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Participants

First Nations Elders

Elders Helpers

Shake Tent Practitioners

Shake Tent Apprentices

Community of Elsipogtog

First Nations Youth

Cooks

First Peoples World Wide

First Nations and Inuit Health Branch

Aboriginal Corrections Policy Unit at Public Health Canada

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First Nations Centre Staff

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GEGENOATATOLTIMG: Sharing the Knowledge

September 8-15, 2008 – Elsipogtog First Nation, NB

I INTRODUCTION

The First Nations Centre (FNC) of the National Aboriginal Health Organization (NAHO) in collaboration with the Elsipogtog Health and Wellness Centre (EHWC) hosted a traditional health and healing gathering which included many opportunities for healing and dialogue (September 8-15, 2008). The gathering was local, regional and national in scope and took place at the EHWC and surrounding grounds of Elsipogtog Mi'kmaq First Nation in New Brunswick, Canada. Several awareness building activities during the week (primarily through the teachings of Elders) built up to the conducting of shaking tent¹ ceremonies which occurred at the end of the week. While attendance to the tents was optional, it is worth noting that for the community and surrounding region one of the primary intentions from the beginning was to put up the ceremony for the people. Nonetheless, what occurred as a result of the collaboration was a successful holistic traditional health and healing gathering with a nationally representative contingent of First Nations Elders and Medicine People.

The event focused on taking a very “hands on” approach to knowledge transmission and healing. During an Elders Circle conducted by the FNC at an annual healers gathering at Saddle Lake First Nation (July 2007) participants noted “The fact that Elders are passing indicates the urgency and importance of such gatherings”. One Elders Circle participant stated, “All of a sudden we are the Elders... every Elder that dies, all the knowledge goes with them but they usually leave some people behind that they teach.” (First Nations Centre, Traditional Healing Circle of Elders Activity, July 18th, 2007).

The Mi'kmaq concept of *gegenoatatolting* or **sharing the knowledge** communicates the main priority of this week long activity. “Mi'kmaq and other First Nations people hold sharing in high regard because they know the more you share, the more you receive”, says Josie Augustine (FNC, Ottawa, February 11th, 2008). An opportunity was provided to those in attendance to benefit from the sharing of knowledge with regard to many aspects of First Nations traditional health and healing. The gathering was, in part, an effort to restore inter-generational knowledge transmission practices (e.g.: loss of language, separation from families during residential school times, negative propaganda against ceremonial rites, etc) that were diminished by consequences resulting from effects of colonization.

¹ The shaking tent is a ceremonial rite (existing since pre-European contact) that is practiced among the Cree, Ojibwa, Innu, Mi'kmaq, Abanaki and others. It involves the spiritual use of a special cylindrical lodge or tent. Traditionally, if a medicine person was called on and compensated by a client, they would construct a tent and enter it at dark. Singing and drumming summons the spirit helpers of the medicine people whose arrival is sometimes signified by the shaking of the tent. These spirit helpers are used when helping to cure people of physical, mental, emotional or spiritual illnesses. For example, the shaking tent may prescribe herbal remedies for physical illnesses or offer instructions to help with other problems occurring in a person's life.

Gegenootolting was about “teach[ing] things to people so they can have more control over their own health.... Aside from medicines coming from the shaking tent ceremonies, the goal is to pass on the knowledge”....The purpose is to teach resiliency.”... through awareness building exercises such as Elder teaching workshops and offering access to the wealth of knowledge from traditional health and healing practitioners from across the country. (EHWC, FNC, Ottawa, February 11th, 2008).²

People who attended the event were able to examine their own experiences through diversified opportunities to learn and share from one another in a First Nations traditional context of language, culture, traditional values, traditional medicines and spiritual beliefs. If they so desired, participants were also offered opportunities to receive “hands on” healing” during the gathering from fully qualified Elders and medicine people who were present. Furthermore, the proceedings provided several exploratory/potential research and policy directions in areas of community based First Nations traditional health and healing.

Some of the activities during the week included:

- Sweat Lodges
- Traditional Healing
- Community Elders Circle on the grief
- Elders teachings
- Medicine walk (through the community to identify various herbs and what they are used for)
- Elder/Youth Dialogue Circle
- Youth Circle
- Traditional and Western Medicine in service delivery
- Wampum Belt Teachings
- Women’s Discussion Forum
- Shaking Tent Ceremonies³

² Project priorities were discussed and identified at a proposal development meeting hosted by the FNC. In attendance was David Gehue a medicine man and shake tent practitioner from Indian Brook First Nation, Josie Augustine an Elder/Traditional Healer and health worker at the Elsipogtog Health Center, Eva Sock, Director of the Elsipogtog Health Centre. Also in attendance was Renee Vanderkuip, (FNC Finance Officer), Winona Polson-Lahache (FNC Research Officer) and Julian Robbins (FNC Research Officer).

³ See Appendix A for the formal invitation letter to *Gegenootolting*.

II BACKGROUND/HISTORICAL CONTEXT

In 2006, the FNC began a focused initiative to address the role that traditional knowledge/healing/medicines continue to play in the physical, mental, emotional and spiritual health of First Nations peoples. In order to do this, it was/is important for the FNC to take the necessary time in order to build relationships with First Nations Elders and Healers.

What resulted from this planning session was a work-plan item called the **First Nations Traditional Healing Circle of Elders/Medicine People**. This FNC sponsored event is held one to four times a year and is hosted in a First Nations territory. The main purpose of adding this recurring item to the FNC work-plan was to support the creation of an environment where traditional First Nations Healers and Elders can come together to discuss needs and priorities related to traditional health, healing and related knowledge. Through experience, what has proven to work best in this type of research is to attend and/or help support an already planned or occurring activity (in a First Nations community) related to traditional health and healing). Thus, the FNC obtains permission to attend and/or partially support a community event and then, sometime over the course of the event, conducts a circle to gather some pertinent information on previously agreed upon topic(s).

On September 19th, 2006 the FNC sponsored a traditional healing circle of Elders during a week-long ceremonial gathering on Mi'kmaq traditional territory of the Elsipogtog First Nation. The purpose of the circle was to identify and explore future directions for the FNC in the area of support and protection for traditional knowledge. At the request of the EHWC, the FNC helped the community of Elsipogtog with the organization and logistics of an entire regional event whose impact will be felt regionally and beyond.

In 2007 the FNC continued with this activity and sponsored Traditional Healing Circle of Elders dialogue circles during traditional community events at Saddle Lake First Nation, and Nakoda territory in Alberta as well as one in Garden River, Ontario.

In February and March of 2008, a proposal was developed in consultation with representatives from the EHWC (Eva Sock, Josephine Augustine and Frank Augustine) and Mi'kmaq Healer David Gehue. This time, however, the FNC and the EHWC worked more closely together on design components in order to jointly facilitate a National gathering of Healers and Elders in Elsipogtog. The proposal outlined the combined efforts and objectives FNC of NAHO and the EHWC to host the traditional healing gathering from September 8-15, 2000). The opportunity to work more closely together resulted from developing relationships over a period of time.

III PROJECT OBJECTIVES

The objectives of *Geganoatatolting* were:

- To improve understanding of First Nations traditional knowledge, health and wellness (Elder teaching workshops, medicine walk, ceremonial lodge building, etc.) amongst both First Nations and the broader Canadian Public;
- To increase awareness on how First Nations knowledge transmission has been impacted by phenomenon like residential schools;
- To offer service (shake tent, traditional doctoring, sweat-lodge) in a context respecting traditional First Nations protocols to First Nations communities of Eastern Canada and all others in attendance, including members of the broader Canadian public;
- To begin discussions on healer/youth initiatives in order to effectively transfer traditional knowledge;
- To provide an opportunity on a national level for First Nations Elders and youth who are concerned with issues connected to traditional health and healing to collaboratively identify and recommend action; and
- To further identify ways by which First Nation models of health and wellness and the Western bio-medical model can work together.

IV EXPECTED RESULTS AND OUTCOMES

There were various expected results and outcomes that were established at the Feb 11-12, 2008 Planning Meeting at the FNC. These expected results included:

- Increased awareness and understanding of traditional health and healing amongst both First Nations and the broader Canadian public;
- Increased awareness and understanding how exposure to traditional health and healing impacts residential school survivors, families and their communities;
- Giving voice, on a national level, to the collective concerns and aspirations of First Nations Elders and youth with regard to traditional health and healing;
- Exploration of facilitation methods to transfer of ceremonial knowledge from teacher (shaker) to student (shake tent apprentice); and,
- To allow First Nations people to feel more in control of their own health and to be more resilient.

Specific to the two main collaborating organizations, expected results and outcomes included:

- The FNC of NAHO wanted to bring together a national consortium of Elders in a First Nations community;
- The FNC of NAHO expected that the event would contribute to one of its organizational objectives of protecting and supporting traditional health and healing practices;
- The EHWC expected to raise awareness, particularly in the Atlantic region of existing traditional health and healing practices (e.g. through putting up the ceremony (shaking

tent) and offering direct opportunities for people to engage with Elders and Traditional Healers.

V COLLABORATING ORGANIZATIONS AND FUNDERS

The event was primarily funded by the First Nations Centre of NAHO using surplus monies. (<http://www.naho.ca/firstnations/index.php>)

The primary collaborator with the FNC was the EHWC. The current EHWC was built in the mid-1990s to respond to exceptional increases in demand for health services. It's stated mission is "We believe in: the promotion and provision of holistic health and wellness services; responsive to our community needs; to affirm confidence, pride and self-responsibility."⁴

The EHWC was the focal point for scheduled activities during the gathering serving as the central point of orientation for people when they arrived at the gathering. It also served as the space (all in kind) for all of the activities taking place during the week of Sept 8-15, 2008.

Proposals for funding were submitted to various agencies with three funding agencies/depts. contributing:

- Aboriginal Corrections Policy Unit Public Safety Canada
- First Peoples Worldwide
- First Nations and Inuit Health Branch (FNIHB) Atlantic Region

Aboriginal Corrections Policy Unit

The Aboriginal Corrections Policy Unit contributed financially and also collaborated on the Traditional and Western medicine session at the event. The Aboriginal Corrections Canada administers the following programs and initiatives:

- Aboriginal Community Corrections Initiative;
- The Department's Aboriginal portion of Effective Corrections; and
- The Aboriginal Community Corrections and Crime Prevention component of the National Strategy on Community Safety and Crime Prevention.

The Aboriginal Corrections Policy Unit tests and evaluates innovative, community-based, restorative approaches to healing for Aboriginal offenders. Products, information and research can be viewed at: http://ww2.ps-sp.gc.ca/abor_corrections/index_e.asp

⁴ See Appendix B for a description of the Elsipogtog First Nation Health and Wellness Centre, it's mission and services.

First Peoples Worldwide

First Peoples Worldwide contributed financially to the event. Founded by Rebecca Adamson in 1997, First Peoples Worldwide is one of the only international organizations led by Indigenous Peoples and dedicated to the mission of promoting Indigenous economic determination and strengthening Indigenous communities through asset control and the dissemination of knowledge. The Fredericksburg, Virginia-based organization has been at the helm of studying, devising and implementing solutions to Indigenous communities' issues. First Peoples Worldwide became a project of the Tides Centre in February 2007; the Center provides administrative, financial management and organizational support for First Peoples.

First Peoples employs a number of strategies to assist Indigenous Peoples take their place in the world's systems. Through regranting, technical assistance, education, and advocacy, First Peoples provides Indigenous Peoples with the tools, information, and relationships necessary to build community capacity to leverage assets for sustainable economic development. First Peoples advocates extensively with policy making bodies, governments, funders, and institutions on behalf of Indigenous Peoples

You can find more information about their programs at <http://firstpeoplesworldwide.org/>

First Nations and Inuit Health Branch

The First Nations and Inuit Health Branch (FNIHB) contributed financially to the event. FNIHB supports the delivery of public health and health promotion services for First Nations on-reserve and in Inuit communities. It also provides drug, dental and ancillary health services to First Nations and Inuit people regardless of residence. The Branch also provides primary care services on-reserve in remote and isolated areas, where there are no provincial services readily available.

You can find more information about their programs, services and research at:

<http://www.hc-sc.gc.ca/ahc-asc/branch-dirgen/fnihb-dgspni/index-eng.php>

VI PROJECT PLANNING AND DELIVERY

The planning and delivery of the project consisted of three stages:

Phase I-Logistical Planning and Coordination

The following coordination activities were led by the FNC:

- Finance;
- Developing event schedules and agendas;

- Facilitating special sessions (such as youth/Elder dialogue circle and traditional and western medicine session);
- identification and invitation of regional Elders and youth participants, production of deliverables;
- event administration;
- Accommodations for invited guests;
- Onsite coordination of invited guests;
- Gathering Technical Report;
- Gathering Evaluation and Financial Report; and,
- Documentary /filming footage and production.

The activities led by the EWHC included:

- Purchasing and preparing the food;
- Inviting a local drum from the area;
- Presenting Tobacco to invited and local Elders;
- Preparation and use of Sweat-lodges;
- Purchasing food and preparation of meals;
- Set-up/tear-down/earth-keeping/maintenance;
- Tables and chairs;
- Tipi and traditional lodging/meeting space;
- Human resources where applicable/available;
- Development of Traditional gathering rules that reflected protocols of Elsipogtog Mi'kmaq territory';⁵ and,
- Doctoring coordination and registration.

Shake Tents:

5 shake tent practitioners from various First Nations and Métis communities across Canada led the organization, building and conducting of the shake tents.

Phase II-The Event

The “Sharing the Knowledge” event took place from September 8-15th, 2008 on the traditional Mi'kmaq grounds of the Elsipogtog First Nation. This location was formally identified by the planning committee at the Proposal Development meeting which took place at the FNC, February 11th, 2008. There was space for camping for those coming from other communities that decided to stay for the duration of the event. Protocols developed by local elders were implemented into the event and copies were made available to all participants.

⁵ See Appendix C for a list of Gathering Protocols

Phase III- Production of Gathering Deliverables

Deliverables include:

- Gathering Report (which includes several FNC workplan deliverables)
- Evaluation and Financial Report
- Event Documentary
- Youth Asset Mapping Resource
- Contribution to Update of Traditional Knowledge Toolkit
- Contribution to Traditional Medicine Research Paper⁶

VII FNC WORKPLAN DELIVERABLES

FNC surplus dollars were used to fund this gathering since several key items on the 2008-09 workplan could be either completed or contributed to as a result of this gathering. The general FNC workplan items this event that this event addressed included:

- **Knowledge Transfer** - knowledge translation and information exchange on First Nations health issues/priorities and increased strengthening of external relationships partnerships.
- **Opportunities and Emerging Issues** - participation, response and collaboration in activities and events as they arise.
- **First Nations Wholistic Children/Youth Health and Leadership** - preparation of papers and fact sheets and establishing youth friendly approaches to development and dissemination of health information. (youth health fact sheets, support enhanced youth capacity, annual youth circle gathering, First Nations youth event participation).
- **First Nations Gender Based Health Issues** - Creation of new partnerships to offer input and expertise into initiatives and process related to First Nations specific gender based health issues (Women's Teachings, Women's Circle)
- **FNC Information Resources** - development of a resource for communities to conduct/utilize Asset Mapping for youth in order to address health issues, updating of Traditional Knowledge 2005 Information Resource
- **Support and Protection of Traditional Knowledge and Indigenous Knowledge** - collaboration with Communications and Policy Unit's Traditional Healing Activities, First Nations Traditional Healing Circle of Elders and Medicine People, Traditional Medicines regional circles on how people are maintaining and sharing knowledge.

⁶ It is important to note that there are may be potential 'spinoff' products that could also result such as papers, fact sheets, future FNC work relative to youth and Elders, etc.

VIII PARTICIPANTS

The people who participated in this gathering were fairly diverse. The majority were of First Nations origin (from many communities), but non-First Nations people were also in attendance. While the majority of people who attend the activities were from First Nations communities of the Canadian east coast, there were people that attended from as far away as British Columbia and the eastern United States. Certain targeted populations were classified as either **invited** or **identified**.

Invited

- Shake Tent Leaders (5)
- Shake Tent Helpers (5)
- Shake Tent Apprentices (5)
- Elders (10) -1 per region
- Elders Helpers (10)- 1 per region⁷
- Youth (10)-1 per region
- Elders from Elsipogtog for Circle on Grief (9)
- FNC and NAHO Staff

Identified

- First Nations
- Non-First Nations
- Youth
- Elders
- Community Members
- Indigenous Organizational Representatives

IX FNC FACILITATED EVENTS

In order to gather specific FNC workplan related information and to most effectively access the knowledge of the National contingency of First Nations Elders and youth who were present at the gathering, the FNC developed and facilitated four side events as a complement to the main agenda of the gathering.

These ancillary events at the gathering that the FNC facilitated were:

- Community (Elsipogtog) Elders session on Grief
- Youth/Elders Dialogue Circle
- Youth Circle/Asset Mapping
- Traditional and Western Medicine

⁷ In actuality, some of the Elders preferred to invite other Elders rather than a helper, so the actual total number of invited Elders present and available to participate in various capacities gathering events was much higher (counting those who were invited and those from Elsipogtog and surrounding areas).

What follows in this section are summaries of these activities.

Grief & Healing Session

Monday, September 8th, 2008.

Elsipogtog, NB

Session Format: Talking Circle

Participants – 10-15

Session Opening & Introduction

An opening prayer and smudge was provided by Josephine Augustine and Frank Augustine of Elsipogtog, NB.

A basic introduction of the session provided by Julian Robbins included:

- background of FNC of NAHO;
- overview of the traditional knowledge files and activities; and,
- introduction of the main discussion points.

Discussion Points & Themes

Several points of discussion and themes emerged throughout the session. There was a general consensus that it should be recognized that there are several forms of grief – including individual grief, family grief, community grief, cultural grief, and intergenerational grief and environmental grief. It was also noted that it was important to ensure there is a comprehensive approach that meets individual, family, cultural and intergenerational needs in working towards healing.

Personal & Inter-personal Grief

Discussion on personal and inter-personal grief included recognizing the impacts of loss on an individual. It was noted that the grief process on an individual level is a very complex one. There are several emotions that an individual may go through (sadness, remorse, guilt, anger, helplessness, etc) in order to heal from personal loss. It was recognized that an individual can experience conscious or sub-conscious grief. It was also recognized that there are differences in the ways that males and females deal with personal loss. There are also differences between the way that children, youth, adults and elders deal with personal loss. Understanding these differences will assist in providing more suitable and tailored supports for individuals dealing with loss.

Traditionally, there were practices that were used to assist individuals and families in this process. When these practices are not used in a current context, grief is internalized, then manifests and is released through more damaging behavior(s) and means. It was noted that in Elsipogtog some families still refer to these cultural practices, while others do not.

It was noted that person(s) endure even more complex grief when the personal loss is a result of a suicide. There is a definite need for communities to work together, and collaboratively, to provide support for individuals, families, and the community overall when a suicide in a community occurs. There are also cultural activities that can be undertaken to help facilitate the grieving process. An example of this is hosting a sacred fire for a period of days.

Suicide prevention workers in communities deal with ongoing exposure to personal loss. This can be especially stressful for individuals working in a small community. There is a need for supports for suicide prevention workers in communities to ensure they are healthy at all times.

There was discussion regarding factors that promote healing from personal loss within families and/or individuals. Some factors that promote healing include:

- Community Support – an accessible support system for individuals and/or families dealing with loss (can include a personal support worker, or a member of another family, or healers, etc)
- Cultural Activities – activities that help focus on strengthening relationships between families, such as camping in the bush, hunting, etc
- Ceremonies – using ceremonies that help individuals/families through the various stages of healing from loss

Most people are saying they have been through the drugs, alcohol and the attempted suicide route already and what brought them back was traditional teachings and traditional people (14-18) and being on the land. Someone who is grieving and has turned to drugs needs a lot of human contact to heal. They can be very high maintenance. One Elder noted that forgiving people and getting rid of the ‘garbage’ inside are essential in the grieving process. It was noted that you have to be able to like people in order to help them.

Cultural Grief

There was discussion surrounding the roles of culture in forming collective identity of individuals that make up a community. It was recognized that when culture is stripped from communities, it negatively impacts their collective identity resulting in loss of identity.

There are many communities that are currently faced with the issue and there is a need for communities to work collaboratively to work towards reforming cultural identity. This includes facilitating a resurgence of cultural activities and knowledge in communities to work towards restoring cultural identity.

One elder also introduced the role of ceremony in building resiliency. It was noted that the role of ceremony in strengthening family and community, builds resiliency in the long-term; making individual(s) more capable of dealing with personal loss. An example that was provided was the seven laws teaching – which teaches individuals to live in balance, making them more resilient to high-impact events such as personal loss.

Included in the discussion was the issue of fragmented communities – where traditional healers and practitioners, community leaders, and other individuals of influence but do not work collaboratively in community development. There is a strong need for all components of communities to work collaboratively in healing and to work toward a more progressive community.

Intergenerational grief

There was discussion held on intergenerational grief resulting from trauma (such as residential schools), not being addressed, and passed to children and grandchildren to resolve. Due to the current environment (Indian Residential Schools Compensation Payouts), there is unaddressed trauma resurfacing in many survivors.

It was noted that many times, children (and grandchildren) often unknowingly carry the same grief as the survivors. There is a need for these individuals to be supported in communities.

Our youth are particularly in need help. The fact the lives are cut short among youth always comes up. More helpers are needed for the youth as they are holding themselves up right now. Grief is a part of life so how do we help young people with it?

Environmental Grief

It was noted that grief can take many forms. Given First Nations land earth based spirituality, the fact that the environment is changing can be connected to being a source of grief as well.

Youth/Elders Dialogue Session⁸

September 9th, 2008

Elsipogtog, NB

Session Format: Facilitated Open Dialogue Session

Participants – 9 Elders, 15 youth.

There was a general consensus that this type of dialogue between Elders and youth on best ways to transfer traditional knowledge was a step in the right direction. Some comments indicated that Elders do not want to make it any easier for youth to get to them as it is up to the youth to show enthusiasm and make the effort. It is already easier, in the context of today's technological advances, than it was in the past. Still, not every First Nations Youth is going to be suited to become a healer. The Elders were interested in taking the 'good ones (youth) and making them better'. In this way, the youth that are trained, can go out and help more people. If when engaged in the training and transfer of traditional knowledge an Elder has to spend a lot of time 'fixing' someone, when engaged in the training a youth it is not efficient or practical.

⁸ Refer to Appendix D for the agenda of the Youth./Elders Dialogue Session

Elders also emphasized an element of sacrifice and commitment. One has to be committed to learn various protocols, for example, associated with particular healing ceremonies. The message to First Nations youth interested in picking up the healing traditions was one of humility, suffering and sacrifice. One has to 'earn' what they have in order to truly learn. The Elders indicated to the youth that there is no such thing as a 'free lunch' in life, so if you want something you have to be prepared to sacrifice. Traditionally, some of these types of values were instilled early in youth through tribal 'rites of passage' ceremonies such as fasting and the vision quest.

The youth that were at this particular gathering, however, were most definitely enthusiastic in being there (some of them already accomplished in their ceremonial or path to becoming a healer) and were selected through a careful process. Regional representatives from the Assembly of First Nations Youth Council took the message back to their regions that *Gegeoatatolting* was happening in Elsipogtog. Subsequently, youth were selected on the basis of their involvement in traditional health and healing activities in their regions and in their personal lives. The point the Elders were trying to make, however, was that as early as the 1950's they were still forced to do healing ceremonies in caves (due to police and churches). This ban on healing ceremonies through the Indian Act extended back three generations to 1841. It is, thus, important for First Nations youth to recognize that some of their most important healing ceremonies depended upon the ability of an oppressed people to shelter and nurture their traditions in the face of armed opposition.

It was noted that while this dialogue was a good start, it is not enough because after the gathering, people return to their homes and it is difficult to maintain contact. A strong recommendation was for the FNC to facilitate building hubs within the designated First Nations regions (as there is often more than one Nation in a region) where Elders/Healers can interact with identified youth for apprenticeship or training. A national consortium of Elders/Healers could still be initially invited to spearhead the initiative, however after this initial type of National event is complete, there would still be potential to develop and support regionally based programs that facilitate transfer of traditional knowledge to youth.

Youth Circle Gathering – Dialogue Elsipogtog, NB⁹

Session Format: Facilitated Open Dialogue Session

Participants – 15-18 youth

Session Opening & Introduction

An introduction of the session provided by Winona Polson-Lahache, Research Officer with the FNC at NAHO. An overview of NAHO, the FNC, and all child and youth health information related files was provided. In addition, an introduction of the Youth Circle Gathering – Dialogue Session was also provided.

⁹ Refer to Appendix E for the agenda of the Youth Circle- Dialogue Session.

The Youth Circle Gathering – Dialogue Session was established as an annual activity that the FNC facilitates in order to facilitate dialogue and feedback from youth regarding child and youth related health information files of the FNC.

Participants were presented with four basic questions to guide discussions:

- What are your thoughts on the work of the FNC thus far? Do you have recommendations for future work/work in progress?
- What are the best ways to communicate health information to children & youth?
- What are the gaps in readily available health information for First Nations children & youth?

In addition, participants were asked to provide guiding principles to be used in the development of an Asset Mapping Toolkit for First Nations Youth.

Several themes arose from discussions held during the dialogue session. To respect the privacy of the individuals, reporting from discussions is based on themes, not individual contributions to discussions.

Communicating Health Information

There were several points raised throughout the discussions regarding communicating health information. Many were directly related to printed resources, technology and media and role models. However, there were some points that were raised that did not fit within any specific category:

- Information promoting health should all be culturally based. Children and youth are more interested than ever in learning about culture. Using culturally based health messaging is important in reaching the audience at their level.
- For many children and youth in communities, they spend most of their time surviving. Health information must reflect this and not direct children and youth to amenities that don't exist in many communities.
 - For example – efforts must be made on not only informing children and youth of the importance of a healthy diet, but also inform them of how they can increase access to healthy foods. (i.e.: isolated communities)

Printed Resources

Overall, participants felt that existing information that is available to First Nations children and youth was not relevant. It was noted that materials that are often available are visually linked but don't hold enough information or hold information but are not visually appealing to a younger audience. There are some exceptions – However, the general information seems non-relevant.

- Fact Sheets
- It was mentioned several times that while fact sheets may be useful for individuals working with youth; they are not usually a reliable resource for children and youth directly. A visually appealing postcard may be something that will get more attention from a younger audience.

- A more child and youth related resource could be information contained in comic book format. For example; Aboriginal Healthy Network's *Darkness Calls* comic book on suicide and suicidality.
- Language is important - they must be written at an appropriate comprehension level.
- Visual appeal is important – young people will better relate to information that is visually appealing to them.

Technology & Media

Media based methods of communicating information was thoroughly discussed by participants. It was strongly conveyed that utilizing technology based methods and media are the likely the most effective approaches to communicating health information to children and youth.

- Using video based messaging is most appropriate for children and youth. A video campaign on health could be highly effective.
- Youth are attracted to arts based communications – through music, spoken word, visual art, etc. These should be utilized as much as possible in conveying messages to children and youth.
- Any forum that makes such messages available should also be interactive and facilitate interaction between users. This could include a message board/chat, or contests, that could be used between participants (which could include experts).
- Messages should be focused on overall health, in addition to preventative based information, and be culturally relevant.

Role Models

- Role models should not be individuals who do not interact with community on a personal level very often. Instead the role models should be people we already know – grandparents, parents, teachers, etc. Having an Elder communicate health information is much more effective than having someone who does not live a healthy lifestyle promoting health.

Gaps in Health Information

More child and youth related health information is required in response to some critical issues in communities. In some cases, there is information available, but it is fragmented, inaccessible, or not related to children and youth.

Some areas for development of child and youth related health information include:

- Teen pregnancy
- Suicide and Mental Health
- Poverty
- Drug and Alcohol Abuse & Addictions
- Sexual Health
- Traditional Knowledge

Youth Asset Mapping Information Resource

Participants overall were excited about the development of the Asset Mapping Information Resource. It was recommended that the resource continue to be developed for use by youth in communities; and promote their capacity and empowerment. There were some basic recommendations regarding the development of the resource, including:

- Format of Information Resource
 - Must be visually appealing to youth.
 - Cannot be too large – a small package is usually more likely to be reviewed by youth
 - Must be easy to follow/use for youth.
- Content
 - Should be generic enough for youth to use to respond to any health issue in a community
 - Should be focused on empowering youth, and encourage collaborative and inclusive approaches
 - Should promote use of cultural supports
 - Should include easy to facilitate activities for youth to utilize when asset mapping
 - Should promote community engagement
 - Should include a reference list of available information resource related to health issues – i.e.: Honouring Life Website, Aboriginal Youth Network, Youth Tobacco Cessation, etc
- Accessibility of Resource
 - Should be available to all youth regardless of location. Send to communities, friendship centres, schools, health centres, etc.

Traditional & Western Medicine in Service Delivery¹⁰

Elsipogtog, NB

Session Format: Session Format: Facilitated Open Dialogue Session

Participants – 15-20

Diet & Overall Health

- Traditionally, a healthy diet was a substantial preventative measure against disease, illness and poor health overall
- It is well known today that western diets are not well suited to indigenous peoples and there needs to be a movement toward healthier diets. There is a need to evaluate what the

¹⁰ Refer to Appendix F for the agenda of the Traditional and Western Medicine Session.

traditional diet was in order to determine what a 'health diet' actually is, and more forward from there.

- It is important to utilize traditional medicines in promoting healthy diet. Many medicines were taken on a regular basis to support the overall health of an individual. Can these continue to be a part of a more contemporary diet?

Traditional Medicines & Treatments

- Traditional medicine and doctoring were based on a science. Traditional medicine and treatment may not have had the same rules and applications as western approaches to science; but still produced astounding results.
- At current, traditional knowledge and traditional healers and practitioners are generally not regarded as credible by western and contemporary society. Recognition of the credibility of traditional knowledge and practitioners must be worked on.
- Traditional approaches to medicine and healing were based on a holistic approach. There is respect in the manner which medicines, treatments and knowledge are handled. An individual's overall health was treated, and not just a specific ailment.
- Traditional approaches to healing are not usually reliant on the impacts/results of one specific substance, but many times require several coordinated actions/treatments that result in improved health/treatment of ailments.

Traditional & Western Medicine and Treatment

- There is a benefit to increased understanding between how traditional and western approaches to healing work. However, there must be respect established between the two and the relationship must be one of equal recognition. Traditional approaches to medicine and healing cannot be transformed and rolled into western practices, and vice-versa. However, establishing an understanding of how healing occurs as a result of traditional medicine and application is important for western practitioners – in order to adjust/accommodate western treatments in response; and vice-versa.

Protection of Traditional Knowledge

- Protecting traditional knowledge, healers and treatment against exploitation, defamation and misappropriation is a principle that must govern any advancement in the area of collaboration.
- There needs to be protocol established for our own people to determine proper harvesting, handling and treatment of medicines and applications.
- Our people must establish what can and cannot be shared before sitting with western experts.

Moving Forward in Collaboration

- There must be policies and guidelines established that outline parameters for discussion before moving forward. This will assist in setting clear expectations of what is open for discussion and what is not. As an example – discussion on the power and potential of plant and roots use in healing may be an acceptable discussion, but discussion involving detailing actual plant & root treatments may not be.
- In traditional approaches to health and healing, there is an interconnectedness between physical treatment and spiritual/cultural treatment; this must be understood and respected. In moving forward, we can establish a clearer understanding of this and its impact and implications to western health practices.
 - For example – during birthing, the placenta/afterbirth that comes once the baby is delivered is treated very differently between traditional and western practitioners. Western practitioners discard the placenta/afterbirth immediately following the delivery. Traditional practitioners put the placenta/afterbirth through ceremony following the delivery. In moving forward, we can establish a wider understanding to provide parents who birth in western institutions an opportunity to avoid discarding the placenta/afterbirth and put it through ceremony.
- Traditional medicines and treatments cannot be used in a for-profit manner; all knowledge must be owned by First Nations people to protect exploitation of any medicines and treatments.
- Traditional medicines cannot be the basis for production of synthetic medicines; and this must be kept clear when working in collaboration.

X THE MAIN AGENDA¹¹

All of the activities in the Main Agenda were open to all participants at the gathering. The Main Agenda had the following components:

- Opening
- Elder Facilitated Teaching Workshops
- NAHO Plenary Address
- Healing and Sweat Lodges
- Women's Teachings Discussion Group
- Shaking Tents

What follows is a description of these components.

¹¹ Refer to Appendix G for the agenda of the Main Gathering.

Opening

People arrived from across the country, neighboring provinces and neighboring communities on September 8th, 2008. An evening sweat lodge ceremony was conducted for those that sought to relax, pray and getting grounded for the week.

On the morning of Tuesday, September 9th, an opening was done with a prayer and welcoming by local Elder and shake tent practitioner, David Gehue, who did a pipe ceremony with the Elsipogtog Chief and Council other shakers and their apprentices. There were approximately 110 people in attendance for the opening.

Eva Sock, the Executive Director of the Health and Wellness Center welcomed everyone and thanked the guests from national, regional, local and especially the Elders and dignitaries. Ms. Sock then gave an overview of the week's agenda.

Claudia Simon, Director of Health of the EHWC was introduced by Eva Sock; Simon welcomed everyone elegantly in the Mi'kmaq language and said how this healing lodge used to be so big when we first starting doing the traditional healing activities and ceremonies. Now the place is often too small accommodate. Ms. Simon also welcomed all the guests, and indicated we were all there to share knowledge. Over the course of the week, she invited everyone to share in the Mi'kmaq hospitality, good food and caring.

Josie Augustine, CHR traditional caregiver from the EHWC, thanked everyone for coming especially the Elders and guests from far away. She also acknowledged the shakers and their apprentices and gifted all of the Elders and medicine people with tobacco. The morning finished with a local Mi'kmaq drum group singing the Mi'kmaq honour song.

Elder Facilitated Teaching Workshops- Speaker Summaries

Elders presented teachings on pre-arranged subject matter related to First Nations health. The majority of the sessions were repeated twice during the duration of the gathering in order to give participants the chance to attend a session that might have conflicted with an other one they also wanted to attend.

Sweat Lodge Teachings -David Gehue

The first session of the Main Gathering commenced with the Sweat Lodge teachings The presenter noted that there are 24 different kinds of lodges and on this occasion he reviewed some elements of a standard lodge. You have an eight feet deep lodge, twenty-eight different poles. Sweat covered with logs. There are 1 to 8 levels of spirituality, the 8th being immortality. The presenter thanked the Cree, Ojibwa, Blackfoot, etc. for helping Mi'kmaq to regain parts of their traditional knowledge.

From the Mi'kmaq perspective, the presenter indicated that the 8 types of wood used in the 16 poles of the sweat lodge represented or contained a different type of medicine. For example, the presenter noted that a birch tree can be used for illnesses related to the pancreas or liver and the blue or white spruce can be prepared to help the digestive system

How is a conductor determined?

There are four ways a conductor is determined;

- 1) Chosen by spirits, someone dreams – someone else was given the same dream at the same time.
- 2) Fasting for 4 days and 4 nights for the purpose to have the privilege of conducting a lodge.
- 3) Go to the shake tent and ask for that job.
- 4) Popularity contest

The presenter noted that for 1 year (365 days) he sweated in the lodge as part of earning the right to hold the ceremony.

The layout for the stones in the lodge

The presenter noted that the heated stones can also be laid out in a particular way inside the lodge. They can also represent various teachings, clans or animal helpers (e.g.: bear, eagle buffalo, turtle, etc.).

Eight levels of spirituality

The presenter also discussed eight levels of spiritual development or reality

- 1: choosing parents: if you were hear before
- 2: being born: cooperative process between mom and child
- 3: 10-14 years rights of passage
- 4: parents
- 5: grand parents 2nd change
- 6: 60's – 70's
- 7: develop to make things appear of their change
- 8: reach immortality such as Mi'kmaq Grand Chief Membertou

Seven virtues of the world

Lastly the presenter mentioned seven worldly virtues. Among some First Nations such as the Anishnawbe such values are known and referred to as the Seven Grandfather teachings. They are:

- 1) Kindness
- 2) Sharing
- 3) Caring
- 4) Honesty

- 5) Respect
- 6) Loyalty
- 7) Truth

Women's Teachings – Josie Augustine

This session did not take place. The presenter did presentation at the **Women's Circle** later in the week¹²

Law and Order in the Medicines – Mark Thompson

This session was cancelled do to illness of the presenter.

Native Foods –Bertha Skye

This talk highlighted the importance eating traditional foods in contemporary diets. The talk began with the speaker's own experiences as a child. As a child traditional foods were the mainstay of the diet and western foods such as sugary treats and pop were forbade from the home. She accounted that practice as a significant reason for her current good health. The speaker then went on to talk about her experience cooking in four different residential schools and the types of food available to the children. Interestingly, she observed a common practice of serving the children foods often lacking in nutritional value.

Further discussions concerning various traditional foods such as game, wild roots and vegetables was facilitated with a n example sheared with the participants. This example was muskeg tea, as it is known in Plains Cree territory but is also found in Elsipogtog. The speaker explained benefits to the immune and respiratory system.. Notably, the speaker spoke of the dangers of caffeine abuse (in coffee and soda) and stated that when growing up in her generation tea and water was the drink at meals and throughout the day. It should also be noted that the speaker is a former gold medal winner in the Culinary Olympics. Along with her fellow chefs, traditional Native foods won the majority of the medals. This would suggest a global interest in traditional cuisine.

The speaker also addressed her prior experience in working with low income single parents demonstrating how nutritious meals could be prepared at low cost and free from the over processed foods that often appear more affordable to this sector of the population. This dispels current mainstream myths that one has to have a lot of money in order to eat healthy. The speaker emphasized the need for adults to resume the responsibility of providing home cooked meals for their families.

The overall message throughout the teachings centred on the need to return to whole foods, traditional foods and move away from western processed food stuffs. She noted that often out of convenience and ease parents rely on "take out" for lunches for their children. The problem as she states, is the way in which our food for example, chicken, is now altered and manipulated such as forced feedings, addition of chemicals and hormones to make the animals larger. This in turn impacts

¹² See page 32 of this document.

on the health of families such as accelerated development of diabetes, hypertension and cardio vascular disease.

First Steps in Self-discovery: The Eeyou Way –Matthew Mukash

This workshop focuses on the Journey of Life from beginning to end, using the Medicine Wheel. The teachings are based on the knowledge and wisdom of the Cree elders of Eeyou Istchee (or the traditional territory of the James Bay Cree). The Cree in Northern Quebec call themselves “Eeyou” or human beings (as distinct from other beings in Nature); thus, the second part of title of the workshop “the Eeyou Way” basically means “the Cree Way.

Using the Medicine Wheel, the facilitator, Matthew Mukash, explained that there basically four stages of life that we all go through: *birth, adolescence, adulthood* and, finally, reaching the stage to be considered an *elder*. Between the birth and the adolescence state we go through a process of *awareness*. In other words, we become aware of the world around us. From adolescence to the adulthood stage, we gain some *understanding* of the world around us. We become of our parents and other people around us. Between adulthood to being an elder, our *knowledge* is based on our experience from birth to adulthood. When we reached the stage of elder, our *wisdom* is determined on how well we use the knowledge we have gained from the previous other stages of life, for the betterment of all.

The facilitator then explained that each of the four stages of life prepares one for the next stage. In the Cree culture, there are basically seven Rites of Passages, each one performed to prepare the child to always walk in balance throughout his/her life until physical life ends and a new spiritual journey begins. The seven Rites of Passage also teach the child his/her role in life and, more importantly, his/her place in the Universe.

The facilitator explained that many of us Native people living today have missed these Rites of Passage because of the changes that have taken place in our society, and there is a way to sort of be “born again” to reclaim what one has lost.

The facilitator concluded that if Aboriginal peoples are to remain strong amidst a fast changing world, we must have strong language, culture, way of life and heritage. We must return to the teachings of Ancestors while, at the same time, respecting and honouring the spiritual ways and beliefs of peoples of nationalities other than ours. The first steps in discovering ourselves (at the individual level) is therefore to go to our Elders for guidance, listen to their stories, the legends and so forth, for the code of life is found and engrained within the legends and stories of old. In order to change our ways, must be determined and fully committed to walking the Good Red Road. On this path, one will find all that one needs to fulfill his/her life’s purpose, and receive whatever reward awaits in the Afterlife.

The presenter connected four activities to the human life cycle according to the Eeyou Way.

- 1) Birth – naming
- 2) Adolescence – fasting life
- 3) Adult – knowledge

4) Elder – wisdom

What can occur in the process of self-discovery was illustrated by the presenter through describing how when one tries to incorporate good values and practices in their lives, they can be confronted with opposite qualities either inside or outside of themselves.

Love	Fear
Compassion	Hate
Respect	Disrespect
Honor	Dishonor
Humility	Greed
Honesty	Dishonesty
Courage	Cowardice
Truth	Falsity

The walk of life is an evolution at stages and each stage there are transformations. Appealing for help and giving thanks for the four directional energies help one in one's self-discovery.



Grandmother Teachings – Alsen White¹³

This presenter spoke from a personal place regarding the teachings she has received by her grandmother. She spoke of many stories that address different stages in one's life and how these stories are used as teaching tools, to provide those that come after with tools for living. An example of such a story is the following:

The presenter and her kokum (grandmother) go into the woods to pick medicines. As they journey into the woods, rolling under fences and eventually resting to have some tea the speaker is thinking to herself, 'what will I do if a bear comes', she continues to share with audience her very real fear on how to physically protect her kokum. To the extent that at one point saying 'I will throw myself on top of her if the bear comes'. The speaker continues to express her thoughts about her

¹³ This session was conducted with support from Elder Bella Dion

internal dialogue. The speaker while fearful is also aware of the spiritual connection that is shared between her people and the world around her. The kokum, knowing of her angst then says, 'don't you worry if 1 bear comes I will just talk to him. I have already told the bears why we are here and what we need to do, they will not bother us'.

The "real" thoughts of how to protect one's self arise from the reminder of closeness to good friends and family. This can be extended to being raised in a good way. If one is able to follow the ways of their Nation or tradition, it is their spirituality or use of their indigenous knowledge that can keep them healthy and guide them through life.

The notion was discussed of being 'gifted' in a particular way if you are chosen to pick roots or gather medicines. Both the community and the chosen individual recognize this.

The presenter encouraged youth to ask questions to Elders now because they will not be here forever. When doing this protocols need to be respected (Cree in this case) of not looking Elders directly in the eye or crossing in front of them. Going around them is a sign of respect.

Michael Thrasher –Medicine Wheels and Mental Health

The presenter used traditional knowledge and viewpoints to address contemporary issues. "Traditional philosophies and teachings from what are known as Medicine Circles provide a background grid to understand and work within the laws of nature that assure your harmonious growth potentials can be realized. Connecting to a method that will allow you to "See" your universe and your "Journey Around It" can foster the necessary balance of growth and change you seek" This intriguing presentation used visual analogies to explain personal power, self modification the difference between blame and responsibility for one self.

This presenter applied First Nations philosophy, tradition and culture to mental health through discussion of a particular expression of the medicine wheel called the *counseling wheel*. He explained various symbols that are present when one is counseling one's self or others. One of these symbols he explained was the swastika. This is not a symbol that originated in Nazi Germany (a very unfortunate and incorrect use of it). The presenter noted that we have had this symbol in North America for thousands of years. It is an ancient symbol for us and for other people in the world depicting the winds of change... the whirlwind. The wind affects everything it touches. This is important to counseling because when behaviours require counseling it means that change is necessary:

You have no right to change any other human being in your life... other than yourself.
You have 100 percent right to do that. But to interfere with others? It is not your right.
Just accept them the way they are. You can help them. You can praise them.
You can gently guide them through growth. You can model your behavior for them.
But you don't have the right to demand change (Michael Thrasher, 2008)

The presenter explained the counseling wheel from birth into adulthood. Although we are born in perfect balance—a balance at the core of life which is caring, listening and loving, as we go through life we develop various behaviours we are faced with. Patterns begin to develop in our

behavior and once established, they are difficult to change. As adults, we can often become ‘set in our ways’ and we have to use our spiritual strength in order to create new ones.

In our life, the presenter noted four spirits that invade us now and then and can cause serious problems in our mind and in our life if left unchecked. They are *inferiority*, *negative attitudes*, *resentment* and *jealousy*. To keep these “little rascals” in check, it is necessary to remember that when we were a child we needed care and we were also care-free. We have the ability to use our sense faculties to care for ourselves and others and to exhibit caring behavior. First Nations traditional health and healing practices are meant to bring us back into balance so that we are able to properly sort out negative emotions.

The presenter also indicated that the part of the purpose of why we do ceremony and work on ourselves is that it helps us to clarify issues in our lives though separation of the emotions from the facts. An issue may have created an emotion but the emotion may not help the issue at all. After the issue is separate from the emotion, it is necessary to develop an action plan and work on it. Once you have your plan it is necessary to take action or else it doesn’t count. He indicated there is one more “rascal” you will usually face at this point... fear. So in carrying out your plan you will have to face fear at some point. If you did not receive the results you envisioned, the presenter notes that it is necessary to revise or take a ‘second look’ (re-vision)¹⁴. That is, take some more time, reason out a new plan and when it seems workable, do it over again.

Wampum Belts- Claude Aubin

The presenter indicated that it was improper to bring the wampum belts out in the light. What was presented was indicated to be in a highly condensed form and that it usually takes two days. Having always been intrigued by the wampum belts, the presenter become a full time scholar on the topic and hoped young people will become interested in researching the topic.

He explained that he is not trying to take ownership of the wampum, but to share the knowledge of the wampum belts to all tribes that want to learn about this subject. The presenter showed participants various wampum he brought with him as well as medals and medallions belonging to previous Chiefs of Wabanaki decent. The presenter told workshop participants that the wampum belts have a lot to do with quantum physics and that they represent a type of science. The presenter said he often consults the shake tent for answers to the questions he has on the wampum belts. What interested youth should consider when contemplating wampum belts include

- 1) Belts done by our people
- 2) The creation of new belts
- 3) Learning about the belts
- 4) Learning about celestial understanding associated with the belts

¹⁴ The presenter indicated that *re-vision*, means to take a second look. This meaning of the word is directly derived from the Latin root words.

5) Star Lodges associated with the belts

The presenter did a demonstration with crystals and wampum. The participants enjoyed the interactivity with this workshop.

In closing, the presenter emphasized that young people need to find their interests and purposes like he did and start learning from Elders and others. First Nations knowledge and way of life is sacred and must be kept living for the generations coming. Wampum belts have a type of 'spiritual recipe' in them and it is up to us to find out what types of messages they hold for us.

Medicine Walk- Jose Augustine

This community healer and Elder took participants on a medicine walk through the local bush. As we walked through the forest the speaker identified traditional medicines, explained their healing properties and showed those who could pick medicine the proper protocol to do so. Participants were then encouraged to pick medicine and told the proper ways to take care of them.

- Ground hemlock: Can be used fresh or dry and is brewed as a tea. It is good for calming properties, cancer and good for thickening hair (use as a conditioner).
- Ginseng/sarsaparilla: You use the root to make a tea. It is good for memory. The plant has three leaves; you pull the plant, having dug around the root. The root is what is used.
- Partridge berry: You dry medicine and use a teaspoon worth to make a tea. Partridge berry is a long vine with tiny leaves. The leaves look like baby clover strung on a line. It is good for menopause and hormonal issues. Size may vary depending upon the region you live in.
- White water lily root: Used as a tea the root is found in marsh areas. You need to pull the whole plant out; it is the root you use. Once you have the root you slice it and string it up to dry. Once dry it is then ground and used in teas.
- Golden thread: The root is dried, ground and used as a tea. To pick it you roll up the moss and reveal the root, which is golden in colour. It is good for stomach ailments and colds. It is often used with muskrat root in a tea for colds.
- Muskrat root: Used as a tea it can be used daily like coffee or earl gray. It is good for overall health.

Cree Rites of Passage- Abraham Bearskin

Cree rites of passage, taught a child at a young age the importance of bringing people together for a feast. Teachings are reinforced in a child on correct behavior and how to live a spiritual life. A winter walk was undertaken where snow shoes were made by gifted people (there was lest danger that way). Today there are interferences from the outside (e.g.: residential school, sexual abuse and other types of violation). This teaches hate abuse and anger which results in expressions of protest.

Dene Prophecies –Be’sha Blondin

The presenter provided an overview of the prophecy by the great Dene prophet AHYA. This talk was the first of a series of talks to be shared over the course of the gathering. The prophecy foretold of the invention of a box (TV) and how this would impact Dene life, for example. It spoke of the mother earth changing through four worlds, starting with the ice age moving to the roman period and so forth until this time which is the fourth world. This great change is to occur between 2012 and 2015. As with the times before when man has destroyed the mother earth, mother earth has taken back its life and eradicated man. It is said that those who do not take care of things and do not live in a good way, they will die. It is said that we need to start preparing now, moving to a sacred place and it is there we will be safe. We are not to bring anything with us but what is natural, from the earth. Throughout this discussion there were many indicators of what was to come and how as mankind we had done, and continue to do damage, and we needed to stop. Damage included all aspects of colonialism, environmental destruction, and our reliance on and drive for money, to name but a few.

The presenter also spoke of how traditionally a human operated within a spiritual way, that our mind, body, was surrounded by spirituality and it is with the ongoing capitalist way of living that we have removed the spirit from our lives and this is what is leading to our destruction. The prophecy and indicators over time are directly related to events that have occurred since the 1800's, the time of the fourth world. While ‘prophecy’ is often interpreted as an announcement of our hopelessness the presenter focused on prophecy rooted Indigenous knowledge and the need to exist within that knowledge in order to be healthy in turbulent times.

The speaker also shared many stories on the ways in which she was raised based on Dene knowledge. She also spoke of the importance of the young people and how it is this group that can make change for all. She shared her experiences as a healer and how she has been able to help make change for many different nations. Overall, from the snippets of prophecy she shared a clear message which was understood; accountability lies within the people, our future is by our making and how we live our lives impacts all life.

The Elder AHYA had many gifts as healer and medicine person, looking at the person holistically, mind, body, emotion and encompassed by the spirit. The presenter mentioned many other Dene prophesized events such as laws against practicing ceremonies, pandemic illnesses, loss of language and loss of culture.

Cree Prophecies, Meaning of Ceremonies and Youth Protocols – Alex Ahenekeew and Francis Mc Adam

Some of the ceremonies the presenters mentioned were the Sundance, Horse dance, shaking tent and spirit lodge. They mentioned the ban from 1884-1950 of these Cree ceremonies via the Indian Act. It was in Battlefield Saskatchewan that they put a halt to the band.

Part of the difficulty with the youth is that they many of them do not speak the language and do not know how to approach Elders properly. The youth need to connect with the Elders in order to know who they are and to be proud of who they are.

According to one presenter in this session, part of understanding the meaning of ceremonies is to practice the First Nations laws of loving each other, respecting each other, loving the children and being humble. The presenter went on to make some very interesting comparisons between stories in the Bible and the Sundance lodge. For instance, Jesus was in the desert for 40 days and 40 nights – the Sundance lodge has 40 poles. He also compared incense such as frankincense to a smudge that First Nations people use like sage. Basically, the point that the presenter was trying to make was that all traditions and ways of worship all lead to the same sacred circle. Other visions and prophecies in a Cree context were also shared by the presenters in this particular session.

From the North: Teachings and Games for Kids and Adolescents –Freda Roberts

The presenter brought several traditional games from the North which included:
a hand game;
three legged soccer; and
a grease stick game.

For the younger youth that attended the gathering (and attended this session in particular), the games went over quite well. The youth enjoyed themselves in learning new games. Some teachers who were present at this session were also very interested in learning these northern First Nations games for their students. The presenter indicated that in the north, they have found that using these games promotes teamwork, thinking, decision making while using physical strength in a positive way.

Haudenasaunnee Healing Ceremonies – Hubert Skye

The speaker discussed an overview of Haudenasaunnee ceremonies for maintaining health, identifying which had songs, types of food used during the ceremony and the role of participants in the ceremonies. He also provided the workshop participants with sound bits from different songs used with various ceremonies. The following ceremonies were described to participants in great detail over the course of two sessions by the presenter:

Animal spirit ceremonies:

- Bear
- Otter
- little horse
- eagle
- buffalo

Medicine games:

- Lacrosse
- Kick ball
- Fire ball
- Tug-a-war
- Double ball

- Snow snake
- Peach seed bowl
- Bone dice

Dances and other ceremonies:

- Dark dance of the little people
- Feast for the dead
- Great feather dance
- Stick rubbing
- Women old kind dance
- Drum dance
- Stirring ashes song
- Men's *thaly* chant
- War dance
- Wooden mask
- Corn husk mask

This is probably the best example during the gathering that demonstrated not only the diversity amongst First Nations traditional health and healing methodologies, but also the reality of a ‘free standing’ First Nations system of healing and medicine within a particular Nation.

Plenary Address –NAHO Chief Executive Officer, Paulette Tremblay and NAHO Youth Role Model Program National Spokesperson, Robert Horton

The NAHO CEO explained that she had just recently joined then NAHO team and was honored to be part of an organization with a knowledgeable staff. She commended the FNC for their dedication towards the research and knowledge management and leadership they are taking in the areas of First Nations Health and Research.

The National Aboriginal Health Organization (NAHO) is committed to improving the health and well-being of First Nations, Inuit and Métis living in urban, rural and remote communities across Canada. By collecting, analyzing and sharing health information with our diverse audiences and partners, NAHO continues to advance this vital cause. It is our founding belief that by sharing knowledge, we can empower our peoples to better themselves and their communities.

The National Spokesperson for the NAHO Youth Role Model Program gave a powerful address as one of the youth that is involved in the role model project. Robert Animikii Horton “Ogichidaa” Scholar, Activist, Future Leader spent over 10 years as a progressive social and political activist for Indigenous rights and education, he is a spoken-word poet, and has advocated for youth from Manitou Rapids. Horton said, “It’s more than possible to have strong roots and strong wings – be the change you wish to see. Defy convention. Hope, dream, imagine and inspire!”¹⁵

¹⁵ Worth noting here, Horton and other invited youth representatives went into the Elsipogtog high schools to give presentations and ended up having a significant positive impact on the students who became very excited and motivated to begin learning more about their own culture and traditional practices.

Women's Open Discussion Group with Josie Augustine, Alsen White, Bella Dion, Bertha Skye, Be'sha Blondin, Freda Roberts, and Lillian Pitawanaquit

Josie Augustine did the welcome by open prayer and smudging before the session began, there were about 40-50 women present. The grandmothers expressed that the teaching of coming of age for boys & girls is being lost and to bring it back for both. The women teachings are very important, about half of the women were able to share their concerns cause of time. Josie shared her medicines & pouches to all the women that were there and the teaching that comes with it. Session was cut because of time.

In this open forum, many topics were discussed amongst the women in attendance. The following are common themes/subject areas that occurred in the discussions:

Colonization

Participants indicated that many changes have taken place in a short period of time. One Elder noted that when they were young, First Nations ceremonies were banned. Participants discussed how colonial occurrences such as being in residential school taught people to be afraid of their culture and resulted, in some cases, in missing out on many teachings. Not only that, but being taken away from families resulted in people turning to drugs and alcohol and bringing that pain back to their communities.

Children and Youth

Much of the discussion revolved around children and youth. While some noted that young people today are not getting the picture, others noted how fast young people absorb knowledge. It was, therefore, deemed important to work with them and give them more teachings. First Nations young people today can be proud of their culture and are able to learn it.

Cultural products (use)

With regard to cultural products, participants noted that making such things as ceremonial regalia, drums, building lodges and other cultural tools is very important in helping young people.

Cultural Practices

Some participants noted that over a course of their lifetime, they have seen a lot of teachings coming back. These teachings are expressed through various avenues (e.g.: songs, dance and different ceremonies).

Governmental Relationships

A criticism from some participants was a perception that the government still wants to control expressions of First Nations healing through licensing and regulation. The need to hold conferences for medicine people was expressed. This initiative would have to happen at the community level and then the national level. It was noted that everyone needs to do the work (not just NAHO). At the same time, it was noted that discussions at the gathering which

involved both practitioners of modern Western medicine and First Nations medicine were fruitful.

*Women's responsibilities and traditional protocols*¹⁶

The participants noted that there are many diverse responsibilities and traditional protocols (depending upon where you are from) that are particular to First Nations women and their role within communities. For example, one participant noted that women carry the drum or heartbeat of the nation. Similarly to First Nations men, becoming aware of these responsibilities and traditional protocols can begin during rites of passage ceremonies (e.g.: fasting).

Traditional Gatherings

The participants noted that in this particular gathering the sessions were excellent while others noted how the teachings they received filled in some gaps in their lives. For this particular type of traditional gathering that happened in Elsipogtog, participants noted that they would like to see the gathering moved around to different places (four directions). It was noted that people were appreciative of the accessibility to healers during the gathering if they had health problems they wanted to discuss.

Education

The vision of education discussed in this circle ranged from teaching the very young to Traditional Knowledge Universities and life-long learning. One participant envisioned a school where one little children could build their self-esteem and learn First Nations ways. Others talked about a Traditional Knowledge University or College as a place to be able to share their gifts.

Role of NAHO

NAHO was asked to help facilitate a process of creating spaces where Traditional Knowledge can be expressed and become accessible to First Nations. It was noted that NAHO could also facilitate the continuation of similar gatherings in various communities.

Healing Sessions and Sweat Lodges

The individual doctoring sessions were coordinated by EHWC employees and Elsipogtog community member Angeline Purcell. Purcell with the help of Jeanne Sock made the arrangements, booked rooms, offices and coordinated the clients. Fifty-five people were listed as seeing healers or elders however many more who were not listed also requested the help of the healers and medicine people present at the gathering. Ailments that were addressed were of a physical, mental, or spiritual nature (or some combination of each).

The sweat-lodge ceremonies took place one to two times a day (for the most part in the evening) and were open to all gathering participants.

¹⁶ Note: In Appendix B that some of the protocols for the gathering are particular to women participants.

Shaking Tents- Don Daniels, Mark Thompson, David Gehue, Frank Augustine Claude Aubin and Matthew Mukash

On September 13th, the building and conducting of the shaking tents took place. There were five shakers plus their apprentices and they drew a large audience during the day (during the construction period), but especially during the evening of the shaking tent ceremonies. For the gathering participants who were present at the shake tent grounds during the day, they were able to learn how the shake tent structures were put up through hands on experience.

XI LESSONS LEARNED

Positive responses relative to the gathering:

- Reciprocity across groups in the organization of the event
- Exposure to Traditional Knowledge through sessions
- Benefits of Traditional Knowledge to individuals
- Location of ceremonial site
- Location of event site
- Strength of the youth
- All aspects of youth participation at the site and in the community
- Quality of teachings
- Access to multiple teachings
- Access to materials discussed in sessions
- Elders voiced support of NAHO's continued facilitation of these events and the moving of this type of gathering across nations.
- Quality of speakers and materials discussed
- Effective demonstration of true Knowledge Translation
- Staff dedication at all levels
- Meaningful engagement
- Quality of community involvement, persons, groups, etc.
- Youth and Elders dialogue circle was a remarkable opportunity
- Potential to move work into a discussion paper and/or further research
- Excellent reviews throughout the evaluation forms
- Youth response to event was highly positive
- Access to traditional healing
- Appropriate treatment of Elders

Identified areas of improvement:

- All aspects of a communications strategy (e.g.: schedule orientation and debriefing prior to and at the event)
- Greater accuracy in number of participants versus predictive numbers
- Logistics planning (e.g.: on site management, physical location of staff to site)

- Length to event to be reduced to 4-5 days maximum in order to balance Human resources, logistics cost to outcomes
- Respectful relations among staff and participants
- Adhere to NAHO policies (Human Resources, Financial etc) and retain NAHO image.
- Utilization of an employee's skill sets
- Lead on-site troubleshooter
- Greater role for NAHO in promotion of the event
- Mental health support for staff
- Food preparation policy

XII CONCLUSION

The overall scope of *Gegenootatolting* event was multidimensional in nature. Several of the projected results and outcomes¹⁷ were achieved at this gathering through utilization of the described gathering structure. The impact of recognizing and attempting to strengthen First Nations traditional health practices and perspectives resonated positively on national, regional and community levels. Along with the knowledge of the presenters and participants this success was achieved by the due diligence of the organizers and the respect that the participants had for the cultural protocols that were in place during the duration of the event.

The general purpose of this gathering was to bring people together to share knowledge on healing practices relevant to the whole person (body, mind and spirit). Illustrated from the diversity of presentations and activities described throughout this report, one can begin to appreciate the richness that exists within First Nations traditional health systems. General feedback from participants indicated that the gathering left people with useful information to contemplate for themselves and to share with their respective families, and communities.

¹⁷ See Section IV of this document.

XIII RECOMMENDATIONS

It is recommended that:

- Similar traditional gatherings in other First Nations territories should be facilitated and supported by the FNC of NAHO in the future.
- When planning and organizing Traditional gatherings, First Nations ceremonies and protocols should be well understood, respected and acknowledged by the organizers, and made a central feature of the event(s).
- Recognized cultural workers, traditional healers and Elders should be recruited to afford their special experience and knowledge when planning for and implementing traditional gatherings.
- The process of researching community-based traditional gathering models, which use culturally appropriate protocols and accord respect to traditional domains, should be further explored and developed.

XIV APPENDICIES

Appendix A

Gathering Announcement

Gegenootatolting: Sharing the Knowledge

Elsipogtog, New Brunswick - September 8-15, 2008.

Greetings!

August 7th, 2008

The First Nations Centre (FNC) of the National Aboriginal Health Organization (NAHO) in partnership with the Elsipogtog Health and Wellness Centre (EHWC) is hosting a traditional gathering, ***Gegenootatolting: Sharing the Knowledge***, during September 8-15, 2008. The purpose of the gathering is to bring people together to share knowledge on healing body, mind and spirit, and will provide many opportunities for healing and dialogue. This event is both national and regional in scope and is scheduled to take place at the EHWC and surrounding grounds of the Elsipogtog First Nation in New Brunswick. A variety of activities during the week will lead up to the conducting of shaking tent ceremonies on September 13th.

The focus of the gathering is ***Gegenootatolting***, or ***Sharing the Knowledge***: to teach tools to people so they can have more control over their own health. In addition to teachings and medicines related to the shaking tent ceremonies, the goal is to pass on traditional knowledge. Many opportunities will be provided to interact with Elders and traditional people locally and inter-tribally from across Nations.

Gegenootatolting: Sharing the Knowledge takes a very “hands on” approach to knowledge transmission and healing. It is an effort to mend the disruption of First Nations knowledge transmission. During an Elders Circle conducted by the FNC at an annual healers gathering at Saddle Lake First Nation (July 2007) participants noted “The fact that Elders are passing indicates the urgency and importance of such gatherings”. One Elders Circle participant stated, “All of a sudden we are the Elders... every Elder that dies, all the knowledge goes with them but they usually leave some people behind that they teach.” (First Nations Centre, Traditional Healing Circle of Elders Activity, July 18th, 2007). This gathering will make a direct attempt at addressing this need by providing a venue for Elders to pass knowledge to younger generations. Attached to this announcement is information on activities and logistical information. This event is open to all people with vested interests in continuing traditional knowledge retention. More information as it becomes available will be accessible at www.naho.ca/fnc. Should you have questions, please contact: Jeanne Simon at 506-526-4690S, Sylvia Jadis at 506-523-8227 or Josie Augustine at 506-523-8227.

We hope you are able to make it!

Thank you.

Gathering Coordination Team

Schedule of Events

The following events are scheduled to take place during the gathering:

Monday, September 8

Travel day for all gathering participants *

Tuesday, September 9 – Friday, September 12

Medicine Wheel Teachings (3-4 days)

Medicine Walks & Teachings (3-4 days)

Elder Teachings/Discussion Circles (3-4 days)

Women's Teachings (2-3 days)

Wampum Belt Teachings (1-2 days)

Saturday, September 13

Shaking Tent Ceremonies

Sunday, September 14

Various Teaching Circles & Community Social

Monday, September 15

Closing Ceremony & Travel day *

Participants are responsible for their own costs related to travel & accommodations.
Some meals are limited/provided onsite.

For a more detailed outline of events, please visit www.naho.ca/fnc

Accommodations

The following motels/campgrounds are within 10-20 min driving distance of the Gathering:

Richibucto/Rexton:

- Silver Birch, 506-523-4511
- Les Chalets du Havre, 506-523-1570
- Auberge O'Leary Inn, 506-523-4824
- St. Charles Adventures Inc – B&B, 506-876-2894
- Maple Lane Resort, 506-523-6111
- Jardine's Inn Rexton, 506-523-7070

Campgrounds:

- Daigles Park, St Louis de Kent, 506-876-4540
- Jardine Municipal Park, Richibucto, 506-523-7874

Buctouche:

- Auberge Buctouche Inn & Suites, 506-743-5003

- Dune View Inn & Restaurant, 506-743-9893
- Buctouche Bay Inn & Restaurant, 506-743-2726
- A&G B&B, 506-743-6920
- Au Bord D'la Baie, 506-743-9626
- Bellevue B&B, 506-743-6575
- Gite L'Heritage B&B, 506-743-5995
- Gite Du Centre ville B&B, 506-743-2253
- Campground- Buctouche Baie Chalets and Camping, 506-743-8883

Liability Clause

The First Nations Centre of the National Aboriginal Health Organization and the Elsipogtog Health and Wellness Centre is not responsible for any accidents, injuries or lost or stolen items. Participants will assume all risk and dangers incidental to any event and will waive all claims against the event, sponsor or owner of the facility whether or not such claims arise from negligence of any of the said parties.

Appendix B



Elsipogtog Health & Wellness Centre

205 Big Cove Road Elsipogtog, NB, E4W 2S1

Phone: (506) 523-8227 * **Fax:** (506) 523-8232 * **Web:** www.ehwc.ca * **ISDN:** 1.506.523.4007

The current Elsipogtog Health and Wellness Centre was built in the mid-1990s to respond to exceptional increases in demand for health services. By virtue of its central role in the lives of community members, the Elsipogtog Health and Wellness Centre provides access to a broad range of community-based primary health care services by...

1. Facilitating community development and providing a focal point for healthy community activities
2. Safeguarding community members while empowering their use of the health care system and encouraging them to share responsibility for their own well-being and that of their community
3. Monitoring, identifying and helping to correct inappropriate or abusive aspects of service delivery or use
4. Helping to attract, develop, sustain and retain top-quality professional staff
5. Enabling integrated services to provide excellent quality and continuity of care via collaborative practice, and
6. Enabling multiple partnerships to develop upstream community health strategies through the population health promotion approach.

The following Primary health Care services are provided at the EHWC:

- Community Health Services
- Clinical Services
- Home & Community Care Program
- Mental Health Services
- Victim's Assistance
- Restorative Justice
- Crisis Intervention
- Ambulance Services
- Alcohol & Drug Prevention

Elsipogtog Community Health Structure and Background

Elsipogtog First Nation is located in Kent County, under 2 Regional Health Authorities in the province of New Brunswick.

Moncton is the primary service centre for Elsipogtog First Nation and is located approximately 80 km south. Elsipogtog can obtain health services from centres both North and South of the reserve. In addition to Moncton, these centres include:

- Sainte Anne Hospital (approximately 25 km south)
- Miramichi Hospital (approximately 90 km north)
- Renton Health Clinic (approximately 15 km north)

Based on the community needs assessment completed in 2004, the population statistics include 2919 people living on the reserve and 543 living off the reserve for a total of 3422. The population is generally younger than the Canadian average. The largest segment of the population is between the ages of 20-64 years, and the next largest segment is between the ages of 5-19 years. 66% of the population is under 34 years of age.

In discussions with the staff, the Community Health Plan, and the Community Needs Assessment the **following were identified as main health-related problems** within the community:

- Alcohol Abuse
- Drug Abuse / Prescription Drug Misuse
- Smoking
- Cancer
- Mental Health / Suicide/Multi Generational Stress Response
- Violence and abuse
- Chronic Diseases; Diabetes, Hypertension, Arthritis, heart disease
- Lifestyle Issues: Physical Inactivity, Nutrition, Stress
- Dental Health (childhood)
- Teenage Sexuality Issues
- Housing

Health Structure

The Chief and Council of the First Nation at Elsipogtog, through community elections, have been authorized by the community to represent them and have delegated the responsibility of health services to the Director of Health, Claudia Simon. The Chief and Council therefore assume total authority for policy and operations including strategic and operational planning process. The Chief and Council will report to the community members through annual reports, informational forums and financial audit.

The stated mission of EHWC is:

“We believe in: the promotion and provision of holistic health and wellness services; responsive to our community needs; to affirm confidence, pride and self-responsibility.”

The Goals of the Health Centre are:

- to continuously improve the health status of the community and to reduce the levels and effects of health risks
- to enable community healing from the historical root causes of mental health

and social problems

- to provide community members with a full range of holistic health services that are tailored to their needs as a community and as Mi'kmaq people
- to provide services that involve the **blending of traditional and mainstream approaches to health** and healing in a way that is responsive to individual and community needs while remaining clinically effective
- to provide preventative and treatment services that are aware of and responsive to the social determinants of health, including those that are specific to the culture of our people
- to provide excellent continuity of client care through staff collaboration, professional partnerships and client-centered service design
- to promote and enable community members and EHWC clients to develop a shared sense of responsibility for their well-being and that of their community
- to establish and maintain the highest possible standards for professionalism and caring service
- to ensure that EHWC staff have the highest possible capacities for their jobs and to enable them to perform to the level of those capacities
- to base all decisions, individual and collective, on best practices and on the best available evidence

Appendix C

Gathering Protocols

We ask that those who attend this Gathering be aware of and follow the following protocols:

Cultural Protocols:

If unsure of any territorial protocols, please ask a Elder from Elsipogtog.

Traditional Protocols:

- **Absolutely** no drugs or alcohol.
- No firearms.
- No cameras, recording devices or audio visual equipment during any ceremonies, traditional doctoring, or teaching circles.

Participation Protocols:

- Offer tobacco, prints or a gift to a Healer prior to seeking his/her assistance.
 - Mandatory: Traditional and ceremonial wear of all women and young girls: full length dresses (long skirt and a t-shirt acceptable). When attending an event, inform the Elder leading the event if you are on your moontime (menstruating).
-

Appendix D

September 8-15, 2008 – Elsipogtog First Nation, NB

GEGENOATATOLTIMG: Sharing the Knowledge

Elder and Youth Dialogue Circle, September 9th, 2008

Agenda

Facilitator: James Lamouche, NAHO

1:00pm - 1:30pm	Introductions (Name and Where Your From, keep brief)
1:30 pm– 2:00pm	Overview From Facilitator: Looking to address obstacles and solutions to transferring key aspects of traditional knowledge from Elders to Youth(FNC to create a fact sheet of ideas and/or other resources for all FN's communities to use)
2:00pm-3:30pm	Breakout Groups (mixture of Elders and Youth to discuss)
3:30pm-5:00pm	One person from each breakout group reports back to larger group.
5:00pm -7:00pm	Dinner
7:00pm-9:00pm	Optional Sweat (Alex Ahenekew Sweat conductor) and opportunity for further discussion for Elders and Youth who participated in the dialogue circle.

Appendix E

GEGENOATATOLTIMG: Sharing the Knowledge September 8-15, 2008 – Elsipogtog First Nation, NB

Youth Asset Mapping, September 10th, 2008 Elsipogtog Youth Centre

Facilitator: Winona Polson-Lahache, NAHO

Agenda

1:00pm - 1:30pm	Introductions
1:30 pm– 2:00pm	Overview: What is Asset Mapping? What can it do for us? Introduction of the FNC Youth Asset Mapping Resource
2:00pm-2:30pm	Testing Asset Mapping Resource Group A & B – Activity 1
2:45pm-3:45pm	Testing Asset Mapping Resource Group A – Activity 2 Group B – Activity 3
3:45pm-4:30pm	Roundtable Discussion on Activity Testing Results
4:30pm-5:00pm	Overview FNC Youth Activities & Feed back Forms
5:00pm	Close

Appendix F

GEGENOATATOLTIMG: Sharing the Knowledge September 8-15, 2008 – Elsipogtog First Nation, NB

Blending of Traditional and Western Medicine in Service Delivery September 12th, 2008 Agenda

Facilitator(s): Pauline Busch and Julian Robbins

10:30am -11:00am	Introductions
11:00am -12:00pm	Overview From Facilitator/setting context and general discussion. Looking to address obstacles and solutions to true integration of Western and Traditional Medicines in Service Delivery
12:00pm-1:00pm	Lunch
1:30pm – 3:30pm	Roundtable Discussion: <i>Each participant will have the opportunity to share their community and/or organization's experiences and needs (about 20 minutes each)</i>
3:30pm-3:45pm	Break
3:45pm-4:30	Summary and Discussion of Themes: <i>Based on participants' experiences and input, a summary of common issues, priorities and needs will be collaboratively developed.</i>

Appendix G

GEGENOATATOLTIMG: Sharing the Knowledge September 8-15, 2008 – Elsipogtog First Nation, NB

AGENDA

The following events will be provided during the *Gegenootatolting: Sharing the Knowledge* Gathering, September 8-15, 2008 in Elsipogtog First Nation, New Brunswick.

Monday, September 8

All Day	Participant Arrival
9:00am	Information Booth Opens
Time TBA	Sweat Lodge

Tuesday, September 9

9:00am - 11:00am	Opening Ceremony and Gathering Orientation: Drum, Pipe, Welcome from Mi'kmaq Elders, Elsipogtog Chief and Council Representative, Elsipogtog Health and Wellness Centre
11:00 am - 12:00pm	Registration for Doctoring (limit according to capacity of healers)
12 :00pm - 1:00 pm	Lunch
1:30pm - 3:30 pm	Sweat Lodge teachings -David Gehue
1:30pm - 3:30 pm	Women's Teachings –Jose Augustine
4:00pm - 5:30pm	Law and Order in the Medicines –David Gehue
4:00pm - 5:30pm	Women's Teachings- Bertha Skye
6:00 pm	Dinner
Time TBA	Sweat Lodge

Traditional Doctoring – ongoing throughout day

Wednesday, September 10

- 9:00am – 10:00am Registration for Doctoring (limit according to capacity of healers)
- 10:30am - 12:00pm First Steps in Self-discovery, the Eeyou Way - Matthew Mukash
10:30am - 12 :00pm Grandmother Teachings : Dreaming and the Medicines – Alsen White
- 12 pm - 1:00pm Lunch
- 1:30pm - 3:30pm Michael Thrasher –Medicine Wheels and Mental Health
1:30pm - 3:30pm Claude Aubin -Wampum Belts
1:30pm - 3:30pm Medicine Walk- Jose Augustine
- 4:00pm - 5:30pm Dene Prophecies –Be’sha Blondin
4:00pm - 5:30pm Cree Prophecies, Meaning of Ceremonies and Youth Protocols – Alex
Ahenekeew and Francis McAdam
- 6:00 pm Dinner
- Time TBA** Sweat Lodge

Traditional Doctoring – ongoing throughout day

Thursday, September 11

- 9:00am - 10:00am Registration for Doctoring (limit according to capacity of healers)
- 10:30am -12:00pm Medicine Wheels and Mental Health –Michael Thrasher
10:30am - 12:00pm Freda Roberts – From the North: Teachings and Games for Kids and
Adolescents
- 12 :00pm - 1:00pm Lunch
- 1:30pm - 3:30pm Dene Prophecies – Be’sha Blondin
1:30pm - 3:30pm Haudenasaunnee Healing Ceremonies – Hubert Skye
1:30pm - 3:30pm Medicine Walk- Jose Augustine
- 4:00pm - 5:30pm Rites of Passage for Youth –Abraham Bearskin
- 6:00 pm Dinner
- Time TBA** Sweat Lodge

Traditional Doctoring – ongoing throughout day

Friday, September 12

- 9:00 am - 10:00 am Plenary Address
NAHO Chief Executive Officer, Paulette Tremblay
EHWC Executive Director, Eva Sock
- 10:00am - 10:30am Registration for Doctoring (limit according to capacity of healers)
- 10:30am - 12:00pm Rites of Passage – Abraham Bearskin
10:30am - 12:00pm Medicine Walk- Jose Augustine
- 12:00pm - 1:00pm Lunch
- 1:30pm - 3:30pm Haudenasaunnee Healing Ceremonies– Hubert Skye
1:30 pm - 3:30 pm Dene Prophecies – Be’sha Blondin
- 4:00pm - 5:30pm Medicine Wheels and Mental Health -Michael Thrasher
- 6:00 pm Dinner
- Time TBA** Sweat Lodge

Traditional Doctoring – ongoing throughout day

Saturday, September 13

- 8:00 am - 12:00 pm Collecting Materials for Ceremony
- 12:00pm - 1:00pm Lunch
- 1:30pm - 3:30 pm Women’s Teachings Discussion Group with Josie Augustine, Alsen White, Bella Dion, Bertha Skye, Be’sha Blondin, Freda Roberts, and Lillian Pitawanaquit
- 1:30pm - 6:30 pm Building the Shaking Tents (at the shaking tent grounds)
- 9:00 pm - Shaking Tent Ceremonies
- No Doctoring Tent on this day

Sunday, September 14

- 9:00am - 10:00 am Registration for Doctoring (limit according to capacity of healers)
- 10:30 am - 12:00 pm Grandmother Teachings: Dreaming and Medicines – Alsen White
10:30 am - 12:00pm Medicine Walk –Josie Augustine
- 12:00 pm - 1:00 pm Lunch
- 1:30 pm - 3:30 pm Freda Roberts – From the North: Teachings and Games for Kids and Adolescents
1:30 pm - 3:30 pm Cree Prophecies, Meaning of Ceremonies – Alex Ahenekew and Francis McAdam
- 4:00pm Community Social
- Time TBA** Sweat Lodge

Traditional Doctoring – ongoing throughout day

Monday, September 15

- 9:00 am - 12:00 pm Gathering Closing
12:00 pm - Participant Departure

Liability Clause

The First Nations Centre, The National Aboriginal Health Organization or The Elsipogtog Health and Wellness Centre is not responsible for any accidents, injuries or lost or stolen items. Participants will assume all risk and dangers incidental to any event and will waive all claims against the event, sponsor or owner of the facility whether or not such claims arise from negligence of any of the said parties.

