders:** facilitating the participation and inclusion of Lutsel K'e Dene Elders.

3.1.1 Training

The idea of training someone during the *Traditional Knowledge Study on Community Health* was key to ensuring community involvement during the life of the study and beyond. Training local people ensures that skills and knowledge are passed on to the community which can be later used to take on other research or related projects. (For more information on Training see Section 4.3)

3.1.2 Coordination with Local Leadership

Coordination with the local leadership was another important aspect of community involvement. During the *Traditional knowledge Study on Community Health*, coordination was largely achieved through information exchanges with representatives of Lutsel K'e Chief and Council – the Elders' Committee and the Wildlife, Lands and Environment Committee.

The aim of such coordination is to ensure that the local leadership was aware of the progress and activities of the *Traditional Knowledge Study on Community Health* and to ensure they are adequately informed about the results of the project. The primary form of communication during the *Traditional Knowledge Study on Community Health* was meetings with the Elders' Advisory Committee and written reports to the Wildlife, Lands and Environment Committee.

(For more information on Coordination and Communication with Lutsel K'e Dene First Nation, see Section 4.8)

3.1.3 Participation of Lutsel K'e Dene Elders

Involving local elders in the *Traditional Knowledge Study on Community Health* was fundamental to the project. As primary holders of Traditional Knowledge in the community, elders are best suited to direct the project (through the Elders' Committee) and to contribute to it through individual interviews. (For more information about the Advisory Committee and the Interview Process See Section 4.1 and 4.5)

3.2 Respect of Traditional Knowledge

The Action Research methodology deals not only with the documentation of Traditional Knowledge but also speaks to how it is used. When I first began working with Lutsel K'e Dene First Nation, there was significant discussion within the West Kitikmeot Slave Study Society about Traditional Knowledge and how it could be used to define a baseline for the region. Lutsel K'e Dene First Nation, among other Aboriginal organizations, strongly

Traditional Knowledge on Community Health

advocated that Traditional Knowledge should be given equal consideration as western science in all research to do with the land, water, wildlife and their communities. But Traditional Knowledge was not to be used indiscriminately by those outside the community. The West Kitikmeot Slave Study Society and its partners would come to recognize the intellectual property rights of the Aboriginal organizations and their rights to withhold information at their own discretion. Although the value of research often increases as it is shared and peer reviewed by others, I recognized the importance of respecting the right of Lutsel K'e Dene First Nation to withhold their Traditional Knowledge including the results of the *Traditional Knowledge Study on Community Health*.

For more information regarding “methods” for project management, data collection, analysis, and communications see Section 4 – Activities for the Year.

4 - Activities for the Year

4.1 Establishing an Elders' Advisory Committee

The Elders' Advisory Committee or simply the Elders' Committee was formed in late February 1997. Rather than select members ourselves or ask the Band Council to appoint a committee, we felt it would be more appropriate to leave the decision up to the elders themselves. The news of a "elders' committee" was quickly spread around town through word of mouth. Many elders who had been involved in the study on the impacts of the Talston Hydro Electric Project were very keen to be part of another research project. Between 18 and 20 elders attended this first meeting which began with a prayer for good communication and understanding.

One of the major questions facing the committee in the early stages was that of membership. Who would be on the committee? What would be their roles and responsibilities? Although it was important not to dictate to the committee their roles and responsibilities once the meeting began it was clear some limits had to be set. The Project Director explained that although they were welcome to meet and discuss any issue, their guidance and assistance was needed to carry out the research project.

Once this was firmly established the elders began an animated discussion about who would be on the committee. One elder suggested, "It would be good if the people on the committee were not deaf." "But we're all deaf," another elder responded. It was finally decided that 8 elders, 5 men and 3 women, would be on the committee: Annie Catholique, Vicky Desjarlais, Alice Michel, Maurice Lockhart, J.B. Rabesca, Isadore Sanderson, Joe Boucher and Zep Casaway.

Once membership was established, the discussion turned to the amount of the honoraria, the timing of meetings and the need for an Elders' Committee Coordinator. An Elders' Committee Coordinator (Lawrence Catholique) was formally hired following the first Elders' Committee meeting. The role of the Elders' Coordinator was critical in assisting members of the committee in getting to meetings. Many of the elders do not have phones, are hard of hearing, and have trouble getting around. The role of the Elders' Coordinator was particularly critical during the winter months when communication is more difficult.

4.2 Hiring of a Community Researcher / Student Researchers

The Lutsel K'e Personnel Committee met in mid-February to review applications submitted for 2 part-time positions. After discussing various possibilities, a suggestion was made to hire Evelyn Marlowe until June 1997. Once the highschool students returned for the summer, the Personnel Committee recommended that a student be hired to work along side Evelyn. In June 1997, two additional students were hired (Marie Catholique and Charles Nataway). During this period Evelyn herself was involved in the training of community members.

4.3 Training

Evelyn Marlowe began working on the project on February 23, 1997. During the months of February to April 30, 1997 she focused on several aspects of training.

4.3.1 Review of Background Information and Related Research Projects

The objective of this phase of the training program was to provide the community researcher with a good understanding of *the Community Based Monitoring Pilot Project* and how the Traditional Knowledge study related to this past work. Excerpts from the methodology sections of other Traditional Knowledge Projects such as the Lac La Martre: Traditional Justice Project and the Traditional Dene Medicine Project

were also useful in providing the community researcher with a better understanding of “how to do” Traditional Knowledge research.

Since there was only one community researcher trainee, the review process tended to be informal and discussion oriented. Such informality and constant communication were essential for ensuring that training met the needs of the community researcher. Significant time was taken to provide the community researcher with an oral explanation in addition to written information. Ongoing discussion, question and answer periods affirm the Community Researcher’s understanding of material and also provided the Project Director with new insights into familiar material.

Through this review process the community researcher learned much about social science terminology, methodologies and gained a broadened understanding of Traditional Knowledge research and its connection to the overall effort of monitoring in the Slave Geological Province. Following this review period the community researcher was able to summarize her understanding of the Traditional Knowledge study, its relationship to the overall effort of monitoring for the Lutsel K’e Elders’ Advisory Committee. (See Appendix A)

4.3.2 Improving Chipewyan Literacy and Language Skills

During the 1996 pilot project, language was recognized as a critical element of conducting research in Lutsel K’e, not only in developing a conceptual framework for the work underway, but also to facilitate everyday communication with community members whose first language is Chipewyan.

With this in mind a Chipewyan Language Instructor was hired to work with the

community researcher to improve her Chipewyan language and literacy skills.

During the months of February and March, Evelyn was involved in training classes which focused on Chipewyan phonics. She also spent time with both instructors to accurately translate the goal, rationale and objectives of the project as well as develop good guiding questions for interviewing.

Originally an intensive period of Chipewyan literacy training was to be held before the interview phase of the project began. Eventually, however, these two phases were integrated together, partly due to a late start with the project however, mostly due to the schedule of the Chipewyan literacy instructors. The community researcher also expressed a keen interest to “get going” on the interviews. Her already strong facility for the Chipewyan language as well her strong skills in organization, computer word processing and communication enabled the team to proceed with interviews at the same time as continuing in Chipewyan language training.

The aim of the language training program was to improve the Community Researcher’s Chipewyan literacy skills. The first step in the process therefore was to determine the existing skills of the researcher and work towards improving those skills in an appropriate way. Since everyone learns differently it was important that the Literacy Instructor assumed flexibility in teaching methods and also in the pace of the program. However, the community researcher did admit towards the end of the Chipewyan literacy training that a more structured language learning program such as those offered through Aurora College (Intermediate Chipewyan, Advanced Chipewyan) would also have been useful. Although significant attempts were made to establish a formal language program in the community, neither levels of Chipewyan were offered in the community in 1997.

4.4 Interviews - Developing the Interview Guidelines

The first stage in the process was to review past work done under *the Community Based Monitoring Pilot Project*. From this interview data that had been gathered from elders, we were able to select key themes and develop potential questions (in English).

The next step was to translate the questions into Chipewyan. Although in some cases translation was a very simple and straightforward process, in some cases the questions had to be redrafted entirely. For this we involved the Elders' Committee as well as the Community Health representative who was used to visiting elders and discussing health issues with them. Questions that were general or very conceptual had to be made more specific and in some cases had to be broken down into two or three questions. For example, an original question, "In the past how did people heal emotionally ?" was modified to, "What did you do to make yourself happy when you were sad?" and "How did people pray in the past?"

4.5 The Interview Process

Once the questions were translated and verified, we consulted with the elders regarding who should be interviewed ("Who is an elder?"), the length of the interviews and codes of conduct during the interview process. The discussion around "Who is an elder" was not long or difficult. The committee members did not appear interested in limiting the list of interviewees. The Community Researcher pointed out that the local health centre considered anyone over the age of 60 to be an elder. The committee approved of using the local health centre's list and agreed that anyone over 60 could be considered an elder for the purposes of our research.

During that same meeting we discussed location options. Where would the interviews take place? The committee agreed that the elders would more than likely be happiest interviewed in their homes. The suggestion was made however, to ask each where they would like be interviewed.

Another important aspect of the guidelines for interviews dealt with consent. Issues of confidentiality of information and intellectual property rights have made consent forms a standard part of social science research. Traditional Knowledge research is no exception.

The community researcher discussed with the committee her concerns regarding confidentiality of information. The committee was assured that all information collected would be the property of the Lutsel K'e Dene Band. The committee agreed to the format of the consent form that was developed (Appendix B) and also to the researcher's suggestion that it was important to ask each elder whether they wanted to be video or audio recorded. The majority of the elders felt that video recording was a very important way of recording their stories, however, there were 2 elders who preferred not to be video recorded. One elder, who consented to being video and audio recorded requested that there also be youth present while she told her story. While recording information, efforts were made in all cases to address the specific requests and concerns of the elders.

4.6 Technical Training

Using the equipment that was used during *the Traditional Knowledge Study on Community Health* was also an important part of the training process. Both the researcher and the project director spent considerable time prior to the interview process examining and experimenting with the audio and video recording equipment. In order to ensure top sound quality, it was recommended by three other agencies and researchers that we invest in good equipment in order to preserve this valuable information for future generations. Mini-

disc recorders with a separate mike system were purchased rather than simple tape deck recorders, a decision that proved well worth the investment when we compared sound quality. The recorded information on the mini-disc is also in digital format which means that in future a computer data base could access the audio information recorded by the Lutsel K'e elders.

The disc recorders were very simple to operate. No problems were experienced. The separate mike system, however, proved to be tricky. The mike system ran on batteries, however, there was no warning light or indicator that would tell us if the batteries were working or not working. On two occasions we were disappointed to find that some information that elders had shared was missing from the recording. We quickly decided it was better to be safe than sorry and changed the batteries often in the mike system. We recommend a different mike system, one with indicator lights for batteries, for future projects.

The video equipment was also very user friendly. No problems were experienced during the interviewing process. The stories which will eventually be shared with the families of each of the elders, must however, be transferred from the current format (8mm) to regular VHS tapes that fit in everyone's standard VCR. Unfortunately we did not include costs for VHS tapes or for formatting and editing services in our budget. We recommend that such costs be included for future projects which are communicating through video.

4.7 Translation of Elders' Stories

Language training continued on an ongoing basis into the interview phase of the project as well as the translation and transcribing phase. Originally, the research team aspired to transcribe the interview data into Chipewyan as well as in English. However, it was quickly clear that writing down all interview data in Chipewyan would take far too long.

Instead we relented to transcribing the "elders' stories" as they were quickly named, into

English only. Chipewyan terminology, was integrated into the stories (e.g. place names, traditional medicine, harvesting and healing practices) wherever possible.

4.8 Communication with Lutsel K'e Dene First Nation (Verification)

Communication was maintained between the researchers and the Elders' Committee through out the life of the project. The committee was updated about how the interviews were going, and the kind of information that elders were providing. We found during this process that listing off categories or ideas without any description or narration was not a good way of communicating with elders or beginning a dialogue. Instead, each topic was introduced individually with enough time to allow elders to comment and provide input.

Written reports were additionally provided to the Lutsel K'e Band Council.

The best form of communication with the community had been through word of mouth and by keeping the door of the "research" office open. We were fortunate to have been given a larger office during the month of July and thus had more room to sit and talk with members of the community. Many people from youth to elders came into the office to find out what we were doing. This form of informal communication coupled with formal written and oral reports to the Council and committees was a relatively successful approach. Further work, however, is required in order to ensure that members of the community, outside those "dropping by" and those being interviewed, are aware of the research taking place.

4.9 Analysis

Following the translation of interviews, the community researcher and the project director engaged in analysis of the data. The analysis process included several steps. The first step involved examination of the data that had been collected. Since both the researcher and the project director had read through the "elders" stories several times already, we were able to develop a good overall picture of the information we had collected.

Once the stories had been reviewed, the project director and the community researcher began informally discussing some of the themes or issues which they felt were most important. This gave the community researcher a good idea what was to be done during the analysis process. To support her interpretation of the elders' stories she was asked to find key statements in the stories that supported her views.

Key statements (quotations) were then drawn from every elder's story about every issue. These were organized according to the original themes and questions. For example (31) key statements were extracted from the elders' stories on the theme of prayer. There were forty-eight (48) key statements on the subject of healing and medicine. These key statements do not give a comprehensive picture of the knowledge that was collected however, did provide a way in which the community researcher could usefully organize the information. These key statements were used in summarizing the data (See Discussion of Results) and will also be used in future analysis for the community based monitoring project.

In the interest of maintaining the knowledge collected in the same way it was provided to us by the elders, the stories have also been left (with minor editing) verbatim. The elders themselves felt it would be useful and appropriate to publish these stories for the public. Based on their recommendation, the Project Director and the Community Researcher have formatted the stories including pictures in order that they eventually might be published. Further editing is required with the assistance of the Band Council, to ensure that intellectual property rights of the elders and Lutsel K'e Dene First Nation are not compromised. These stories are therefore not currently available to the West Kitikmeot Slave Study Society but may be available in the near future.

5 - Results

The results of the study include 26 translated and transcribed (verbatim) elders' stories. During the *Traditional Knowledge Study on Community Heath*, thirty-one (31) elders were asked to be interviewed. One elder declined to participate and another elder was out of the community. Of the twenty-nine (29) elders we interviewed, only twenty-six (26) stories were transcribed. One story was incomprehensible because of the elders' health. Another story was not accepted by the Elders' Committee because the person interviewed turned out to be younger than sixty (60) years old. A third was not accepted because the elder was not a resident of Lutsel K'e.

On average, each elder was asked to answer two or three questions. The length of the interview was one to one and a half hours on average, however, some elders spoke longer. In responding to the interview questions, most elders would begin by stating, "I will tell you what I remember" or "I will tell you what it was like for me." They recounted chronologically, incidents or events in their lifetime to explain a particular issue. The amount of detail we were able to gather around each of these events depended on the elder being interviewed and the event itself. The time period most often described in the stories was 1920-1960. The earliest memories were often of the flu epidemic of the late 1920s. Many elders spoke in detail about how the epidemic spread amongst the people, the travel routes they used to escape the epidemic, and the burial sites of family members.

Other events or experiences described in detail included, learning how to survive on the land, parenting, hunting and trapping, nutrition, (preparation and consumption of traditional food), experiences at missionary school. Moderate detail was offered around work (employment), prayer, traditional medicine, how to show respect for the land, emotional and spiritual healing (grieving), and leadership. Other issues mentioned included, helping each other, alcohol, engagement and marriage, childbirth and midwifery, getting together

as a community, songs and games, gambling, western medicine, wife abuse, male-female roles and rites of passage for boys and girls.

The original audio, video and text versions of the elders' stories are currently stored in the Band Office. A backup copy of the audio and text versions of the Elders' stories is stored by Sister Margaret Anne of Lutsel K'e.

The twenty-six (26) stories were collated together and distributed for review by Chief and Council, the Wildlife, Lands and Environment Committee, the Health and Social Service Committee and the Lutsel K'e Dene School. Although it is the elders' wish that these stories eventually be available to the public, their release to the West Kitikmeot Slave Study Society has not yet been approved by Lutsel K'e Dene First Nation Chief and Council.

Based on an ongoing literature review (see Appendix D - Bibliography) the results of this study appear to make a significant contribution to current literature on health in northern communities. In addition to the more general contribution to the literature on the Dene way of life in the past, the elders' stories reflect the unique perspectives experiences of Lutsel K'e Dene elders and their experiences in the West Kitikmeot Slave Study Region.

6 - Discussion of Results

During the *Community-Based Monitoring Pilot Project*, an understanding of community health in Lutsel K'e was gained through 100 open-ended interviews (home-visits) with youth, adults, and elders. From those interviews we recognized that elders hold a unique perspective on community health that reflects their own experiences and the experiences of earlier generations of Dene people. During the *Traditional Knowledge Study on Community Health* we sought to explore the elders' perspective in greater detail. By so doing, we were able to form a baseline of information about many community health issues. These issues or indicators that were emphasized by elders during home visits in 1996 were the starting point for gathering information during the *Traditional Knowledge Study on Community Health*. These issues or indicators included:

- i. healing practices
- ii. individual, mental, physical, spiritual and emotional well-being
- iii. nutrition
- iv. parenting and families
- v. children and youth involvement in the community
- vi. social issues related to substance abuse and violence
- vii. good leadership
- viii. togetherness or community relations
- ix. respect for the family, land, water and wildlife

These issues were confirmed as relevant by the Elders' Committee early in the project. Some additional specific themes were identified by elders during those same meetings. They included experiences at missionary school, prayer, gambling and use of alcohol.

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Other issues that emerged during interviews included childbirth and midwifery, songs and games, marriage, western medicine, male-female roles and rites of passage for boys and girls. The elders did not speak about each of these issues in isolation. Rather, the stories reflect the various life experiences of each elder. Many of the stories are nostalgic, detailed accounts about living off the land and provide valuable insight into the Dene way of life. In order that the stories be useful for monitoring, some analysis was done to produce more specific indicators (Table 1-Column 4). A summary of the elders' interview responses (Table 1-Column 3) reveals how community researchers developed those indicators. The more general indicators or themes used to develop interview questions are also shown in columns one and two. (Table 1).

Indicators of Community Health – Traditional Knowledge Study on Community Health

Themes/Indicators		Interview Response to General Indicators	More Specific Indicators Developed by Researchers
<i>Leadership</i>	Choice of leaders Characteristics of a good Chief (leader)	<ul style="list-style-type: none">• <u>leaders were chosen by consensus</u> during community meetings• <u>spoke very well</u> (he only had to speak once and the people would listen)• <u>worked closely with the people</u>• <u>gave advice</u> to families who were having trouble• <u>was respected</u> (e.g. people obeyed his directions)• <u>responsible</u> for the meat being divided up (equally) amongst the people• <u>gave direction</u> and made <u>predictions</u> (plans)• <u>traveled</u> to different camps to visit and give <u>direction</u>• <u>understood</u> the white man (and how he would affect the Dene way of life)	<ul style="list-style-type: none">• choice of leaders; consensus decision-making• capacity to communicate, speak• relationship, time working with community• advice (words of wisdom)• respect shown for Chief• equity within the community• capacity to give direction and to predict (plan)• amount of time spent visiting with the community• capacity to understand whiteman and the impacts on the Dene way of life

Togetherness	Working and having fun together	<ul style="list-style-type: none"> • <u>elders helped</u> young people to survive (especially young people who had been at missionary school and were not able to survive on their own) <p>In the olden days people...</p> <ul style="list-style-type: none"> • <u>people helped each other</u> without being paid • <u>didn't get mad</u> at each other for things that happened • <u>gathered together</u> after church for potlucks; <u>feasts</u> • <u>held activities</u>: drums dances, hand games, square dances, weddings • <u>shared food</u> with people who couldn't hunt • <u>traveled in order to gather</u> together 	<ul style="list-style-type: none"> • amount of help given to young people by elders (relationship between youth and elders)
	gambling	<ul style="list-style-type: none"> • people <u>played cards for matches and shells</u>, not money • <u>old ladies played cards for tea bags</u> and to keep each other company (<u>socialize</u>) • <u>young women did not</u> play cards 	<ul style="list-style-type: none"> • volunteers • conflict / absence of conflict in the community • community activities <ul style="list-style-type: none"> • sharing amongst the people • amount of travel (effort) involved in gathering together <ul style="list-style-type: none"> • gambling <ul style="list-style-type: none"> • age groups involved in gambling
	Alcohol	<p>Before Yellowknife was established...</p> <ul style="list-style-type: none"> • people drank in a <u>good way</u> (<u>drank quietly without fighting</u>) <p>After Yellowknife was established and liquor store opened</p> <ul style="list-style-type: none"> • number of people drinking increased • deaths from alcohol increased • some people have decided not to drink (have fun without alcohol) and <u>to look after themselves / family</u> 	<ul style="list-style-type: none"> • drinking without fighting <ul style="list-style-type: none"> • (number of people) drinking • deaths from alcohol • (number of people) who decide not to drink • (number of people) looking after themselves / families

Traditional Knowledge on Community Health

Economic Development	employment (work) <ul style="list-style-type: none"> • people used to work hard to survive • work was divided (organized) amongst <u>family members</u> • there used to be <u>0.few</u> wage or income earning <u>jobs</u> • <u>trading furs</u> brought useful items and treats for family • In the olden days some elders saw <u>no difference</u> in wealth; everyone was the same; • for some elders <u>wealth was determined by the quality of clothes, tents, teepees</u>; later by the amount of supplies from trading (whiteman food /fruit) 	<ul style="list-style-type: none"> • work (value and significance) • organization of work • number of wage/income earning jobs • trade (value and significance) • equity in the community • quality / quantity of basic necessities (housing)
	wealth / poverty	

Youth Participation	learning <ul style="list-style-type: none"> • Youth <u>Learned...</u> • from <u>parents</u> • about <u>traditional medicine</u>, • to <u>respect</u> the land and the people • to <u>pray</u> [spiritual learning] • about the <u>future</u> [from the Elders' stories • in missionary <u>school</u> missionary school <ul style="list-style-type: none"> • <u>experienced anxiety</u> • were <u>lonely</u> • were <u>disciplined</u> by the nuns (if you <u>listened to the nuns</u> they treated you well; if you didn't listen they would hit you with a stick) • <u>had to eat terrible food</u> (getting sick from bad food) • <u>didn't have much food</u> • learned to speak / write in <u>English</u> • learned to <u>write in Chipewyan</u> • <u>celebrated</u> holidays like Christmas and Easter 	Capacity / opportunities for youth to <u>Learn</u> : <ul style="list-style-type: none"> • from <u>parents</u> • about <u>traditional medicine</u>, • to <u>respect</u> the land and the people • to <u>pray</u> [spiritual learning] • about the <u>future</u> [from the Elders' stories • in missionary <u>school</u> • feelings associated with going to school (residential school) • discipline (respect / abuse at residential school) • nutrition / food at residential school • facility in English / Chipewyan • celebrations (good experiences)

<p><i>Individual Well-being</i></p>	<p>physical well-being</p> <ul style="list-style-type: none"> • people got really sick from the <u>flu</u> and <u>Tuberculosis</u> (TB) • people <u>traveled great distances to escape the flu</u> epidemic • people traveled great distances to reach <u>whiteman medicine</u>" (Fort Resolution / Fort Reliance) • many <u>lives</u> were lost • not many <u>alcohol related deaths</u> in the olden days (compared to today) • <u>people got sick from whiteman food</u> (e.g. canned meat) <p>(nutrition) consumption of traditional food</p> <ul style="list-style-type: none"> • women worked hard and had highly developed skills and knowledge for <u>preparing traditional foods</u> • different <u>parts of the caribou</u> are eaten by different family members (e.g. elders ate only soft meat) • people went <u>hungry</u> when there was <u>no caribou</u> (dogs would die from hunger first) • (when there was no food – you wouldn't even see ptarmigan) • <u>food at missionary school</u> was very different (terrible) <p>self-reliant</p> <ul style="list-style-type: none"> • people respected those who could <u>hunt by themselves</u> • people respected those who could <u>stay alone in the barren lands</u> • people valued being able to <u>travel whenever they chose</u> (needed) • <u>taking care of small things</u> was important (like making sure that the carry-all ropes were tied up well) 	<ul style="list-style-type: none"> • incidence of disease • capacity / opportunities to avoid / prevent illness • access to healthcare • deaths from disease • alcohol related deaths • sickness associated with white man food (nutrition) • preparation of food (how it is prepared and by whom) • organization / distribution of food (e.g. parts of caribou) (nutritional intake of different family members // age groups) • hunger (capacity of people to feed their families) • quality of food at residential school • number of people who hunt by themselves • number of people who stay alone in the barrenlands • capacity of people to travel (on the land) • degree to which people are conscientious (on the land)

<p>Family Well-being</p>	<p>roles / responsibilities</p> <ul style="list-style-type: none"> • men would go <u>hunting</u>; • women would stay around camp and <u>hunt for themselves</u> • <u>older boys helped hunt / snare</u> and care for the family; hunt with father • <u>young boys helped get wood and water</u> and helped their mother look after the camp • young girls looked after other children; helped their mother look after the camp • <u>parents and grandparents taught children how to survive</u> • parents were <u>role models</u>; "If the parents worked well the kids would be smart" • <u>orphaned children were cared for by other family members</u> • <u>family cared for elders</u> • <u>children listened / obeyed</u> their parents and elders; worked with parents; • <u>no visits</u> were allowed between men and women <u>before marriage</u> • women had a choice about who to marry • men would offer a <u>carved spoon / shovel</u> (i.e. similar to an engagement ring); woman could refuse it • in a good marriage - <u>couples learned from one another</u> <p>respect in family</p> <ul style="list-style-type: none"> • some <u>women / children were treated roughly</u> (without respect) • some men used to <u>abuse</u> their wives (even before alcohol) • women would <u>help</u> other <u>women</u> in abusive situations 	<ul style="list-style-type: none"> • number of men hunting • number of women able to hunt for themselves • number of older boy who hunt / care for the family • number of young boys who help look after home / camp • number of young girls who help look after other children / home / camp • opportunities for elders to teach young people • the degree to which parents are seen (see themselves) as role models for their children • number of children being cared for by other family members • the degree to which children listen and obey their parents • rituals associated with engagement (pre-engagement / premarital interaction) • the extent to which women choose / don't choose who they marry • ritual associated with engagement • the extent to which couples learn from each other <ul style="list-style-type: none"> • respect / lack of respect shown to women • incidence of wife abuse (alcohol / non-alcohol related) • opportunities for help (from other women)

Healing	medicine men / traditional medicine	<ul style="list-style-type: none"> • people used <u>earthly traditional medicine</u> (e.g. spruce gum) • <u>medicine people</u> cured many people using earthly and spiritual traditional medicine (made "good" medicine using "earthly medicine", dreams of wildlife, dreams of family members, prayer, listening to the spirits, visions, singing, drumming, touch) • <u>medicine men had to be paid</u> (tobacco) • sometimes there was <u>bad medicine</u> (curse) • people visited the "old lady of the falls" for healing 	<ul style="list-style-type: none"> • use of earthly traditional medicine • medicine men; use of earthly and spiritual traditional medicine
	western medicine	<ul style="list-style-type: none"> • (perceptions of western medicine varied among elders) • it was hard to get a doctor / nurse / or RCMP with whiteman medicine 	<ul style="list-style-type: none"> • payment given to medicine men • use of bad medicine • visits to the "old lady of the falls"
	emotional healing (grieving)	<ul style="list-style-type: none"> • people sought help (from land / family / Creator) in grieving • traveling made people happy • being on the land (<u>knowing</u> the land and animals were healthy) made people happy 	<ul style="list-style-type: none"> • perceptions of western medicine • ease of access to healthcare and healthcare professionals
	spiritual healing (prayer)	<p>Before the missionaries...</p> <ul style="list-style-type: none"> • people prayed in different ways; everyone was <u>involved</u> • communicating with the Creator (some people could communicate better than others) <p>After the missionaries...</p> <ul style="list-style-type: none"> • people could <u>only</u> pray in <u>one way</u> • some people / ways of praying were <u>excluded</u> <p>Showing respect for Creator (church)...</p> <ul style="list-style-type: none"> • people <u>prepared the camp for the priest</u> (pitched a big tent, laid fresh spruce boughs) • people <u>traveled</u> great distances to see Priest, <u>receive communion</u> • people <u>always prayed at feasts</u> • <u>youth</u> were taught how to <u>pray</u> 	<ul style="list-style-type: none"> • seeking help to deal with grieving • value / significance of travel • value / significance of being on the land and knowing the land and the wildlife are healthy <p>• level of diversity in prayer / communication with the Creator</p> <p>• respect shown for the Creator / church</p>

<p>Land (Use)</p>	<p>harvesting</p> <ul style="list-style-type: none"> • Dene people hunted and trapped to provide for their families • men family group followed the caribou migration • when trapping, it was rare to see anybody at all 	<ul style="list-style-type: none"> • number of Dene / white people trapping • extent of travel involved in hunting caribou • communication between those trapping
	<p>being <u>strong</u> on the land</p> <ul style="list-style-type: none"> • people survived because they helped each other (family members) to survive and knew / understood the land • people generally had few supplies • some people died because they were very poor • there were many strong people (even old ladies"and women <u>survived</u> on their own) 	<ul style="list-style-type: none"> • number of people able to survive on the land • number of people able to survive with few supplies • level of knowledge regarding traditional medicine
	<p>looking after (respecting) the land</p> <ul style="list-style-type: none"> • people respected and protected the land from being spoiled (did not leave garbage or bones lying around) • cleaning up after exploration and development (whitemen have spoiled the land drilling here and there; if they don't find minerals in one spot they don't clean it up, they just leave it like that and move on) • people paid the land (made offerings) • people respected the caribou because that was the food that they lived off 	<ul style="list-style-type: none"> • amount of garbage left lying around • clean-up / protection of the land from exploration and development • (number of people) paying the land • (number of people) paying respect to the caribou

Good Leadership (K'älde nez)

Drawing on the indicators emphasized by elders during *the Community-Based Monitoring Pilot Project* (1996), elders were asked how Dene people used to choose leaders in the past (See Appendix C Q-23) and what they recognized as characteristics of good leadership (Q-22).

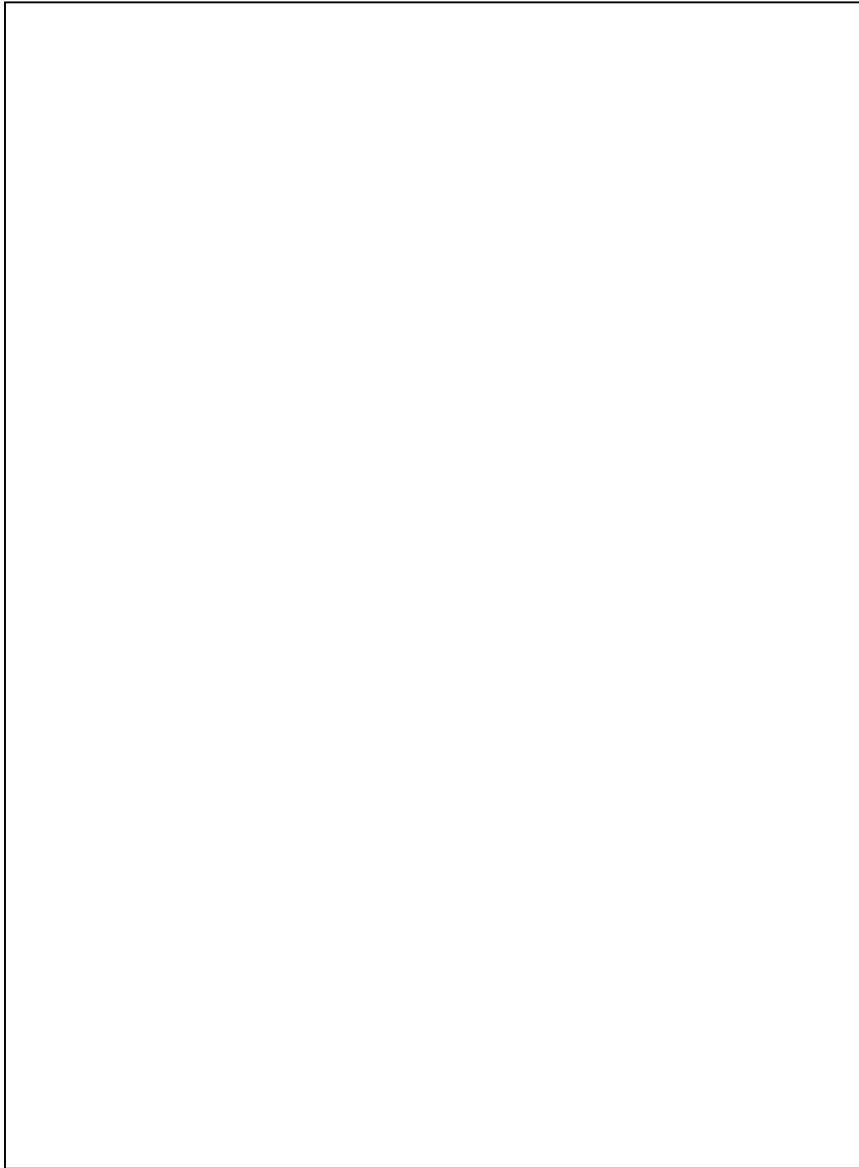


Photo 1 – Elder Maurice Lockhart at Fort Reliance

Nine elders responded to these questions with similar stories about leaders (men) that they knew during their lifetimes. The late Z'ah Lockhart was often mentioned.

According to their stories, people would gather together to choose leaders by consensus. There was no voting. A good leader (*K'älde nezq*) was considered one who spoke well and was respected, in the sense that people listened to him and followed his directions. He was also responsible for ensuring that meat was divided up [equitably] (*nëraliye*) amongst the people. A good leader was also one who worked closely with the people, and often traveled from camp to camp to visit and given direction. One elder talked about a good leader who would give advice to families who were having difficulties. Good leaders also had some ability to predict [plan] the future, particularly how the whiteman would affect the Dene way of life (*Dëne ch'anié*).

Togetherness (*?ela ?eghádálada*)

During the study, elders also talked about how people used to work together. Five elders were specifically asked how people used to “get along” (*?ela ?eghádálada*) in the past. (Q-15) Seven elders talked about how alcohol (*kóntue*) used to affect people. (Q-16) The community researcher asked four elders about gambling. (*sqanóni*) (Q-18)

The elders responded with various stories based on their own experiences. Gathering together (*?elughéde*) held particular significance. Elders talked about traveling great distances to reunite with their families or to join in on an event such as a wedding, drum dance or treaty days. The importance of sharing and helping out others without being paid was also emphasized in the Elders’ stories. Although the immediate family was a priority, people would generally help those who were having trouble surviving on their own (children and those who had been away at missionary school). However, the ability to survive on

one's own (*?edelna*), rather than depend upon others, was highly valued.

Gambling was another issue which the elders discussed in the context of people working together. Elders described how people used to play cards for matches and shells rather than money. Old ladies would play cards for tea bags and to keep each other company. However, not everyone (age group) gambled. According to the elders, young women did not play cards.

Stories about alcohol and how it used to affect the people were also told. Seven elders who were asked about alcohol and how it affected people in the past, had similar stories (chronologies). In the olden days, (1930s) there were few people who drank. Those that did, drank in a good way (without fighting). But after Yellowknife was established and the liquor store opened, the number of people drinking increased. Elders then began to see people dying from alcohol. There were also stories about people who chose not to drink and to look after themselves and their families.

Economic Development (bet'óré ?á xa ghálada / hukún)

Elders were asked about the kinds of jobs that were good for the people and how unemployment affected people in the past. What was clear in the responses of the elders was that people in the past “worked” very hard to survive (*?edelna*). Work was organized according to family members. Everyone had an important role in keeping the family healthy. (See also Family Well-being – Roles and Responsibilities).

There were few wage or income earning activities. Trading furs, dry-meat, dry-fish, hides and crafts or wood (for the Hudson's Bay Post manager) for goods or credit at the Hudson's Bay store was common. Groceries such as flour, tea, sugar, as well as, clothing, (canvas), guns and shells were commonly sought after in trade. Fresh or canned

fruit and candy were also highly prized treats. Several elders described the excitement and anticipation of waiting for their fathers or brothers to return from Hudson's Bay store with oranges or chocolate.

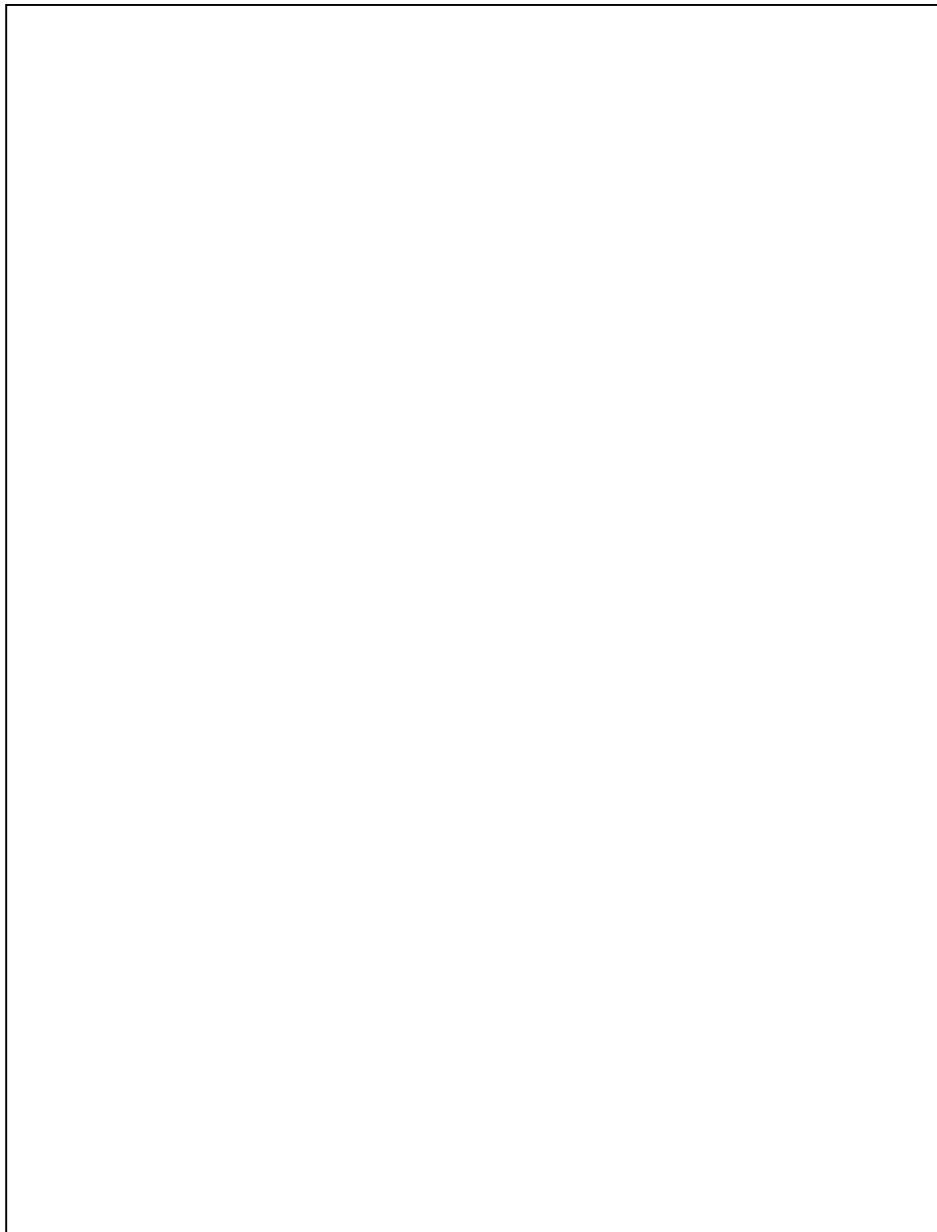


Photo 2 – The Late Elder - Judith Catholique - at her home in Lutsel K'e

Beginning in the 1960s the establishment of a permanent school in Lutsel K'e (current settlement) and the government's provision of family allowance, pensions, and wage labour (building houses etc.) led to an increase in the number of people using cash or dollars for goods.

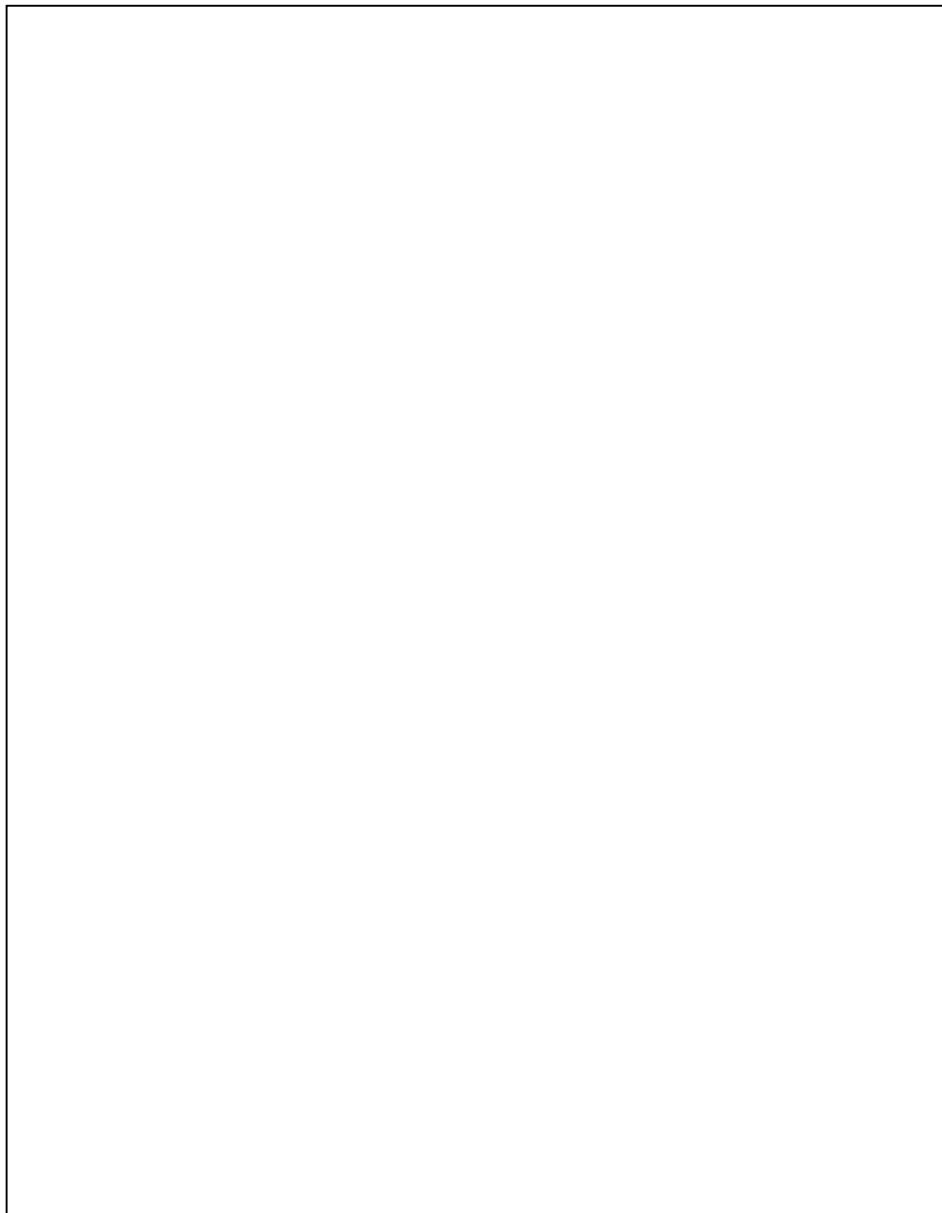


Photo 3 - Elder Noel Abel chopping wood at his home in Lutsel K'e

Developments such as mining (exploration and development) and hydro-development also increased during this period. The uranium exploration site at Stark Lake, the Pine Point lead- zinc mine near Deninu Kuę, the Talston Hydro-Electric Project at Nánúla Tué and the two gold mines near Beghúlesche were mentioned by elders during the study.

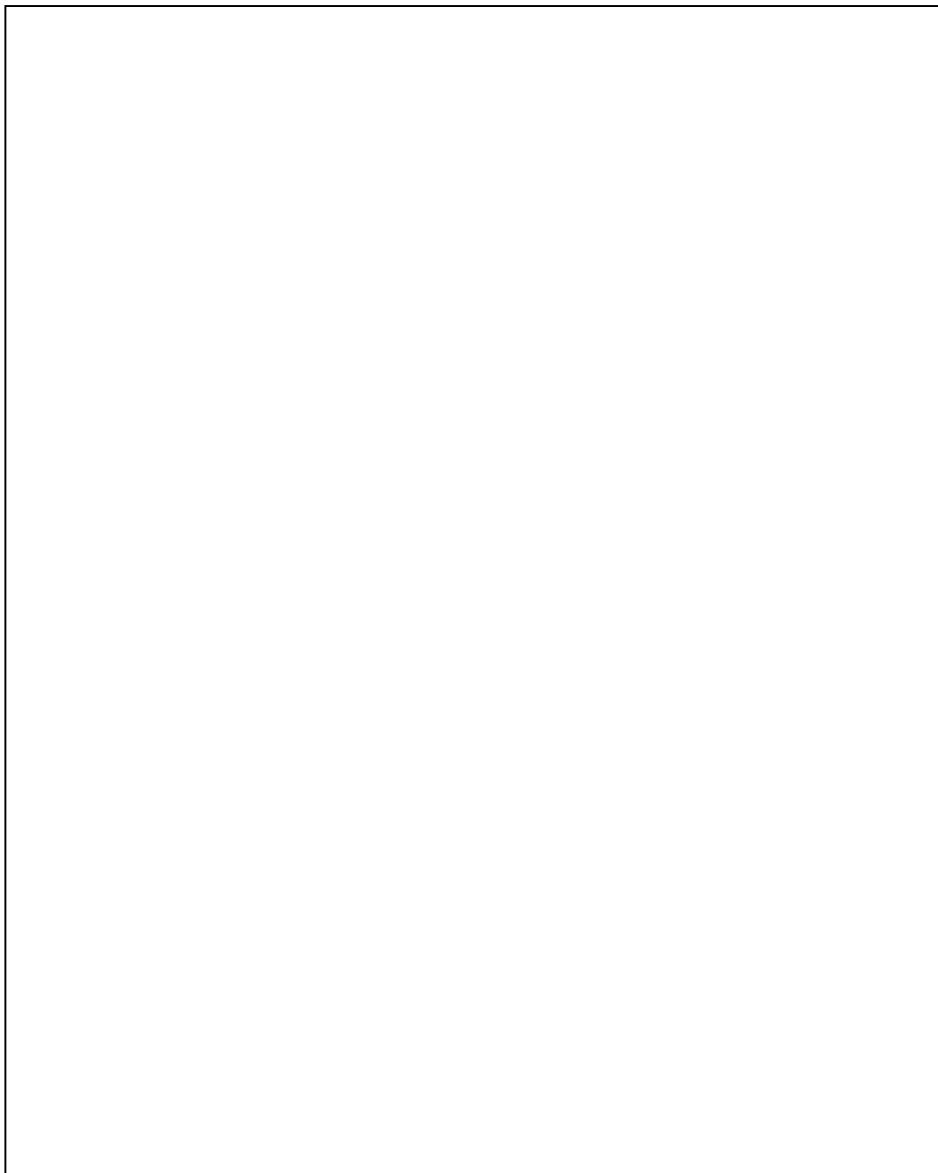


Photo 4 - Elder Liza Casaway hanging Drymeat at Fort Reliance

The elders who were interviewed during this project also had concerns about the impacts that present and future development would have on the community and on the land, water and wildlife. Based on their experience, many feel that developments, regardless of where they are located within their territory, will eventually impact on their most precious of sites such as Ts'ankui Theda ("the old lady of the Falls") on the Lockhart River.

Everything will be destroyed if the dam [on the Lockhart River] is built. That's why when I heard about it I felt sad. I worked on that land, it nourished the Dene people and now we don't even know how many visitors are in that area. (The Lockhart River). These sacred places all might be destroyed... Over here near Fort Reliance, making a dam would destroy the land and everything on it. Whoever hears my voice and what I think, they should try and use it... If everything is destroyed around us, we will be sad people, we will suffer. (ZC July 8, 1997)



Photo 5 – Ts'ankui Theda (the “old lady of the falls”)

Youth Participation

Youth participation is another aspect of community health (Dene ch'anie) that was discussed by elders during this traditional knowledge study. Drawing on the issues or indicators emphasized during the pilot project, elders were asked how parents used to involve youth in the community. (Q-14) The central theme in all responses to this question was that of “learning” (boretł / así horelshq). Elders talked about how youth used to learn the skills and knowledge necessary for survival by watching (boretł) their parents.

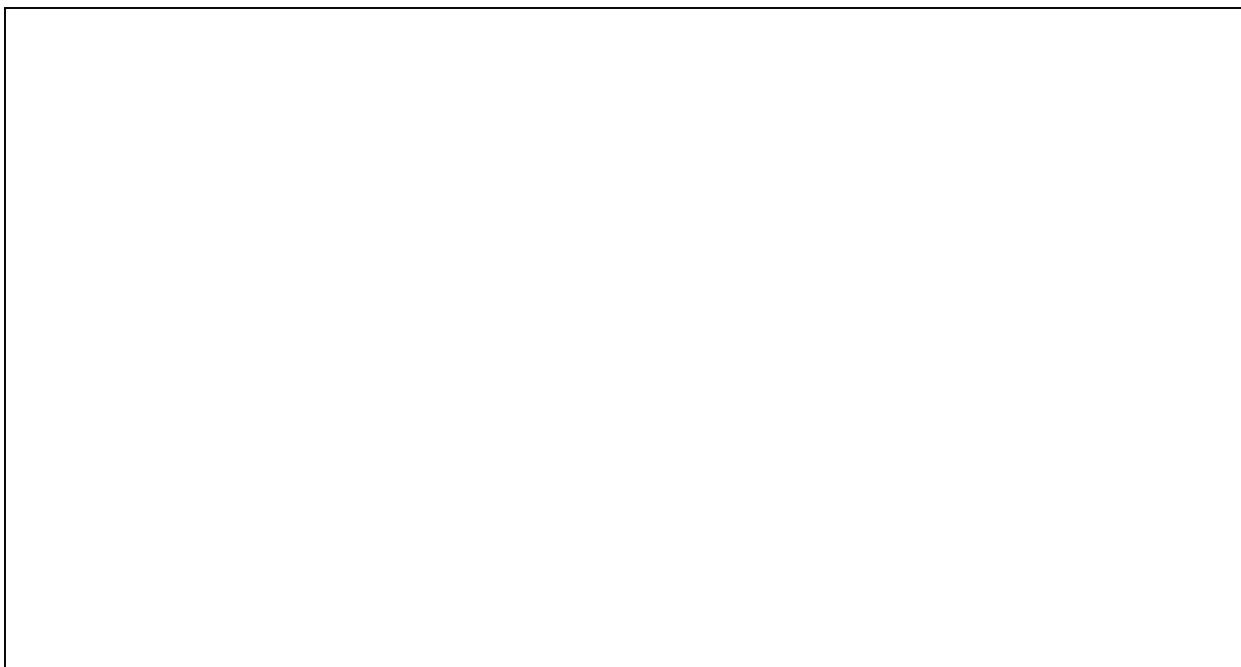


Photo 6 – Elder Annie Catholique at her home in Lutsel K'e

The elders also talked about learning about the future by listening to their elders. There were also opportunities for youth to learn (boretł) about traditional medicine by watching their parents and medicine men [shaman] making medicine. Becoming a medicine man also meant spending time alone on the land (i.e. vision quest) to learn to communicate spiritually. Prayer as taught by the Catholic Church priests and nuns was another way that

youth learned to communicate spiritually. The form of learning most emphasized in the Elders' stories was learning to respect the land, wildlife and other people. Codes or acts of respect (i.e. paying the land) were seemingly passed on to youth from generation to generation. Although respect for other living things was primary, elders also talked about the importance of having respect for oneself. For many elders, living off the land, is a strong sign of self-respect.

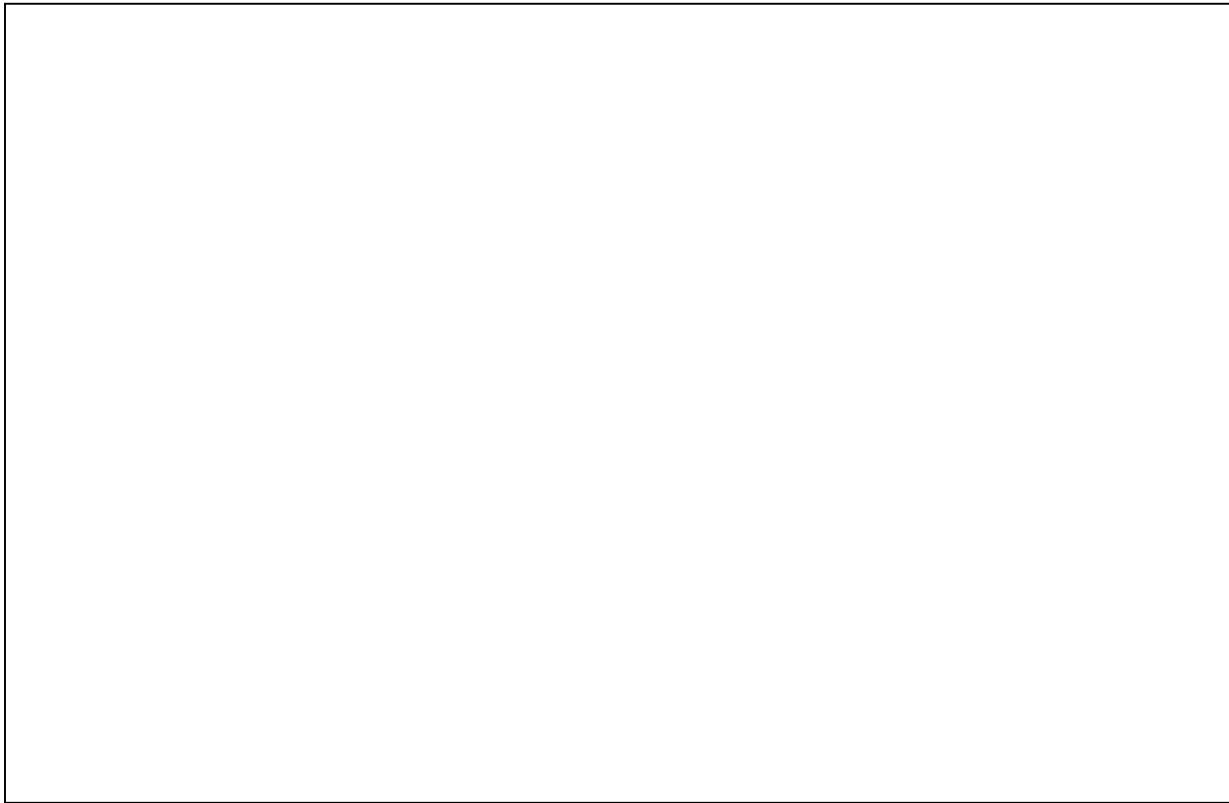


Photo 7 – Elder Noel Drybone at Łutsel K'e

I haven't stopped hunting and trapping. I work for and by myself well. I don't suffer because of someone else's mistakes. That is not to say that I'm better. Who ever wants to doubt my traditions – it's up to them. People know me, how I hunt, how I trap. Other than Dene people, there isn't anyone responsible for me. When I am alone in the bush or on the barren lands, I can stay alone for however, long I want. That is the way I live my life. (ND July 9, 1997)

The elders' stories about being self-reliant and strong on the land contrast with those about missionary school. The six of the nine elders who were asked to talk about their experiences in missionary school (Q-11) had similar stories about being anxious, lonely and harshly disciplined by the nuns and priests. Being forced to eat poor food was another common occurrence for these elders. But three of the nine elders interviewed described a more positive experience in missionary school, learning to write in English and Chipewyan and celebrating special holidays. The difference in the elders' stories may be explained by the fact that elders interviewed would have attended missionary school at different times. One elder who had been at the school from the age of three suggested that she was probably more used to the food and discipline than those who only stayed a short time.

Family Well-being (Jláh Dëne súghénai)

Family well-being is another issue or indicator that elders discussed during the *Traditional Knowledge Study on Community Health*. Eight elders talked about good parenting skills (Q-13), six elders were asked about wife and child abuse. (Q-9, Q-10) Another seven elders talked about how boys and girls were raised and about rites of passage. (Q-12) The elders responded to all of these questions with similar stories about their own childhoods and parenting experiences.

From the elders' stories, the family appeared to be the central unit of social organization. People most often worked, traveled, and cared for each other as immediate and extended family groups. Men along with their older children (boys) were responsible for caring for the family through hunting, trapping and trading. Women shared in the responsibility of providing proper food for the family. When men were away on extended hunting trips, women would generally stay in camp and care for the young children and the elders. Both young boys and girls would gather wood and water.

Traditional Knowledge on Community Health

Young boys would help their mother to hunt and snare small animals. Girls would help care for younger children and babies. Women who were skilled and worked hard at cooking and preserving meat, fish and other food stuffs (i.e. berries, bannock, tea) led a happy life as did their family. Men and women who were unskilled or were lazy according to the elders, ended up sick or very poor (pitiful) and lived short lives.

Children were taught early to listen and obey the rules that their parents and elders set out for them. The most common rules discussed by the elders were those for respecting

Photo 8 – Winter Hunt near Fort Reliance

caribou and the land. There were also specific rules for women. Because of their power, young fertile women were not allowed to touch or walk over hunting gear, tools or the animal itself, nor were they allowed any contact with the hunter, his clothes or his food. Failure to obey these rules of respect resulted in sickness or some sort of bad luck.

Another aspect of family well-being discussed by the elders was that of male-female interaction. According to several elders there were no visits allowed between men and women prior to marriage. It is not clear from the elders' stories whether marriages were arranged or were the result of couples' choice. One elder described an engagement ritual involving a carved spoon which a man, sitting outside the tent, would offer to a woman inside the tent. Unaware of who was proposing to her, the woman would examine the spoon. If she approved of its shape and design, would pull it inside as a sign of her acceptance to marry. If she disapproved she would push it back out of the tent.

The elders described different experiences in marriage and in families. Two stories suggested that some abuse did occur however, most elders emphasized the qualities or indicators of a good marriage. According to one elder, a good marriage was one in which couples learned from one another.

Interaction between family groups only occurred at certain times of the year such as the fall hunt. When a school was established at Lutsel K'e, and people began to settle permanently in the community, social interaction would have increased significantly. Many of the elders' stories illustrate the real difficulties as well as the joys of permanently settling together in Lutsel K'e.

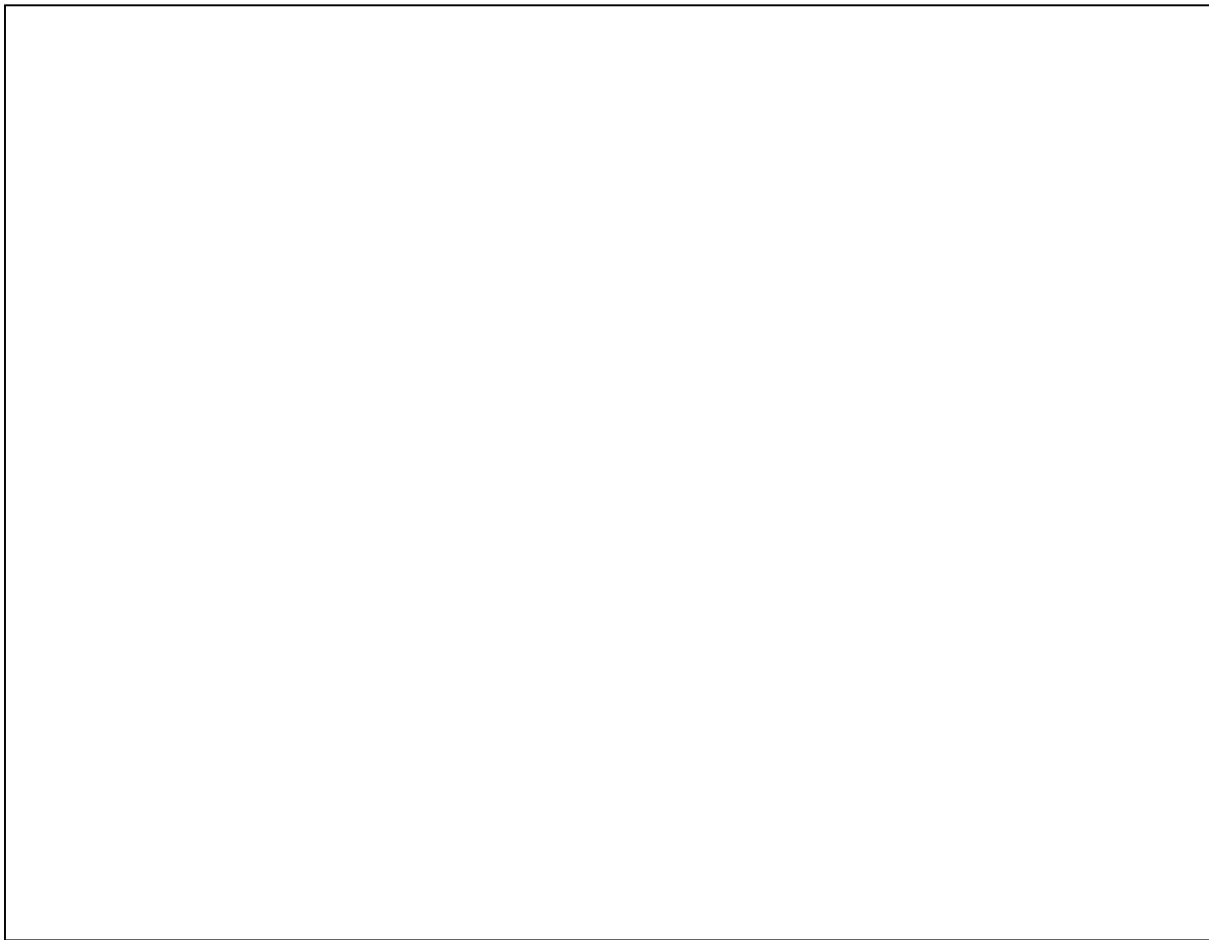


Photo 9 – Elder Pierre Fatt and Mary Fatt in Fort Reliance

Individual Well-being

Elders shared many stories about individual well-being during the traditional knowledge study on community health. Eight elders were asked about physical health or the kinds of specific sicknesses there were in the past (Q-2). Eight elders were asked about emotional health (Q-4) or what would make them happy if they were sad. Thirteen elders were asked about nutrition and nutrition for children. (Q-6, Q-17)

The elders who spoke about sickness (physical health) in the past all had similar stories. In the very olden days, there were few physical illnesses other than headaches, or stomach aches. But In the late 1920s the elders, who would have been children or young adults at that time, experienced a great flu epidemic. Many elders described in vivid detail, the ways people dealt with this epidemic and the deaths of so many family members.

In the olden days, I remember a lot of people died from the sickness they called the flu. We were living out on the land at --- at that time. It was early spring, after Easter and it was misty. It was just at that time when the ice was melting. --- my late grandmother was still alive at that time. – was just a little boy. (The rest were young children). ... I saw my grandmother's older brother had passed away from this bad flu. A lot of old people passed away too. People died from this kind of flu everywhere, not just around here. People were doing well in the winter but at the beginning of the spring, people started to die off. (PC August 13, 1997)

The elders who talked about the flu epidemic described how people would travel great distances to escape the epidemic and to receive “whiteman” medicine at Fort Resolution and Fort Reliance. This flu epidemic as well as various outbreaks of tuberculosis took an unknown number of lives. (estimated in the thousands) and would have impacted tremendously on the Dene way of life.

Other aspects of physical health of concern to the elders related to nutrition. Most every elder talked about the importance of traditional food and warned against eating whiteman food (e.g. canned meat) which they believe is the cause of some sickness.

Traditional food consumption also had social significance. (See Family Well-being – Roles and Responsibilities)

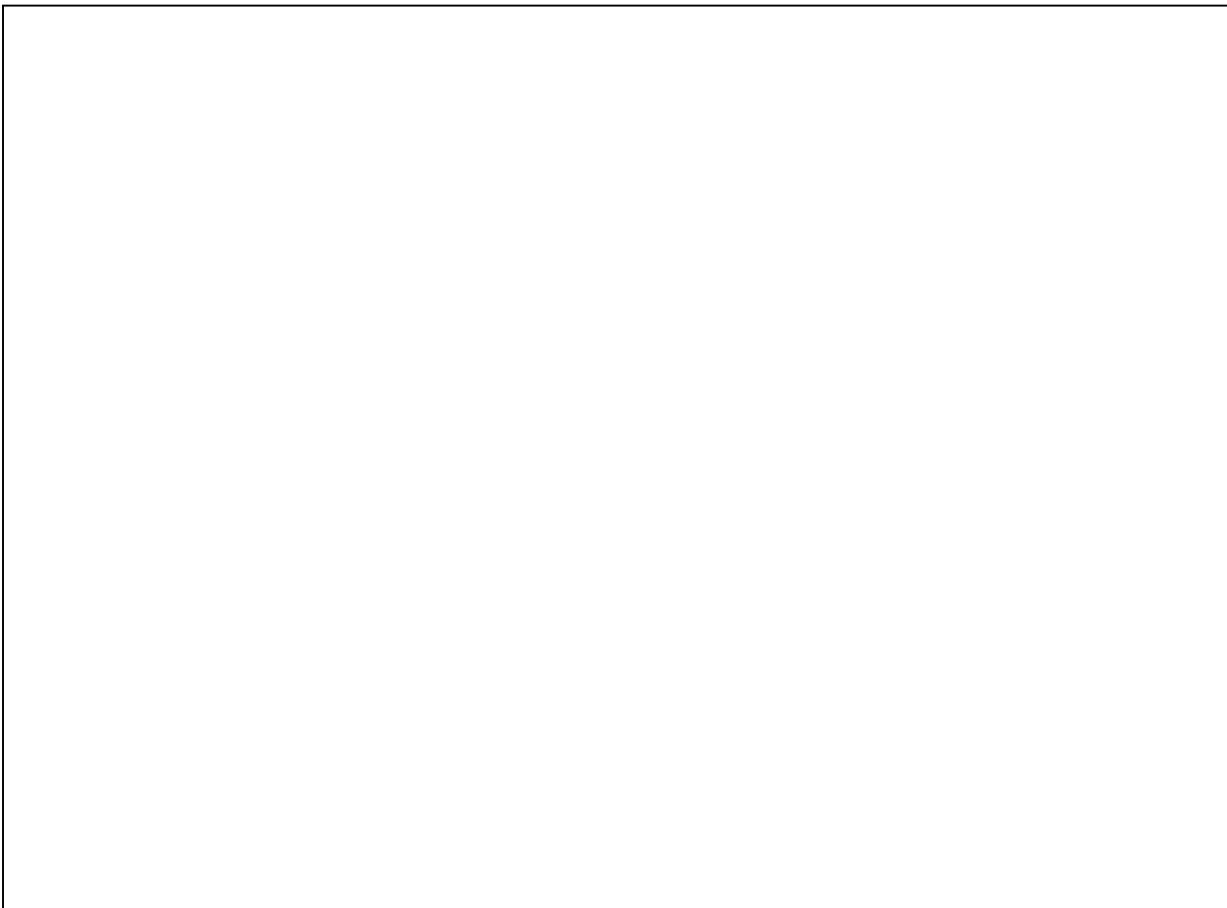


Photo 10 – Elder Marie Nataway in Lutsel K'e

For example, only certain parts of the caribou (e.g. soft meat) were to be eaten by elders. Other parts were to be avoided by children and pregnant women. Failure to follow these rules resulted in some bad luck or sickness (e.g. back ache, baldness).

Healing

Traditional medicine and medicine men were other aspects of community health (Dene ch'anie) discussed by elders during the study. Six elders were asked what kinds of

ceremonies or medicine people used to help people. (Q-8) Another six elders were asked what sorts of foods people ate to get well. (Q-7) Three elders were asked specifically, what kinds of healing practices there were in the past. (Q-2) (Elders did not respond well to this question (or its translation) because of its generality.)

Similar to questions on other issues, elders responded with stories about their own experiences. All elders who responded talked about having used some form of traditional medicine. Many elders spoke of being healed by a traditional healer. Interpreting the stories it appears that there were two elements of traditional medicine – earthly and spiritual. Most Dene people, particularly women, had some knowledge and skill for preparing earthly medicine. Women would gather roots, mosses, barks and other earthly resources for the purpose of preventing or treating illness in their family. (Older women also acted as midwives.)

Traditional healers (shaman / medicine men) used earthly medicine but also had a spiritual power which they were given by the Creator. (Spirit world) The spiritual power of the “old lady of the falls” (Ts’ankui Theda) also had important healing powers dating back to early times. Some have suggested that the legend of Ts’ankui Theda is similar to the creation stories of many other Dene nations.

Western medicine was also recognized by the elders as having important healing powers against diseases such as the flu and tuberculosis. The elders who spoke about being healed and healing practices, suggested that Dene medicine, like food from the land was best for the Dene people. The land was also an important source of emotional, spiritual, physical and mental healing. Overcoming sadness, for example or other emotional healing processes such as grieving, dealing with anger etc. are described in connection to the land. The following excerpt illustrates one elder’s strong connection between emotional healing and the land.

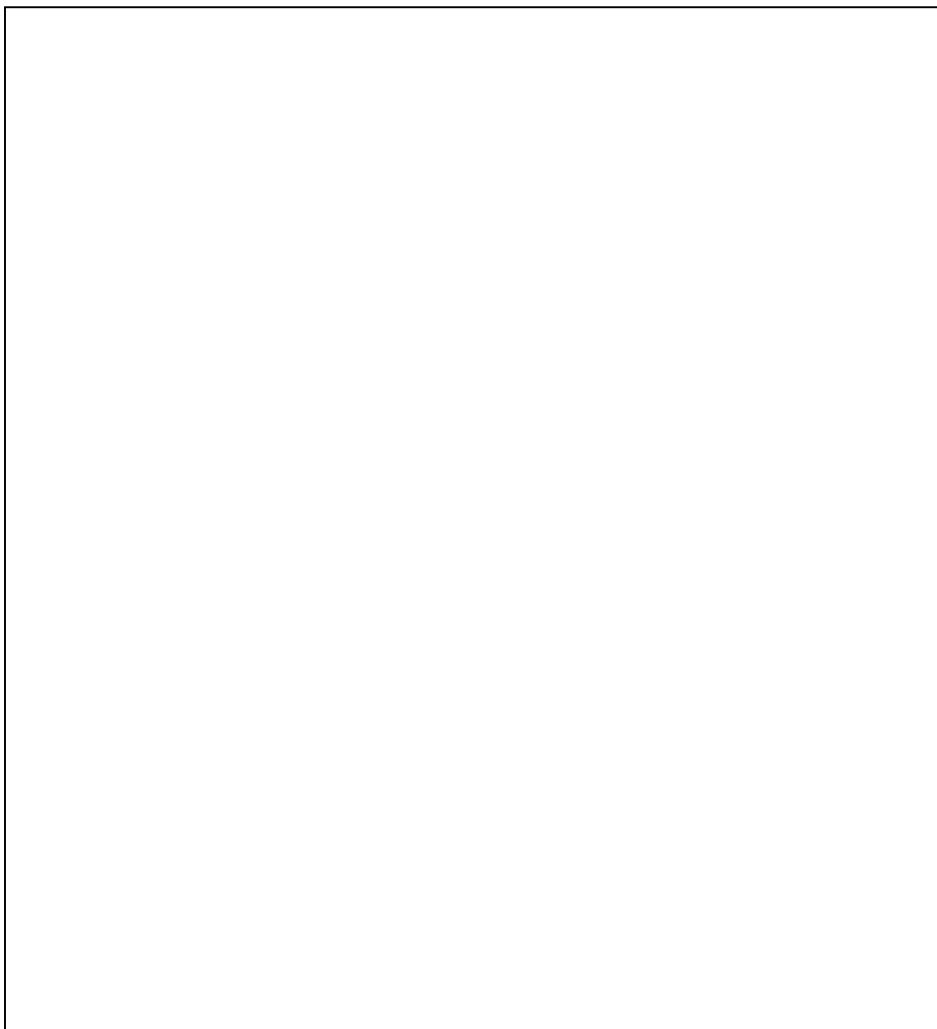


Photo 11 – Elder Roseanna Lockhart at Fort Reliance

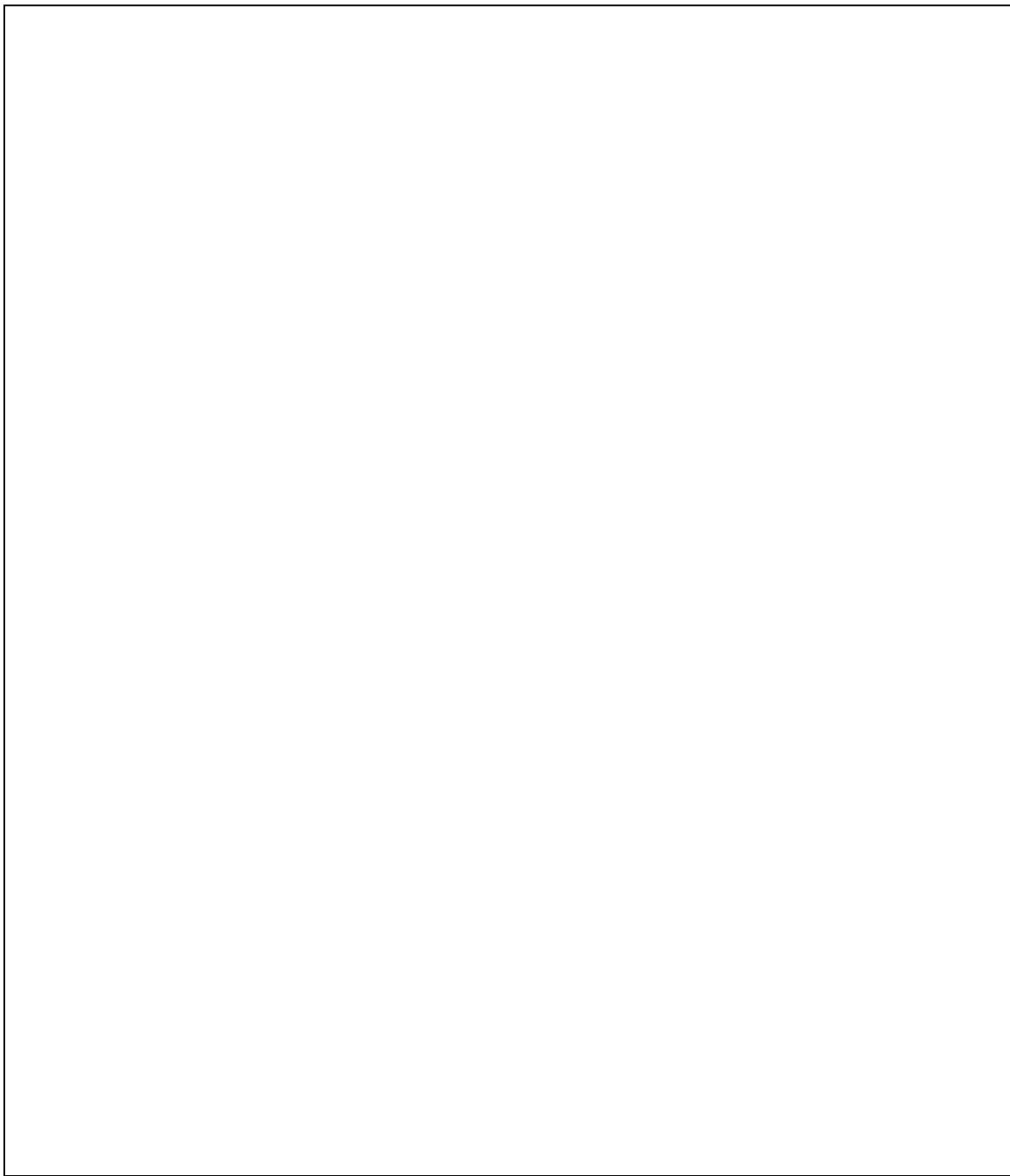
When loneliness comes upon you, you've got to do something to take your mind off it. Maybe take a walk out in the forest. When you get up on the top of a hill and you see all the beautiful scenery around you, like the trees, mountains, lake and shores, its so beautiful, it makes you wonder who did this all for you? This is how you forget about your loneliness. (ML April 21, 1997)

Also visible in this excerpt, the close connection between healing and spirituality. Communication with the creator through prayer was therefore also important.

Elders also talked about how people used to pray in the olden days. Prayer was important as a means of preventing illness or bad luck. One elder described how people used to pray before the missionaries arrived. He explained that there were many different ways to communicate with the Creator. After the missionaries arrived, he said, people were convinced to pray one way and other forms of prayer and religions were excluded. The emphasis in the elders' stories was on praying as taught by the Catholic Church. Drawing implications, the Dene way of life has made such practices unique to the region. For example, respect for the priest was shown by preparing a tent with fresh spruce boughs. These were the elements of healing as discussed by elders during the Traditional Knowledge Study on Community Health.

Land / Land Use

Perhaps the most important aspect of community health (Dene ch'anie) relates to the land and land use. Elders, in describing their own experiences talked about many different aspects of the land and land use. Harvesting of traditional food defined the relationship people had with the land. Elders talked extensively and in detail about hunting, trapping and fishing. Elders also talked extensively about traveling on the land, either on foot, by boat, dog team and sled or more recently by ski-doo. Travel and harvesting in the area between Łutsel K'e, Desnethché and Ɂedacho kué and into Kasba Tué were discussed most extensively. Elders also talked about areas as far north as Thai Kai Tué (Clinton Colden Lake) west to Beghúldesche (Yellowknife), south to Deninu Kuę (Fort Resolution) and east to Nánúla Tué (Nanacho Lake) and Chızda Tué (Lynx Lake). (This area does not represent the entirety of Łutsel K'e Dene territory).



Map 1 – Areas described by Lutsel K'e Dene Elders during the Traditional Knowledge Study on Community Health (1997)
(Map does not represent all of Lutsel K'e Dene traditional territory)

Being able to survive on the land, being strong on the land was another aspect of land use that elders described in detail. They related stories about people who traveled great distances, with few supplies and overcame great hardships to survive. For example, one elder told a story about an old woman who traveled by herself from Åutsel K'e to Deninu Kuê in order to receive communion. Another elder talked about how she and her mother survived alone after her father died.

A factor in being able to survive on the land was knowledge of the land. Being knowledgeable and understanding the land, as well as the relationship Dene people had to it was discussed by various elders. For example, knowing where the caribou traveled, where to set a net for fish, where and when to trap for muskrat was critical. A lack of knowledge and understanding of the land meant a poor life and a quick demise. Elders who had spent many years on the land, watching, listening, learning and understanding changes in the land were therefore highly respected and valued.

Knowing how to look after and respect the land (stewardship) was another aspect of land use that elders talked about during the traditional knowledge study. Elders talked about how people in the past would take care not to disrupt the land or leave garbage lying around. Paying the land (i.e. offering tobacco,) was a way that they thanked the Creator for the land and the animals that they depended on for survival. Various elders expressed concerns about white people (exploration and mining companies) on the land who have failed to clean up after themselves. They emphasized the present need to protect the land from being spoiled for future generations.

Already I have heard some stories on the radio about the mine in Yellowknife and how the water is spoiled. In the future, what will it be like for our children and our children's children. I think it will be hard for them. I think a lot about that. (JC July 18, 1997)



Photo 12 – Elder Pierre Catholique

Lutsel K'e Dene Elders have gone through an immense amount of change in their life times. The stories that were gathered during *the Traditional Knowledge Study on Community Health* reflect those changes as well as provide a baseline which can be used in monitoring the potential effects of mineral development in the region.

Recommendations

- Lutsel K'e Dene Traditional Knowledge of Community Health can be defined as a body of knowledge that has developed over generations and which reflects the experiences and perspectives of Lutsel K'e Elders about their "way of life".
- Traditional Knowledge research, whether for the purposes of monitoring or otherwise, should be done under the guidance of an Elders' Committee and some representative body of Chief and Council. Traditional Knowledge is the property of the community (First Nation).
- Traditional knowledge, for the purposes of monitoring, should be gathered according to a set or suite of specific indicators as determined by the elders themselves. These indicators which are likely to center on very tangible issues, may or may not correspond with indicators developed by other members of the community.
- Traditional Knowledge on Community Health can be used as a context or a baseline from which all other monitoring of community health can be based.

Section 7 - Links with Parallel Studies

The Traditional Knowledge Study on Community Health is a follow-up project to the Community-Based Monitoring Pilot Project. Knowledge gained through the current study will be used by Lutsel K'e Dene First Nation in the implementation of the Community-Based Monitoring Project (September 1998) also funded by the West Kitikmeot Slave Study Society.

Section 8 - Training Activities and Results

See Section 4 - Activities for the Year

Appendix A – Meeting Outline

Meeting Outline

Who is involved with the research?

Evelyn Marlowe (Community Researcher Trainee)

Brenda Parlee (Project Director)

Elders Advisory Committee

Noel Drybone	Alice Michel
Isadore Sanderson	Liza Enzoe
Morris Lockhart	Vicky Desjarlais
Joe Boucher	Annie Catholique

Stand by: Madelaine Drybone

Lawrence Catholique is the coordinator for the Elders' Advisory Committee.

What is the research on [about]?

How long will the project last?

Where is the research taking place?

Why is the research taking place?

Review Questions

Regarding Interviewing Elders

I [Evelyn Marlowe] will be doing the interviewing and recording them on a tape recorder.

I will be interviewing about 25 elders.

Elders will be paid \$50.00 per interview

Which elders should be interviewed?

[3 questions per elder] – [3 elders per question]

Appendix B – Consent Form

Traditional Knowledge Study on Community Health Consent Form

The main purpose of the project is to gather and record information about the past so the community of Lutsel K'e will understand better about the changes that might happen with mining development.

Name of Interviewee (Elder) _____

Name of Interviewer

Project Title

Traditional Knowledge - Community Health

Date _____

This interview recordings, whether they are audio, video or photographic and / or the resulting translations and / or transcriptions, and / or images will be used for the following purposes;

1. Band Council Decision Making
2. Local Educational Activities (e.g. meetings, school presentations)
3. Lutsel K'e Community Based Monitoring (e.g. local newsletter)

The interviewer will not use the interview recordings, whether they are audio, video or photographic, and the resulting translations, and/or transcriptions, and / or images for any other purposes without the permission of the elder.

I agree to the use of information I have provided according to the conditions stated above.

Signature of Elder

Date

Signature of Interviewer

Date

Appendix C – Interview Questions

Guiding Questions for Interview with Elders

Traditional Knowledge Study on Community Health

1. **Yunízj dlát'o dëne bak'adhi xa bets'edi hylé t'a?**
What kinds of healing practices were important in the past?
2. **Yunízj ?edlát'ı dáda huther hylé t'a?**
What kind of sickness was there in the past?
3. **?eyá nejádé ?edlát'o dëne naká nel?j t'á**
When you were sick or hurt, how did people help you?
4. **Neba horélyg ?íledé ?edlát'o není?é ?álú?**
What would make you feel happy if you were sad?
5. **?edlát'o yúnízj dëne dáhyárëlti hylé t'a?**
How did people used to pray?
6. **Yunízj ?edlat'ı bér sekui begħaq chekjlé hylé t'a ?**
In the past what kind of food they didn't give to the kids?
7. **?eya nelj dé ?édlágħe ghá chenetj bet'a k'adhi naġdëh għa?**
What sorts of things did you eat when you were sick or trying to get well?
8. **Yunízj ?ík'qsdëné ?édlat'o dëne náka?j?j ?jlé t'á?**
What kinds of ceremonies or medicine people were there to help people get well.
9. **Dëne ts'qné bek'ésut'sedlile begħaq dí dhá ?ulj-ú?**
Have you ever heard of wife abuse?
10. **Sekui bek'ésut'sedlile begħaq dí dhá ?ulj-ú?**
Have you ever heard of child abuse?
11. **Yunízj dene ghare sekui honiikan għa seghil hojn?**
Tell me a story how kids stayed at missionary schools?
12. **?edlát'o yunízj tsékui chú deneyu chú dáníye hylé t'a?**
How were girls and boys raised in the past?

(Example: What would they do after a young man's first kill.)

(Example: What would they do when a young girl becomes a women?)

13. Dene bïkui ?edlát'o nezö sekui dánishe hílé t'a?

What are good parenting skills?

14. Yunízj ?edlát'o sekui xël sã t'á sgnátsede hílé t'á?

What did parents do in the past to involve kids in the community?

15. Yunízj ?edlát'o dëne ?eļa dalj hýle t'á?

How did people get along in the past?

16. Yunízj ?edlát'o kuntúé bet'á honíla hýle t'á?

In the olden days how did alcohol affect the people?

17. ?edlát'i t'asíe beghq shets'elyi ?edo ?aja?

What kind of changes have there been in nutrition?

18. Yunízj ?edlát'o tsámba t'á xël sats'edési bet'a dene ba honíla t'á?

In the past how did gambling affect the people?

19. ?edlát'o yunízj la hýljló tth'i dene la hukún sì beba honíla hýle t'a?

How did unemployment and employment affect people in the past?

20. ?edlát'i la dene ba nezö hílé t'a?

What kind of jobs were good for the people?

21. Dene ?edlát'o yunízj t'asíe súdí hýlé, ný-ú, ch'gdiu, dene kqé há?g, sekui, tth'i dene náde sí?

How did people show respect for the land, wildlife, family, children and community?

22. Yunízj ?edlát'o K'alde nezö dene xël ?eghádélana hýle t'á?

How did leaders show good leadership in the past (work well with the people)?

23. ?edlát'o k'aldé naltsí hýlé t'á?

How did people choose leaders?

Appendix D – Bibliography / Literature Review

Bibliography

Bielawski, Ellen in Collaboration with Lutsel K'e Dene First Nation. The Desacration of Nanula Tue: Impact of the Talston Hydro Electric Development on Dene Soline. Ottawa: the Royal Commission on Aboriginal Peoples, 1992.

Chambers, Robert. "Shortcut and Participatory Methods for Gaining Social Information on Projects," In Putting People First: Sociological Variables in Rural Development. (Michael Cernea ed.) New York: Oxford University Press, 1991.

Flynn, Beverly Collora, Dixie Wiles Ray and Melinda S. Rider. "Empowering Communities: Action Research through Healthy Cities," In Health Education Quarterly. (Vol. 21 (3): pp. 395-405) Fall, 1994.

Pizandawatc, Marc Brazeau and James Stauch. Community Wellness Opportunities Assessment: Preliminary Pilot Project Report: Hay River: Dene Cultural Institute, August 1995.

Ryan, Joan. Traditional Medicine. Hay River: Dene Cultural Institute, 1993.

Ryan, Joan. Doing Things the Right Way: Traditional Justice in Lac la Martre. Calgary: University of Calgary Press, 1995.

Ryan, Joan and Michael Robinson. Participatory Action Research: An Examination of Two Northern Case Studies. Royal Commission on Aboriginal Peoples, 1992.

Ryan, Joan and Michael Robinson. "Implementing Participatory Action Research in the Canadian North: A Case Study of the Gwich'in Language and Cultural Project." In Culture (X:2 1990) pp. 57-70.

Literature Review

Appendix E – Expenditures and Sources of Funds

Appendix F – Schedule of Any Changes

Schedule of Any Changes

See Section 4 – Activities for the Year

Appendix F – Schedule of Any Changes

Appendix G –Interim Reports

