

YOUTHFUL EYES ON HISTORICAL TRAUMA AND RESILIENCY IN A NORTHERN ALBERTAN CREE FIRST NATION COMMUNITY

Abstract

Determinants of wellness and health affect wellbeing in Indigenous communities. Youth point out the ‘taken for granted’ animating discussions about invisible influences on communities.

Purpose: To encourage youth to reveal through artwork their perceptions and understandings about community wellbeing.

Research Question: What makes you happy or sad about living in your community?

Community-based Participatory Action Research and Interpretive Phenomenology used as Elders, community members, and Band Council shaped the research. Fifty six youth aged 9-19 participated after ethical approval and solicitation in the Boys and Girls Club and high school. Discussion amongst community members ensued. Elicited thoughts highlighted where changes could be made to improve or support positive aspects of community life.

Findings: Striking images (photos/ putty work) included happy, smiling community members; others depicted what made youth sad: gangs, family violence, and illicit drug consumption.

Community members commented that sad images showed the effects of intergenerational historical trauma. The findings were brought to the Band council for discussion; youth volunteered to paint a wall mural at the high school depicting wellness in the community; social workers used the youth art images to inform Social Work students at Blue Quills Cree Community College about health and wellness in this community. (200 words)

Northern Albertan youth view historical trauma and resiliency

Key words: Aboriginal; intergenerational historical trauma; resiliency; community; youth

This article outlines an innovative research project undertaken in a Cree First Nations Community in Northern Alberta 2008 - 2011. It is an example of Community-based Participatory Action Research combined with Interpretive Phenomenology (participatory interpretive inquiry)(PAR-IP)(SA Conroy, 2012) working to its full potential in gathering community members of all ages: to reflect upon and to take action to address community concerns about health and wellbeing; and to bring what is working well (or not) in the community to local decision and policy makers. It seemed natural and culturally foundational to include Aboriginal youth as the primary commentators about what was happening in the community and to integrally involve elders and community leaders in the research project. Throughout the research, we honoured Aboriginal ways of doing and being: initiating the research through pipe ceremonies; following the Blue Quills First Nations Ethics Review Board protocols and attending to requirements and approval of the Health Ethics Review Board Panel B of the University of Alberta; working closely with the Your community First Nations Band Council; respecting the place and input of Elders; and attending to the counsel of Band Leaders. Below, we outline what the research project encompassed, including some examples of the artwork the youth provided, then move to the findings, implications, resultant actions and ideas for future directions flowing from the project.

Project purpose: To encourage youth to reveal through artwork their perceptions and understandings about community wellbeing. From the outset, we valued both the input of community youth who experience the everydayness of life in their community, and youth's powers of observation. Originally, the research proposal submitted to SSHRC was titled: *A wellspring approach to a burgeoning problem: Obesity prevention with and by Aboriginal*

people through promoting healthy culturally-appropriate lifestyles throughout the lifespan.

(SSHRC RDI Grant #820-2007-1053) However, it became apparent that there was more to ill health in the community than only obesity; it was evident to all that social determinants of health (Lachance, 2010; Mikkonen & Raphael, 2010; Smithetal, 2005; WorldHealthOrganisation, 2003) and wellbeing were adversely affecting everyone in the community. Therefore, we formulated an offshoot proposal for research to the Killam Foundation Operating Grant at the University of Alberta to fund: *Exploring health through the eyes and art of Aboriginal children* (Killam Cornerstone Operating Grant # RES0007507) with the purpose (in Cree) of the research to: encourage children to “kiskeyihtamohiwewin” - to reveal through the act of telling, what is perceived and understood about health from their point of view. They were asked, using a variety of art forms, to share with elders, parents and community members what health means to them. Through discussion with the community, we also came to understand that we would be dealing with youth, more than children, and with ‘wellbeing’ more than with ‘health’ issues.

To the youth, we posed the youth-friendly **Research Question:** What makes you happy or sad about living in your community? It was hoped that this carefully thought out youth-friendly question opened the possibility to youth aged 7 to 19 years to offer their perceptions about community wellbeing without imposing adult, western-styled words to frame the question. We have a deep respect for what the youth could offer to the research. (Trafzer, 1992) Consistently, we were encouraged by their delight in being asked for their input and thoughts. There was always the promise that their words and artworks would be brought to the community for reflection leading to action to make the community the best place to flourish as a People and Nation framed within Cree traditions.

To put community health and wellness in perspective, many publications and reports provided commentary on the poor health and living conditions in Aboriginal communities. The Alberta Diabetes Surveillance Survey outlines many Aboriginal communities where living and associated health conditions are subpar in comparison to more affluent Albertan communities. (ADSS, 2009) Adverse living conditions affect social-economic determinants of health in many ways (Adelson, 2005; Gracey & King, 2009; King, Smith, & Gracey, 2009) leading to an intergenerational downstream negative effect on physical and mental health. Maternal health affects women's offspring prior to, during and after pregnancy. (Barker, 1998; Carson & Conroy, 2006; SA Conroy & Baydala, 2009; SA Conroy, Makokis, Carson, & Whitty-Rogers, 2013; SA Conroy, Murray, Carson, Ragnarsdottir, & Blood, 2011; Statistics, 2008; T. K. Young, Martens, P.J., Taback, S.P., Sellars, E.A., Dean, H.J., Cheang, M., Flett, B., 2002; T. K. Young, Reading, J., Elias, B., and O'Neil, J.D., 2000) These effects include major adult and childhood conditions and diseases such as diabetes, obesity, and hypertension. Plus, poverty affects the whole community, dragging down the morale of most, although some become resilient to all or any of these adverse influences. Although the research team initially had considered performing childhood obesity prevention research, it was clear that many obesity and diabetes research projects and government programs were, perhaps with few exceptions like the Sandy Lake and Kahnawake diabetes prevention programs, successful only in the short term. (Cargo et al., 2003; Gittelsohn et al., 1995) We decided that an insider look at the socio-economic context facing community residents was needed; it must be culturally sensitive, locally driven, and community-focused to uncover the grassroots' context for socio-economic determinants of health and wellness framing community life.

Methodology

We combined use of CB[PAR] (Freire, 1970/1983, 1974/1980; McIntyre, 2008) and Interpretive Phenomenology (SA Conroy, 1989; S Conroy & Dobson, 2005; Munhall, 2012) as methods while Elders, community members, and the community Band Council shaped the research. Fifty-six youth aged 9-19 years participated after ethical approval and solicitation in the Boys and Girls Club and high school. PAR principles and Aboriginal protocols shaped the research from its conception. (McIntyre, 2008; Wilson, 2008.) The research question, plan, and implementation phases drew in community members of all ages to formulate and implement each stage of the research. Documented discussion amongst community members ensued. Elicited thoughts highlighted where changes could be made to improve or support positive aspects of community life.

Smudge and/or pipe ceremonies heralded the start of any activity throughout the project. Youth were either given disposable cameras to photograph people, events, items in the community, and/or given teachers' putty to make a 'sculpture' representing what made them happy or sad. A final project initiated and accomplished by older youth was to paint a mural on the high school wall depicting wellness and health in the community. It is a given that anyone included in photographs gave consent to be included in the photograph. Consent forms were signed by adults for themselves and/ or for their participating minor children; assent forms were signed by youth under 14 years of age. Youth artists were asked to provide their verbal interpretation of what had prompted their choice of image or sculpture. Both were displayed at community gatherings and to the Band Council for reflection on what the artwork meant to the youth-artist and what message the artworks were intended to send to the community regarding what made youth happy or sad about living in the community. Focus groups were formed

comprising community members who reflected on the messages sent by the youth and to consider what could be done to strengthen what the youth liked about living in the community or to develop policies at the local level to improve living conditions in the community. All discussions were audio-taped and transcribed. Striking images (photos/ clay work/wall mural) included happy, smiling community members; others depicted what made youth sad, including commentaries about gangs, family violence, and drug consumption. Community viewers commented and recognised that the sad images showed the effects of intergenerational historical trauma and the happy artwork showed resiliency in some community members to adversity. First, we turn to what the youth displayed as making them happy about living in the community before looking at ‘sadder’ images.

Happy Findings:

Striking images (photos/ clay work/wall mural) included happy, smiling community members. All youth, who provided images of situations or people that made them happy about living in the community, interpreted their artwork with a quiet happiness, and righteous pride in significant people and aspects for youth about living in the community. Evident was the closeness of loved ones who cared for and about the youth. Several students mentioned the importance to their loved ones and themselves of keeping cultural traditions alive and vibrant. Many photographs showed striking images of powerful First Nations leaders and dance ceremonies. One putty image depicted people joined in a circle, with different colours of putty used to distinguish people in the circle. Discussion circles for sharing purposes were easily formed in keeping with traditional practices by the youth and community members. Dear to their hearts and minds were pictures of wild flowers in the fields, their schools, and the Boys and Girls

Club. Pictures of puppies, dogs, cattle or bison brought delightful smiles to their faces. Through stories about their Kookums (grandmothers) or Moshums (grandfathers), they expressed feelings of closeness to and love of close relatives. Many youth appreciated how their grandparents and parents influenced their lives in positive, supportive ways. Respect for community leaders was evident in their stories of how some leaders worked hard to improve the community. Mutual respect between the youth, Band Council members, and community leaders was demonstrated in the eagerness of the older members to join with youth in this project to make it work.

FIGURE 1 – FAMILY, FRIENDS, AND CULTURE

Figure 1 Family Friends and Culture



Sad findings

The images chosen by many youth as depicting a sad commentary on the community were located in the human environment or the physical space around them. The burnt residences are a grim reminder of the precariousness of life in this community.

Figure 2 SADNESS and LOSS



Many of the putty sculptures depicted what made youth sad, including commentaries about gang, family violence, and illicit drug consumption. The broken fences and homes or boarded-up buildings defaced with ugly graffiti, painted in vivid red and black colours, merited particularly strong comments from the youth about why they were sad about living in their community.

FIGURE 3 - DRUGS, ALCOHOL, SUICIDE



A guided tour by a local resident of the community in November highlighted the prevalence of buildings and signs marked up with ugly, garish graffiti or pointed out the ramshackle state of most homes and dwellings. Liquor was easily available from liquor outlets; convenience stores with poor quality, high cost food stuffs dotted the community. The ‘face’ of poverty was ever present.(P. Makokis, 2010) Youth despised what the graffiti said to visitors and residents about their community. Many of the youth-artists referred to the graffiti with disparaging remarks especially the inclusion of the gang logos of the Ghetto Boys and other groups. Burnt buildings reminded youth of sad happenings in their personal or neighbours’ lives. Youth were upset at the environmental destruction of the land and the community, with reproachful remarks about trash at the dumps and on the roadside. Pollution was a point of concern and contention. Pictures of local fouled streams in a community that bring in drinking water and waters local fields harvested by American-driven combines, contrast with any social

reform ideas of self-sufficiency, land stewardship, and water sovereignty. Of concern to youth was the amount of road kill within and on the borders of the community. When asked why she thought this type of destruction happened so frequently, one girl stated that she thought drivers drove too fast, and some hit dogs on purpose; this act flew in the face of First Nations' respect for all of nature. The girl's little brother whose grave is shown below, died of respiratory problems when he was one year old, leaving a gaping hole in this large family of happy children and caring parents. As stated previously, community members who had the chance to see these images while they were shown individually or at the final exhibitions, were unanimous in pointing to the effects of intergenerational historical trauma as the root cause of the youth's and the community's discomfort with the quality of life in Your community.

FIGURE 4 – GARBAGE, POLLUTION, ROAD KILL, AND EARLY DEATH FROM RESPIRATORY PROBLEMS



Intergenerational Historical Trauma

It is crucial to put the context of colonisation in what is now known as Canada. James Raffan's poem which follows puts the treaties into perspective; they still inform the cultural life-space for Aboriginal peoples. Nonetheless, when one considers the circumstances in which many Aboriginal people live in diverse parts of Canada, it gives pause for thought about how historical intergenerational trauma arose in the last three centuries.

Even the surrounding fields circling the Cree First Nations Community are lands let out to a huge farming enterprise whose owner ‘rents’ the land at usurious prices from community members who cannot afford for various reasons to till the land themselves. Hidden in this practice is the fact that community members need to find some money to support their families who are living at a bare subsistence level. This practice gives rise to the spectre of third-world conditions in Canadian Aboriginal communities. The ‘renter’s company’ subsequently imports and hires Americans to run huge combines in order to harvest the crops. The money gained by his enterprise moves away from the land outside the community, rather than into the pockets and bank accounts of the land owners.(P. Makokis, 2010) One can begin to understand why the community is filled at every turn of the road with graffiti, and filled with disenfranchised, hopeless-feeling residents. Culturally-based communal sharing of resources has been abandoned by many members. For example, traditionally, if a house was boarded up as in Figure 2, or an unpleasant incident happened to, or with a family that resulted in self-isolating behaviours, someone in the community would take it upon themselves to come to the dwelling to offer support and assistance as needed. People in need – emotional or physical - were never left alone. The connectedness formed an unbroken chain of comfort and solace. But that chain link is rusted and broken in this community.

The promise of the treaties:

Reconciliation Journey

Before

In this nation of rivers

The canoe

A gift from The Land

Brought people side by side;

Aboriginal, non-Aboriginal

In the same boat

Pulling together

From sea to sea

Now
In this nation that cries for healing
The canoe
A gift of First Nations
Holds that same promise;
Aboriginal and non-Aboriginal
In the same boat
Pulling together
From sea to unity

Then
In a nation renewed
The canoe
We build together
Will carry our past; and remind us
As Canadians
That being in the same boat
Pulling together
Opens new horizons
James Raffan (Raffan, 2010)

The promise of the Two-Row Wampum belt (SA Conroy, Makokis, Blood, & Steinhauer, 2011) disintegrated with dishonoured promises and discriminatory actions, albeit sometimes unwittingly. This breakdown in respect for Aboriginal people was initiated from a Eurocentric view of the world as far back as the Publication of the Doctrine of Discovery (1823) promulgated by Christian monarchs and in Papal Bulls (1452). (Mitchell & Maracle, 2005; Paul, 2011; Peavey, 1993; UN, 2010) The effects of intergenerational historical trauma have been noted worldwide. However, in Aboriginal societies in Canada, it also raises the spectre of cultural genocide in our midst sparked most recently by the opening of the residential school system in the 1800s. The youth referred to this intergenerational trauma in their pain wracked images of their community, the people, and comments about impoverished living conditions in this community.

What is intergenerational historical trauma?

Historical trauma (Blackstock, 2008; Coyhis & White, 2006; L. Makokis, 2001) creates a deep woundedness in people and communities that have borne the brunt of adverse social

determinants of health and wellbeing across centuries, rendering them with a feeling of hopelessness, unexplained grief, loss, and feelings of vulnerability. Their inequitable quality of life, physical and emotional state is blighted. (Whitehead, 1985) Grinding poverty wears their spirit down.

We define [it] as cumulative emotional and psychological wounding across generations, including one's own lifespan, because everything up to a minute ago is history. It is all historical. What's happened in your own personal history, as well as what's happened in the generational line of your parents, grandparents, and in your community—great grandparents, great great grandparents—is all meaningful. The historical unresolved grief goes along with that trauma. (YellowHorseBraveHeart, 2005) p. 4

In his research, Felitti offers some telling comments about the effects of adverse childhood experiences on adult health. (VJ Felitti, 2002; V Felitti et al., 1998) His studies document how any singular or combined adversarial effects such as child abuse; sexual exploitation, or poor nutrition can affect children in a community over generations. Maté echoes these findings in his work with Aboriginal women who have migrated from many Albertan communities and elsewhere to Vancouver's downtrodden East Side.(Mate, 2004, 2008) Their final plight is mirrored in the `Highway of Tears` that spreads from Alberta to the West Coast of British Columbia. Missing women are mourned in the Aboriginal communities that feed that Highway.

It is no different in this community; healing strategies need to surface from and within the community to address what the youth have shown us so clearly and graphically if they are to survive into the next decades let alone for the sacred seven generations to come. How can they develop resiliency to these long standing negative influences?

What is resiliency?

According to Resiliency Canada,

studies have followed individuals raised in extremely high-risk environments that included significant levels of poverty, alcoholism, drug abuse, physical and sexual abuse, and mental illness. Researchers found that at least 50 per cent and usually closer to 70 per cent of these individuals grow up to be not only successful by societal standards, but "confident, competent, and caring" persons (Werner & Smith, 1992). The reason some individuals succeed when faced with risks and adversity is resiliency – the capability of individuals and systems (families, groups and communities) to cope with significant adversity or stress in ways that are not only effective, but tend to result in an increased ability to constructively respond to future adversity.

Many of the parents of the children in this study pass along their resiliency to adverse childhood experiences, whether they or their own parents were in residential schools. Although surrounded by alcoholism, drug use, arson, or family violence, they have found the strength from their cultural practices to cope with poverty, stress, poor education levels, and devaluing of Cree culture and ways of being. They encourage their children to envision what is possible, to find strength in adversity, to draw strength from cultural practices. They act as mentors, coaches, teachers, and healers. They choose to live in harmony. The system in which they live is seen as interconnected, interdependent, and relational. "One of the teachings of the Medicine Wheel says that the Honor of One is the Honor of All. And if that is true, then The Pain of One is the Pain of All". (Bison, 2002) p. 14 Youth in this study frequently mentioned that their culture was important to them. They look forward to contributing to it for seven generations to come. They benefit from the role models which community members act out every day.(ResiliencyCanada, 2013)

The results of this research project are, and will continue to be, addressed in community healing circles planned to acknowledge what has happened historically and to draw upon the strengths and community wisdom found in members who are resilient themselves. To do this, the this Cree First Nations community plans more focus groups for adults to discuss the findings

passed on by the children. The medicine wheel will be the guiding point for discussions about how to direct actions towards wellbeing in the community. The Native American (Bison, 2002) and Blue Quills First Nations Codes of Ethics, formulated by the leadership team at Blue Quills (BlueQuillsBoardofGovernors, 2009), will guide actions of community members and the Band Council in a respectful movement towards renewing and restoring health and wellbeing in the community. This research project strengthened community resolve to make life in the community better for generations to come. It gave youth the chance to be heard about a topic they had not been given an opportunity to discuss before with the community, nor to offer positive suggestions for areas needing continued support or change for improvement of health and wellbeing.

REFERENCES

- Adelson, N. (2005). The embodiment of inequity: Health disparities in Aboriginal Canada. *Canadian Journal of Public Health*, 96(Supp 2), S45-61.
- ADSS. (2009). *Alberta Diabetes Surveillance Survey*.
- Barker, D. (1998). *Mothers, Babies and Health in Later Life* (Second ed.). Edinburgh: Churchill Livingstone.
- Bison, W. (2002). *The Red Road to Wellbriety in the Native American Way*. Colorado Springs, CO.
- Blackstock, C. (2008). *Rooting Mental Health In an Aboriginal World View Inspired by Many Hands One Dream*. Paper presented at the The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO.
- BlueQuillsBoardofGovernors. (2009). *Blue Quills First Nations College Research Ethics Policy*. Unpublished manuscript, St Paul, AB.
- Cargo, M., Levesque, L., Macaulay, A., McComber, A., Desrosiers, S., Delormier, T., et al. (2003). Community governance of the Kahnawake Schools Diabetes Prevention Project, Kahnawake Territory, Mohawk Nation, Canada. *Health Promotion International*, 18(3), 177-187.
- Carson, G., & Conroy, S. (2006). *Perinatal social determinants of health and childhood obesity: an integrative literature review poster presentation*. Paper presented at the IWK Hospital Perinatal Health Research Day.
- Conroy, S. (1989). *Moral and Intellectual Development of John Abbott College Student and Graduate Female Nurses*. Unpublished Masters, McGill University, Montreal, QC.
- Conroy, S. (2012). *Community –based participatory action research and interpretive phenomenology (participatory interpretive inquiry) The Saddle Lake youth project 2009-2010*. Paper presented at the IQQM Thinking Qualitatively Workshop
- Conroy, S., & Baydala, L. (2009). *The link between infant size and later obesity*. Paper presented at the Covenant Health Research Centre & Paediatric Environmental Health Specialty Unit Research Day.
- Conroy, S., & Dobson, S. (2005). Mood and Narrative Entwinement: Some implications for educational practice. *QHR*, 15(7), 975-990.
- Conroy, S., Makokis, P., Blood, R., & Steinhauer, S. (2011). *Revisiting the Two Row Wampum Belt*. Paper presented at the Amiquaaq: Share Songs, Knowledge, & Traditions: The Ethical Relationships that Exist Between Us.
- Conroy, S., Makokis, P., Carson, G., & Whitty-Rogers, J. (2013). *Social Determinants of Wellness Affect Canadian Indigenous Women: For better or worse. - Poster Walk*. Paper presented at the Diabetes in Pregnancy Seventh International Conference.
- Conroy, S., Murray, C., Carson, G., Ragnarsdottir, L., & Blood, R. (2011). *Social determinants of health affect women and their offspring prior to, during, and after pregnancy*. Paper presented at the Diabetes in Pregnancy Sixth International Conference.
- Coyhis, D., & White, W. (2006). *Alcohol problems in Native America: The untold story of resistance and recovery - the truth about the lie*. Colorado Springs, CO: White Bison Inc.
- Felitti, V. (2002). The Relationship of Adverse Childhood Experiences to Adult Health: Turning Gold Into Lead. German ACE article. *Z Psychosom Med Psychother*, 28(4), 359-369.

- Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., et al. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *Am J Prev Med*, 14(4), 245-258.
- Freire, P. (1970/1983). *Pedagogy of the oppressed*. New York: Continuum.
- Freire, P. (1974/1980). *Education for critical consciousness*. New York: Continuum.
- Gittelsohn, J., Harris, S., Whitehead, S., Wolever, T., Hanley, A., Barnie, A., et al. (1995). Developing diabetes interventions in an Ojibwa-Cree community in northern Ontario: Linking qualitative and quantitative data. *Chronic Dis Can*, 16, 157-164.
- Gracey, M., & King, M. (2009). Indigenous health part 1: determinants and disease patterns. *the Lancet*, 374, 65-75.
- King, M., Smith, A., & Gracey, M. (2009). Indigenous health part 2: the underlying causes of the health gap. *The Lancet*, 374.
- Lachance, N. (2010). *Health determinants for First Nations in Alberta*.
- Makokis, L. (2001). *125 years of Treaty 6 (1876-2001)*. Unpublished manuscript, St Paul, AB.
- Makokis, P. (2010). A guided tour of Saddle Lake First Nations Cree Community. In S. Conroy (Ed.) (Personal guided tour of the Saddle Lake community ed.). Saddle Lake First Nations Cree Community, AB.
- Mate, G. (2004). *When the Body Says No. The Cost of Hidden Stress*. Toronto, ON: Vintage Canada.
- Mate, G. (2008). *In the Realm of Hungry Ghosts. Close encounters with addictions*. Toronto, ON: Vintage Canada.
- McIntyre, A. (2008). *Participatory Action Research*. Los Angeles, CA: Sage.
- Mikkonen, J., & Raphael, D. (2010). *Social Determinants of Health: The Canadian Facts*. Toronto, ON: York University Press.
- Mitchell, T., & Maracle, D. (2005). Healing the Generations: Post-Traumatic Stress and the Health Status of Aboriginal Populations in Canada. *Journal of Aboriginal Health*, 2(1), 14-23.
- Munhall, P. (2012). *Nursing Research: A qualitative perspective* (5th ed.). Mississauga, ON: Jones & Bartlett Learning.
- Paul, D. (2011). Doctrine of Discovery. Retrieved 10/04/2011: <http://www.danielpaul.com/DoctrineOfDiscovery.html>
- Peavey, R. (1993). *Development of Aboriginal Counselling: A Brief Submitted to the Royal Commission on Aboriginal Peoples*. Vancouver: University of Victoria.
- Raffan, J. (2010). *Reconciliation : A Work in Progress*. Ottawa, CA.
- ResiliencyCanada. (2013). Core Character Competencies and Positive Youth Development. Retrieved 25-2-2013, from Resiliency Canada: <http://www.resil.ca/about/>
- Shaw, I. (2003). Ethics in Qualitative Research and Evaluation. *Journal of Social Work*, 3(1), 9-29.
- Smithetal. (2005). Social Determinants of Health and Nursing: A Summary of the Issues, *CNA Backgrounder* (pp. 10). Ottawa, ON: Canadian Nurses Association.
- Statistics, C. (2008). Obesity and the eating habits of the Aboriginal Population. [Health Report]. 19(1).
- Trafzer, C. (1992). The word is sacred to a child: American Indians and children's literature. *American Indian Quarterly*, 16(3), 381-395.

- UN. (2010). *Preliminary study shows 'Doctrine of Discovery' legal construct historical root*. New York: United Nations Economic and Social Council
- Whitehead, M. (1985). *The concepts and principles of equity and health*.
- Wilson, S. (2008.). *Research is Ceremony*. . Hignell Book Winnipeg, MB.
- WorldHealthOrganisation. (2003). *Social determinants of health: The solid facts*. Copenhagen, Denmark: WorldHealthOrganisation.
- YellowHorseBraveHeart, M. (2005). *From Intergenerational Trauma to Intergenerational Healing*. Paper presented at the Fifth Annual White Bison Wellbriety Conference
- Young, T. K., Martens, P.J., Taback, S.P., Sellars, E.A., Dean, H.J., Cheang, M., Flett, B. (2002). Type 2 diabetes mellitus in children: Prenatal and early infancy risk factors among native Canadians. *Archives of Pediatrics & Adolescent Medicine*, 156(7), 651-655.
- Young, T. K., Reading, J., Elias, B., and O'Neil, J.D. (2000). Type 2 diabetes mellitus in Canada's First Nations: status of an epidemic in progress. *Canadian Medical Association Journal*, 163(5), 561-566.