

**A Preliminary Case Study of Perceptions of Access to
Ethnomedicine in the Environment in the Mi'kmaq Community of
Indian Brook**

by

Joanne R. Pereira

**Submitted in partial fulfillment of the requirements for the degree
of Master of Environmental Studies**

at

**Dalhousie University
Halifax, Nova Scotia
June 2000**

© Copyright by Joanne R. Pereira, 2000



National Library
of Canada

Acquisitions and
Bibliographic Services

395 Wellington Street
Ottawa ON K1A 0N4
Canada

Bibliothèque nationale
du Canada

Acquisitions et
services bibliographiques

395, rue Wellington
Ottawa ON K1A 0N4
Canada

Your file *Votre référence*

Our file *Notre référence*

The author has granted a non-exclusive licence allowing the National Library of Canada to reproduce, loan, distribute or sell copies of this thesis in microform, paper or electronic formats.

The author retains ownership of the copyright in this thesis. Neither the thesis nor substantial extracts from it may be printed or otherwise reproduced without the author's permission.

L'auteur a accordé une licence non exclusive permettant à la Bibliothèque nationale du Canada de reproduire, prêter, distribuer ou vendre des copies de cette thèse sous la forme de microfiche/film, de reproduction sur papier ou sur format électronique.

L'auteur conserve la propriété du droit d'auteur qui protège cette thèse. Ni la thèse ni des extraits substantiels de celle-ci ne doivent être imprimés ou autrement reproduits sans son autorisation.

0-612-57222-6

Canada

In loving memory of **Maria Josephine Pereira** and **Mary Flora Lobo** whose courage, strength and love have enriched many lives in amazing ways.

TABLE OF CONTENTS

Table of Contents	v
List of Tables, Figures and Appendices.....	viii
Abstract	ix
Acknowledgements	x

I. Introduction

I.1 The Study.....	3
Main Research Question.	3
Research Philosophy and Approach	5
Scope and Rationale of the Study.....	6
I.2 Structure of the Thesis	7
I.3 Case Description	7

II. Methodology

II.1 The Context	10
Cultural Studies.....	10
The Case Study Approach	11
The Field Work	12
II.2 The Adaptation and Utilization of Community- Based Participatory Research Tools	14
Semi-Structured Interviews (SSI's)	15
Transect Walks	15
Oral Histories	16
Mapping Exercises	16
Personal Observation	17
II.3 The Research Process	19
A Change in Location	19
II.4 Data Collection and Management of Information	20
Ethical Considerations	20
Limitations of the Research and Personal Bias	24

III. Literature Review: The Mi'kmaq and their Traditional Medicines

III.1 Historic Account of the Mi'kmaq	27
The Reserve System	29
The Indian Residential School System	30
The Significance of the Family	31
III.2 The Historical Relationship with Land	33

III.3 European Contact and the Introduction of Disease	34
III.4 Traditional Medicine	37
Botanical Realm	38
Psychological and Spiritual Realms	40
III.5 Perception and Well-Being	42
The Environment	42
Spirituality	43
III.6 The Need for Access to Cures	45
Issues of Self-Esteem, Stress and Well-Being	45
Resources and Well-Being Among Aboriginal People in Canada	47
 IV. Factors Affecting Traditional Medicine Access	
IV.1 Relevant Treaties and Legal Cases	50
IV.2 Spiritual, Emotional and Psychological Consciousness Related to Land	57
IV.3 Gender and Traditional Medicine	59
IV.4 Other Issues Associated with Traditional Medicine	62
Intellectual Property Rights	62
Relationship of Traditional and Western Medicine	65
 V. Field Study Findings	
V.1 Perceptions of Traditional Medicines.....	69
V.2 Views About the Efficacy of Traditional Medicine	77
Accessibility and Availability of Traditional Medicines	80
Obtaining Traditional Medicines	89
V.3 Respondents Views of the Mi'kmaq Connection to Land	93
Concepts of Sharing and Respect in The Mi'kmaw Culture.....	94
Issues of Self-Definition and Mutual Impact.....	96
V.4 Male and Female Roles within the Mi'kmaw Community	100
 VI. Analysis and Discussion	
VI.1 Understanding the Mi'kmaq Land Connection.....	108
VI.2 Implications for Availability and Accessibility	109
VI.3 The Present Use of Traditional Medicines in L'nu Si'puk, Shubenacadie...	116
Centralization and its Affects on Access of Traditional Medicines	118
Historical Account of L'nu Si'puk... ..	120
Current Perceptions of Traditional Medicines	121
Female and Male Roles in Traditional Medicine Practice	125
 VII. Conclusion	
VII.1 Summary of Findings	129
VII.2 Reflections on Further Research.....	131
VII.3 Concluding Remarks	137

Appendix 1	139
Appendix 2	140
Appendix 3	145
Appendix 4	146
Appendix 5	147
Appendix 6	148
Bibliography	149

LIST OF TABLES, FIGURES AND APPENDICES

Tables

Table 1: The Characteristics of Respondents	14
---	----

Figures

Figure 1: Map of L'nu Si'puk, Shubenacadie	9
Figure 2: Traditional Land – Mi'kma'ki	28
Figure 3: The Current Reserve System Indicated by Band	29

Appendices

Appendix 1 – Advertisement for Newsletter	139
Appendix 2 – Botanical Sources of Traditional Medicines	140
Appendix 3 – Interview Guide	145
Appendix 4 – Follow-Up Interview Guide	146
Appendix 5 – Mi'kmaq Perceptions of Progress	147
Appendix 6 – Definition of Terms and Key Dates	148

ABSTRACT

A sixteen-month case study in Indian Brook, Shubenacadie was conducted to explore the significance of traditional land by surveying perceptions surrounding access to traditional medicine. Five other reserve communities were also visited to gain a broader perspective on accessibility and availability of traditional medicines for the Mi'kmaq community-at-large. As a result of occupation and habitation in Mi'kma'ki, a unique and special bond has formed; thus traditional lands are central to Mi'kmaw culture and spiritual beliefs. Legal cases and treaties support Mi'kmaw tenure, but conflict has arisen and access to traditional Mi'kmaw medicines are perceived as limited.

Using semi-structured interviews, transect walks, oral histories, mapping exercises, personal observation, and a review of literature, an understanding of the Mi'kmaq history, culture and belief system was established. Data collected suggest that pollution and private land ownership as well as Government and Catholic prohibitions contribute to restricting access of traditional medicines for Mi'kmaw. Although individual perceptions varied, findings indicated that traditional medicines are an important part of the Mi'kmaq culture.

The majority of respondents practice traditional medicine although procurement procedures vary. Perceptions indicated that post-colonial issues, such as the denial of land, influence Mi'kmaw perceptions of accessibility of traditional medicine. Despite these problems, traditional medicines are generally available to Indian Brook community members. Field study findings also suggest a connection between previous family traditional medicine practices and current individual practice. Furthermore, the study identified a range of opinions that exist regarding the role of men and women in the practice of traditional medicine.

ACKNOWLEDGEMENTS

A number of people were instrumental in helping this thesis take shape. I would like to thank and acknowledge all of the participants without whose contributions this thesis would not have been possible. Out of respect for individuals living in a tightly knit community and for confidentiality requirements, I cannot refer to them by name. I extended my gratitude to everyone who welcomed me into their homes and took the time to share with me their experiences. The respect, insight, knowledge, humour and patience that they shared with me will continue to influence every aspect of my life.

I would like to express sincere gratitude to the Indian Brook Band Council for allowing me to conduct my research in their community. A number of individuals greatly enhanced both my experiences in the community and in the writing of this thesis: especially Isabelle Knockwood, Charlie Labrador and Peter and Ellen Robinson. Their wisdom, and kindness will forever be inspirational to me. I would like to acknowledge and thank Dave Gehue, Ken Paul, Miranda Gould, Louie Julian and Wallace Nevin for their assistance and support in helping me to gain a better understanding of the Mi'kmaw culture. I treasure their continued friendship.

To my thesis committee I extend gratitude for providing me with a challenging learning experience—Dr. Fay Cohen, Professor Patricia Doyle-Bedwell and Dr. Carol Amaratunga—whose individual areas of expertise greatly influenced and guided my experience: Fay, for her invaluable editing and advising; Patti, whose insight and experience helped to frame and deepen my own experience, and Carol whose professionalism, respect and support truly allowed for me to remain grounded throughout this process.

I especially thank my parents who have always supported me in whatever adventure I have decided to embark on, for their patience, support and understanding in this latest journey. I thank Laurie Giroux and Lindi Macdonald for the countless hours of support and encouragement. To David Bjarnason, Melissa Marschke, Aznan Abu-Bakar, Brendan Andrade, Michelle Dunleavy and my friends from SRES, for being my continual support system and providing me with the much needed reality checks. To Niklas, whose love and ability to make me realize the things that truly matter in life, you are a continuous source of strength for me.

I would like to thank the Faculty of Graduate Studies at Dalhousie for their financial support from the Research Development Fund as well as acknowledge the financial support from The Maritime Centre for Excellence in Women's Health and the Women's Health Bureau of Health Canada.

I. INTRODUCTION

Numerous western drugs originate from indigenous community knowledge of vegetation. The World Health Organization estimates that in developing countries, as much as 88% of the population relies chiefly on traditional medicines for cures and remedies (Anyinam 1995). However, with the mounting scale of human activity, the ecosystem in developed and developing countries has been negatively affected. Species and their habitats have become threatened and deforestation has had a tremendous ramification on the availability of plants and the practice of ethnomedicine (Anyinam 1995). With the growing popularity of this type of medication, the harvesting of natural ethnomedicines at a commercial scale has escalated environmental degradation (Cragg, Boyd, Grever and Schepartz 1995). Concurrently, there is a growing concern that indigenous cultures as well as their knowledge and use of these medicines have also become threatened.

The Mi'kmaq of Nova Scotia possess valuable knowledge about ethnomedicines in the Maritime region of Canada. They have been known to rely on a variety of plant species as a source of medicine to cure ailments and diseases (Lacey 1993). The use of such plants, however, is not limited to cures but is inclusive of preventive, spiritual and cultural use. In addition to these cures, the Mi'kmaq identity depends on the condition of the land. Land represents the past, present and future for the Mi'kmaq (Henderson 1995). The importance of the land is further entrenched for its utility for hunting, fishing or farming; it is important on the conceptual level. Land has immense spiritual significance for the

Mi'kmaq (Henderson 1995). Negotiations over land claims continue and remain unsettled in the Maritimes. Furthermore an increase in development also has the potential to decrease access and availability of traditional medicines for the Mi'kmaq of Nova Scotia. There are, however, Mi'kmaw initiatives documenting the general location and specific knowledge of ethnomedicines to ensure both responsible resource utilization and to avoid any further loss of this knowledge (MacDonald 2000, The Netukulimk GIS Project 1998).

Since ancestral land is a key factor in the Mi'kmaw identity (Henderson 1995), denial of access to this land has the potential to have repercussions in a variety of areas of Mi'kmaw life. While statistics continually show that Aboriginal people are in poorer health than the rest of Canada (Zubeck 1994), it is the women in these communities who are affected to a greater degree (Monture-Angus 1995). However, for the Mi'kmaq in general and women specifically, the extent to which their health is affected by their access to these ethnomedicines, is unclear. Maintaining a balance in one's life is important in most Aboriginal cultures: a balance between the mind, body, spirit is something individuals strive to attain. On an individual level self-perception is important, because these perceptions that can impact attitudes of overall well-being. Ultimately, recognizing and identifying various factors that influence Mi'kmaw perceptions help to illustrate the breadth and interconnection between the Mi'kmaq and the environment.

I.1 THE STUDY

This case study in L'nu Si'puk explores perceptions of access to traditional medicines. It combines a survey of literature and oral histories, with the intent of framing the past and current perceptions of access to traditional medicines in the Mi'kmaq community.

Further, it discusses current beliefs, customs and the roles of men and women in traditional medicinal practice amongst Mi'kmaq.

The purpose of this study is to explore perceptions of environment-access interrelations within the cultural context of Mi'kmaw perceptions of the land. In the research process, I have spoken and interacted with individuals from the Mi'kmaq community outside of Indian Brook (L'nu Si'puk)¹ both within Nova Scotia and from other Maritime Provinces. Generalizations made, however, are specifically derived from the people with whom I spoke in L'nu Si'puk.

MAIN RESEARCH QUESTION

This thesis asks the following question: What is the perception of accessibility to the environment and ethnomedicines among community members from the Indian Brook Reserve, Shubenacadie?

¹ This is the Mi'kmaq word for Indian Brook

OTHER RESEARCH QUESTIONS:

- Are the Mi'kmaq of Indian Brook still using traditional medicines?
- Has the fact that some Mi'kmaw were forced to move to Indian Brook as part of the relocation process affected their access to ethnomedicines?
- What was the nature of the immediate environment of the Indian Brook reserve and ethnomedicine located there?
- What is the significance and the inter-relation between community, family and individual perceptions of the practice of ethnomedicines?
- Do Mi'kmaw men and women play different roles in the practice of ethnomedicine?

THE GOALS OF THE STUDY:

- to increase our understanding of the connection of this Indigenous community to their natural environment.
- to see if Mi'kmaq perceive that environmental degradation or centralization has impacted their access to ethnomedicines.
- to highlight Mi'kmaq women's perceptions and experiences of access to ethnomedicines

RESEARCH PHILOSOPHY AND APPROACH

The research process was an experiential and holistic² one. As much information was gathered from as many sources as possible. It is difficult to communicate the essence of my experiences in the field since they could only really be conveyed through actual experience, but it is my hope and intent nonetheless, to convey the richness of tangible learning through the written word. The literature review provides a foundation for many of the themes and issues that will arise throughout the document. Such a discussion is important because an awareness of the history and current experiences of oppression of the Mi'kmaq is critical to understanding issues facing Aboriginal peoples today.

Differences in the experiences of First Nations in Canada exist, despite the fact that there are similarities amongst the First Nations of Canada regarding their connections to the land (RCAP 1997). Knowledge shared in interviews has guided the literature review and background chapters. Describing the role and importance of this knowledge is one of the key aspects of this thesis.

² The term holistic is often used in relation to Native cultures, since it is the best way to describe their worldview. Native cultures generally see the world as completely interconnected. Everything is equally valued and human beings are not superior to any other living being. Leavitt (1995) suggests that this holistic approach is often explained using the medicine wheel, which symbolizes all the different aspects of the world, whether it be the four directions, the mind, body, heart and spirit or the four seasons. The circle represents balance, duality, movement and the past, present and future (Leavitt 1995) all of which is a part of the dynamic worldview many Native cultures possess.

In the context of this thesis the term *Indigenous* is used to refer to First Peoples internationally, while *Aboriginal*, *Native* and *First Nation* refer specifically to a Canadian context.³ The term *Indian* is problematic because this word carries negative connotations; it has been imposed on the First Nations of Canada with legislation such as the Indian Act of 1876, hindering a distinction between First Nations of Canada and people of East Asia. However, because the word has been used by individual Mi'kmaw, it is used in these specific cases in the thesis.

SCOPE AND RATIONALE OF THE STUDY

This case study focuses on the community of Indian Brook, Shubenacadie (L'nu Si'puk). Both male and female Mi'kmaw of diverse ages, from this reserve, were approached to discuss their perceptions of the accessibility of traditional medicines. The term *traditional medicine* is synonymous with the term *ethnomedicine* for the purpose of this thesis. I have not, however, restricted this study to the botanical sources of traditional medicine. Hence, the concept of traditional medicine includes spiritual, psychological and ceremonial levels of medicine and healing. It is difficult to draw definitive lines and place one type of cure in a certain category while it is also problematic to determine exactly where one cure ends and another begins.

³ The term Aboriginal is commonly used in Canadian legal documents to refer to the same people I refer to as First Nations and Native people.

I.2 STRUCTURE OF THE THESIS

This document is divided into seven chapters. Chapter Two outlines the theoretical basis for the approach taken in conducting this research. It also explores the research tools that are based on Participatory Action Research (PAR) theory, and discusses how these tools were adapted to this case study. In Chapter Three, a discussion of the context surrounding the Mi'kmaq affiliation and dependence on traditional lands is provided and specific reference is made toward the significance of traditional medicine among the Mi'kmaq. Chapter Four examines factors that influence access to traditional medicine, highlighting the role of gender in the practice of Mi'kmaq traditional medicine. Chapter Five presents the key findings and themes that have emerged from the fieldwork. Chapter Six contains an analysis and discussion of the results of this case study in relation to the research questions. The final chapter summarizes the findings and proposes possible options for further study.

I.3 CASE DESCRIPTION

Many respondents remember a time when the only way to enter the community of L'nu Si'puk was through a single dirt path, known as Indian Road (Googoo and Googoo 1998). In the early thirties, three houses existed in this community. Currently, numerous houses line the main roads of L'nu Si'puk, along with a church, band council offices, numerous businesses, community service providers and a school. L'nu Si'puk has seen much growth since its formation in 1820; now its total on-reserve population is

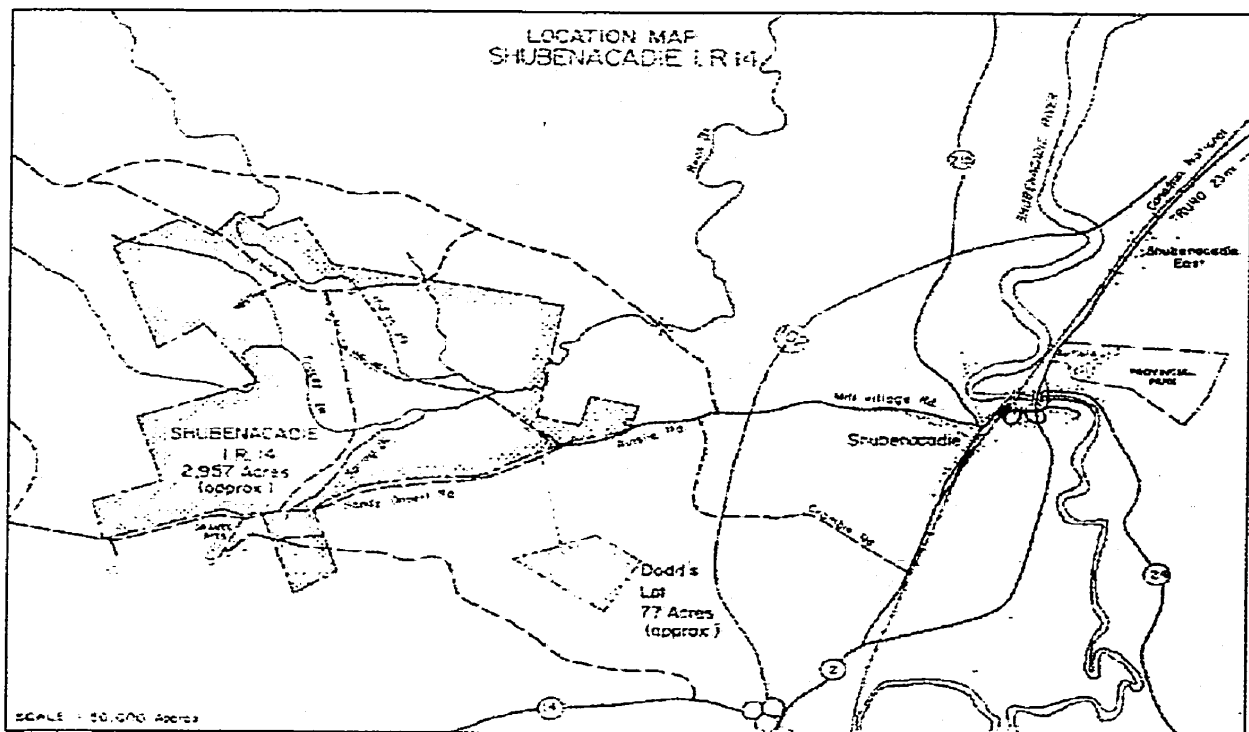
approximately 1200 people. L'nu Si'puk is located in the carboniferous lowlands (The Nova Scotia Museum 1996). It is an area that has had a long history of Mi'kmaq settlement and an area whose typical vegetation consists of the spruces, White Birch, Red Maple, Eastern Hemlock and White Pine with sporadic areas of Sugar Maple, American Beech and Yellow Birch (The Nova Scotia Museum 1996).

L'nu Si'puk encompasses traditionally Mi'kmaw inhabited land. It is historically significant for a number of reasons: it was the place where the Treaty of 1752 was signed (Googoo and Googoo 1998). This treaty has been used to recognize the protection of Mi'kmaw hunting and fishing rights and is the reason for Treaty celebrations being held on the first of October each year (Mi'kmaq Resource Guide 1997). It is also one of the two reserves selected to be part of the centralization process (Leavitt 1995; Mi'kmaq Resource Guide 1997). Additionally, Shubenacadie does not only encompass the area where Indian Brook is located, but is also the location of the notorious residential school, which closed in the late 1960's and burned down in 1986 (Knockwood 1992).

Presently the governmental structure is a band council, which is made up of a chief and twelve counselors of who are elected every two years (Googoo and Googoo 1998). To clarify, L'nu Si'puk is the Mi'kmaq word which refers specifically to the Indian Brook reserve. Indian Brook is located in the geographical area of Shubenacadie. The Shubenacadie Band Council oversees 5 communities specifically: L'nu Si'puk, New Ross,

Grand Lake, Pennal and Dodd's Lot (Leavitt 1995, Googoo and Googoo 1998). The community of L'nu Si'puk has the most land of these five communities. As of June 1998, there were 1909 registered band members. Fifty-eight percent of these members reside within the community.

Figure 1 - Map of L'nu Si'puk, Shubenacadie



(Map obtained from Indian Brook Band Council)

II. METHODOLOGY

II.1 THE CONTEXT

This chapter describes the methodology and discusses how these approaches were employed for this thesis. It also explores the theory underlying the approaches taken in this case study. The methodology draws on the cultural studies approach to research and has utilized Participatory Action Research (PAR) tools. This process has also been influenced by traditional land-use studies, anthropological and sociological approaches.

CULTURAL STUDIES

The cultural studies approach originated in England in the 1950's and has been used as a theoretical framework for some social research. Alasuutari (1995) proposes that this approach to research emphasizes the importance of culture. Cultural studies sees reality as being socially constructed and composed of interpretations of meaning based on how people have orientated themselves in their everyday lives. It stresses social and cultural conditions; it could be considered as another generation of sociology (Alasuutari 1995).

Alasuutari (1995) suggests that within cultural studies it is stressed that meaning structures do not use people:

...but that in making sense of the world people use and apply meaning systems, cultural distinctions, models, and schemes. At the same time in this approach it is stressed that the models or distinctions commonly used in society constitute, produce and reproduce---social reality. (Alasuutari 1995, 36)

The holistic approach of cultural studies complements the method necessary for fieldwork within First Nation communities. It relies primarily on qualitative methods. The cultural studies approach to research integrates an eclectic mix of different lines of inquiry (Alasuutari 1995) and nurtures a more holistic approach to research, making it the most appropriate theoretical framework to draw upon for this study.

THE CASE STUDY APPROACH

A case study in L'nu Si'puk was the method used to investigate the perceptions of access to traditional medicines and was selected for a number of reasons. It allowed for a focused and intensive engagement between the respondents and me in the process, as well as a deeper understanding and rapport to be established within the community. Gorman and Clayton (1997) describe the case study approach as:

an in-depth investigation of a discrete entity (which may be a single setting, subject, collection or event) on the assumption that it is possible to derive knowledge of the wider phenomenon from intensive investigation of a specific instance.(50)

Although the use of two case study sites would have made the perceptions discussed in this study more interesting, a single case study is nonetheless a good basis upon which to begin to build and explore the research questions.

A survey-orientated approach would not have been appropriate to obtain the level of interaction needed for me to truly become aware of individuals' perceptions in the L'nu Si'puk community and the other Mi'kmaq with whom I spoke. The Mi'kmaq have been

bombarded with externally imposed surveys. Many people indicated that if I wanted to gain real insight into the community, a survey would not achieve this, since it was considered inappropriate. In working with a community whose traditions are orally based, a reliance on written documents to gain insight and knowledge would be inadequate. Thus this case study relies on my ability to draw themes from knowledge that people in the community shared with me. In-depth, open-ended interviews, ethnographic research, and general field observations allowed for the contextualization of this information. A combination of these tools not only helped to increase understanding but also acted as a source of confirmation for the information shared (Alasuutari 1995).

THE FIELD WORK

The field work for this study was conducted in Indian Brook (L'nu Si'puk) First Nation Reserve in Shubenacadie, Nova Scotia. The initial fieldwork involved establishing contacts within the community through my key respondent, a process that took several months to establish. General conversations about the Mi'kmaw culture with both Mi'kmaq and Maliseet individuals helped to prepare me for approaching and requesting permission from the Indian Brook Band Council to conduct research in their community. After identifying an appropriate contact person on the Indian Brook Band Council, a personal introduction was made, and the details of my research were discussed. A letter of request to conduct my research was submitted to the Band Council. This formal request was accompanied by a brief summary of my research proposal, with the entire

thesis proposal attached. After this documentation and my request were submitted and approved by the Indian Brook Band Council, an advertisement was sent out in the community newsletter detailing the specifics of my research and inviting anyone interested in participating in the study to get in contact with me (Appendix 1).

Following this, three people came forward and the snowball approach to gaining subsequent interviews was utilized. This approach relies on individuals who are interviewed to suggest people that they think would be willing to discuss this topic, as well as those they believe are specifically knowledgeable about the topic (Babbie 1992; Kirby and McKenna 1989). This approach works well in the Aboriginal context because often key respondents will help one to meet people or at least allow one to use their names to establish a rapport with subsequent interviewees. Also, one of my key respondents indicated a few people with whom I should speak regarding my thesis research.

From December 1998 until April 2000 on thirty-six different occasions, twenty-six persons were interviewed achieving a total of 55 interviews for this preliminary case study.

Thirteen respondents were males and thirteen were females. Fifteen of the twenty-six respondents were affiliated with L'nu Si'puk, the other eleven were from either Millbrook, Burnt Church, Goldriver, Eskasoni or Wild Cat reserve. The following chart illustrates further the characteristics of the individuals who participated in this research:

TABLE 1- THE CHARACTERISTICS OF RESPONDENTS

* 26 respondents in total * 15 specifically associated with L'nu Si'puk	Indian Brook		Other Reserves		Total
	# males	# females	# males	# females	
Categories					
Individuals above 40 years old	7	6	3	4	20
Individuals 40 years old and below (the youngest being 19 years of age)	0	2	3	1	6
Total	7	8	6	5	26

I began the interviews only after I felt comfortable with the extent of my knowledge about Mi'kmaw culture and traditions. The fieldwork utilized a combination of different Participatory Action Research (PAR) tools and qualitative research methods.

II.2 THE ADAPTATION AND UTILIZATION OF COMMUNITY-BASED PARTICIPATORY RESEARCH TOOLS

The semi-structured interview was selected because it was the most appropriate way to share knowledge in this study. However, field observations, transect walks, oral histories and mapping were used to supplement the semi-structured interviews. A combination of these ways of gathering information was used because they were interactive and engaging. This mixture of methods permitted an enriched insight into the knowledge shared by respondents. Most respondents were consulted more than once unless distance or scheduling inhibited such activities. The semi-structured interview was used with all respondents; other tools were used only when appropriate to enhance what had been shared in the semi-structured interviews.

SEMI-STRUCTURED INTERVIEWS

Semi-structured interviews (SSI's) are described by Guijut, Pretty, Scoones and

Thompson (1995) as appearing informal and conversational. They state:

It is a well defined and systematic activity, with a set of clearly defined goals and guidelines. Unlike structured or formal interviews, SSI's concentrate not only on the questions asked, but also on the context in which the interview takes place; who carries out the interview, how it is conducted, and when and where it is done....In SSI the interview context is recognized to have as great or even greater influence on the quality of the information exchange. (73)

To establish rapport with respondents it was my practice to share and disclose details about my beliefs and myself. The interview process usually lasted for several hours. Time limits were not placed on the interview process. Spending an entire day with respondents was common practice in this research. It was common to have family members, neighbors and relations enter in and out of the rooms where discussions were taking place. Often respondents would invite others to our meetings. Young children, older children, mothers, fathers and sisters came in and out of discussions; some just listened, while others commented when they felt it was necessary. Anywhere from one to three interviews were conducted in a single visit, and the length of the initial interviews determined how many could be done each visit.

TRANSECT WALKS

Transect walks were also used as a major source of information and served as a demonstration of the respondents' perceptions of access to traditional medicines. A transect walk is described by Chambers (1994) as walking with local people through an

area, observing, asking, listening and discussing different zones, soils, land use and vegetation. This approach occurred naturally because many respondents shared their knowledge by demonstration without being asked to do so.

ORAL HISTORIES

Oral histories were an additional source of information that provided a picture of what it was like to be Mi'kmaq in the past, what it means today and the potential of future generations. The Royal Commission on Aboriginal Peoples (1997) suggests the knowledge that is transmitted orally in Aboriginal communities must be acknowledged as a valuable research resource, along with other sources of documentation. Finnegan (1992) suggests that oral history can play a key role in validating and expressing information.

MAPPING EXERCISES

Mapping was used to supplement my understanding of the respondents' perceptions of accessibility to traditional medicines. However, I emphasized these maps were not the focus of the research, and the respondents retained the maps once the semi-structured interview was completed. This is important because the locations and sources of traditional medicines are adamantly protected, and it would be inappropriate for the current researcher to document and publish such information. Therefore, such knowledge

shared was used for the sole purpose of increasing an understanding between the researcher and the respondents.

PERSONAL OBSERVATION

Participant observations were also used to help gain insight into the perceptions of access to traditional medicines and the Mi'kmaw culture in general. I attended two spiritual gatherings and one talking circle. I made a number of casual visits to L'nu Si'puk and other Mi'kmaq communities to deepen personal communications and understandings between the respondents and me. Initially, I took approximately six months to acquaint myself and develop an adequate rapport in the community. A reliable and respectful relationship is essential when conducting this type of research. Confidence in the researcher is imperative, which was the main reason for the initial months of preparation and making myself visible in the community. This is important since it is the level of confidence in the researcher that will determine the extent of knowledge that respondents will share (St. Denis 1992). PAR methodology generally requires researchers to be flexible and able to call upon these different tools at will.

Debate exists over the proper terminology that should be used to represent these tools; however, this thesis will use the term *Community Based Participatory Research* (CBPR) to refer to PAR methodology. St. Denis (1992) has proposed CBPR because she considered it to be the most relevant to the First Nations of Canada; it therefore will be the term used in this document. St. Denis (1992) defines CBPR as a qualitative methodology

that emphasizes respect for respondents and a commitment to social change. Important to all participatory research approaches is the understanding of the relationship between knowledge and power (Chambers 1994; Fals Borda __; Finnegan 1992; Selener 1997; St. Denis 1992). Research done using participatory methods is intended to avoid being manipulative by trying to ensure that the control of information remains with the participating community. Hall (1979) sees this type of research as being a method of social investigation involving participation of the community, an educational process and a means of taking action (407).

Care was taken to try to remain independent and to avoid association with any one organization, either externally or on the reserve. Not staying on the reserve afforded additional neutrality and avoided an affiliation with any one individual or family. Although written permission from the Indian Brook Band Council was sought and granted, the research was not affiliated or attached to that organization. It is important to realize when working in a First Nation community that affiliations can be both an asset and a hindrance; they can increase access in some ways but decrease the quality of information and knowledge that is shared. Alignment with certain individuals, while it can be used to help meet and interact with more community members, can also be limiting, depending upon an individual's reputation in the community.

II.3 THE RESEARCH PROCESS

As in many field studies, change in the overall focus has occurred throughout the research process and has allowed for increased relevancy of this research to the community.

Initially this thesis research focussed primarily on Mi'kmaq women and their experiences.

However, initial discussions clearly indicated that this focus on one sex was inappropriate and premature, as seen by the views of initial respondents. It is also possible that it is more awkward for an outsider to explore the concept of gender, particularly an outsider who has only been in the community for just over a year.

Drawing specific attention to gender differences caused hesitation and silence. Such a division between the sexes was considered a Western way of thinking by a number of respondents. Therefore, the approach taken was modified to make the issue of gender differences a less central aspect of this research. Thus, to obtain a comprehensive understanding of the perceptions of access to traditional medicine, it was necessary to interview and interact with both men and women.

A CHANGE IN LOCATION

The original thesis proposal identified Chapel Island, Cape Breton, as the intended location for this case study. It was selected because of its historical significance and because Mi'kmaq congregate there each July for the St. Anne's Mission celebrations. A few cases of tuberculosis were reported in this reserve and therefore complications arose because of potential health risks that might have resulted if I had pursued work in Chapel

Island. Therefore, for these reasons and because of time and transportation restrictions, L'nu Si' puk in Shubenacadie was deemed an appropriate alternative. L'nu Si' puk was selected for its size (it is one of the two largest reserves in Nova Scotia), its role in the centralization process and its accessibility from Halifax.

II.4 DATA COLLECTION AND MANAGEMENT OF INFORMATION

ETHICAL CONSIDERATIONS

The research process conformed to the Royal Commission on Aboriginal Peoples Ethical Guidelines for Research (RCAP 1997) and was approved by the Dalhousie University Human Ethics Review Committee. Human respondents were involved and comprised the main source of information for this research. Discussion of consent forms was thus done prior to interviews being carried out. Only one individual declined to be interviewed when I telephoned him to ask for an interview. However, in situations where written consent was not feasible or culturally appropriate, the intent of the research, where the research would be utilized, and by whom were explained and discussed with respondents, and verbal consent was given. At this stage all other twenty-six respondents continued with the interview process. Numerous Mi'kmaq helped to prepare me for this stage of the fieldwork; their efforts enabled me to enter into the community in a respectful and appropriate manner.

Individuals who were comfortable with having the semi-structured interview taped, received a verbatim, typed transcription. Following this process, those who received the typed transcription were contacted to see if they felt changes needed to be made to any part of what had been recorded. This was done just in case the transcript was not representative of what they had intended. The majority of respondents whose interviews were not taped but were recorded through field notes were asked if what was being recorded was accurate at the time of the interaction. Often verification was also achieved through numerous visits with respondents and through the use of triangulation.⁴

Oral history is a respected and often preferred method of exchanging information in First Nation communities. Excessive writing on my part during interviews would have been inappropriate thus minimal notes were taken in some situations, and at other times, the interviews were taped. Interviews that were not taped were expanded upon from memory by my making notes after leaving the interview. It was common practice for me to drive outside the reserve and stop by the roadside to make initial notes, which were then expanded once I returned to Halifax.

I approached interviews in this manner to show respect for First Nation ways and their oral tradition. Really listening and not being preoccupied with writing down everything

⁴ The technique of triangulation uses other interviewees to confirm the validity of information given by another interviewee (Hubberman and Miles 1994; Gorman and Clayton 1997).

provided me with a deepened experience. Numerous respondents complimented me on my approach. Such an approach to the management of shared information thus contributed to the trust level developed between the respondents and me. Casual conversation was often inter-mixed with interview subject matter, an approach that allowed respondents to understand who I was since they were revealing so much. Time seemed to be the most important factor when conducting these discussions. I was told early in the process by my key respondents that I needed to have ample time to conduct the interviews, if I wanted to have people really share their experiences with me. I visited with respondents usually more than once and often reviewed the information I had obtained from previous visits, to ensure my notes were accurate about the information they had shared.

Since respondents react both to the questions asked and the context in which they are asked, the fact that I am a member of a visible minority may have worked to my advantage. There is no concrete way of proving whether the fact that I am not Caucasian or Native worked to my benefit. However, I did not have to deal with issues of having left my reserve, nor was I attached by my appearance to being part of a dominant culture whose ways had impacted those people with whom I spoke. Both my gender (Finch 1993) and my position outside the dominant culture were characteristics that I had in common with a number of respondents. This “otherness” advantage may have been a

major reason that I was able to develop a relationship with respondents quite soon after my initial interactions with them.

Requiring signatures often has many negative associations, especially for Aboriginal people who have been persuaded to sign their rights away. There may be associations and connotations that any researcher working within another culture needs to realize before distributing written consent forms. Verbal consent is sometimes more appropriate. In the original set of interviews, out of twenty-six respondents only three signed the consent forms, five read the consent form over and then verbally agreed. One participant gave his consent on a tape, but the majority of others were informed of the details of the study and the consent agreement orally by me. I used a checklist of the details to ensure that all aspects of the written consent were communicated to them aloud and I received their verbal consent at that time.

Respondents were assured confidentiality concerning the information that I recorded, since this is an important factor when conducting responsible cultural research.

Confidentiality was assured in several ways. Names were not attached to any specific information obtained from interviews; rather, numerical references were used to distinguish among different persons. Although respondents never insisted that their name not be attached to their words, this was done to meet university ethical guidelines.

However, any information that was shared was done with the understanding that locations

of medicines and specific uses would not be indicated in this research. Written consent forms were stored and kept in a locked box at all times after being signed.

Approximately 6 months after my last interview, I returned to the community to ask some follow-up questions to deepen my understanding of respondents' perceptions of access to the traditional medicines and to clarify and expand upon earlier information. This time I was comfortable with the relationships I had established with respondents and therefore took this opportunity to not only verify all quotes I had recorded in my previous visits with respondents, but also to gather additional documentation of consent. Seventeen follow-up interviews were conducted over a three-week period, fifteen of which were tape recorded and transcribed. All seventeen respondents received typed copies of the transcriptions or my notes to ensure accuracy. Unfortunately, I was unable to contact all of the original respondents. This was because some respondents had moved, others no longer had the same phone numbers and some were not available during the time the follow-up interviews were conducted.

LIMITATIONS OF RESEARCH AND PERSONAL BIAS

Sampling was, in some ways, biased because the majority of individuals recommended through the snowball approach were supporters of traditional medicine use. As much as possible, an effort was made to ensure that both sexes were represented in each age group. The confidentiality of questions and the general direction of the research were difficult to maintain, a situation that was both a benefit and a disadvantage. Although the presence of

others enriched the experience and topics discussed, more private topics such as gender roles may not have been discussed in as much depth as they might have been. Most people who participated in this research were approached because they were identified as being knowledgeable about traditional medicines. Therefore, those who participated cannot be seen as proportionally representative of the diverse views and practices of the entire community of L'nu Si'puk.

My approach was formulated through personal contact and experience. Since research cannot be neutral, objective and value-free, and because it operates within a social context, it is subject to the same forces and pressures as any other activity (Hall 1980). This thesis, therefore, reflects my bias: my belief that the connection between First Nations and their land goes deeper than just using the land for hunting and farming. Therefore, the belief in the intricate, subtle and tremendously complex connections between indigenous people and their land (Perry 1996, 8) frames much of what is being said in this document.

Moreover, I believe that one of the problems of well-being in First Nation communities are related to the perceptions the people hold of themselves and their community; solutions therefore lie in dealing with post-colonial issues in these communities and in the dominant culture.

Time and human resource constraints dictated the use of one community for the purpose of this study. Despite this limitation, after spending sixteen months in the field, I believe that adequate information was gathered to discern some general themes in the perceptions

of the respondents. In light of the time constraint, the initially intended use of a diversity of CBPR tools was not possible. Although focus groups were initially planned and would have been comprised of different individuals based on sex and age, time constraints did not permit this to occur. Focus groups could, however, be a possible next step for further exploration of this topic. That I did not reside in the community limited the depth of information shared and expanded the time necessary to achieve similar results. Taking up residence on the reserve would have allowed for interaction with community members on an everyday basis. It could have helped to develop deeper relations within a shorter time and would have enabled a more in-depth discussion on traditional medicines.

Overall the approach and methodology described in this chapter proved appropriate for this study; especially given the dynamics of this large community and my initial limited relationship with the community. An ability to remain flexible, patient and being able to persevere enhanced my experience in this community. Furthermore, because each First Nation is unique, a prior understanding of the history and culture was an important part of entering the community in an appropriate and respectful manner.

III. LITERATURE REVIEW: THE MI'KMAQ AND THEIR TRADITIONAL MEDICINE

III.1 HISTORIC ACCOUNT OF THE MI'KMAQ

The exact date of arrival for the Mi'kmaq in the Maritimes is difficult to pinpoint. It is often estimated that the Mi'kmaq community has existed in this area for over ten thousand years (Chandler 1979; Davis 1997; Leavitt 1995; Mi'kmaw Resource Guide 1997).

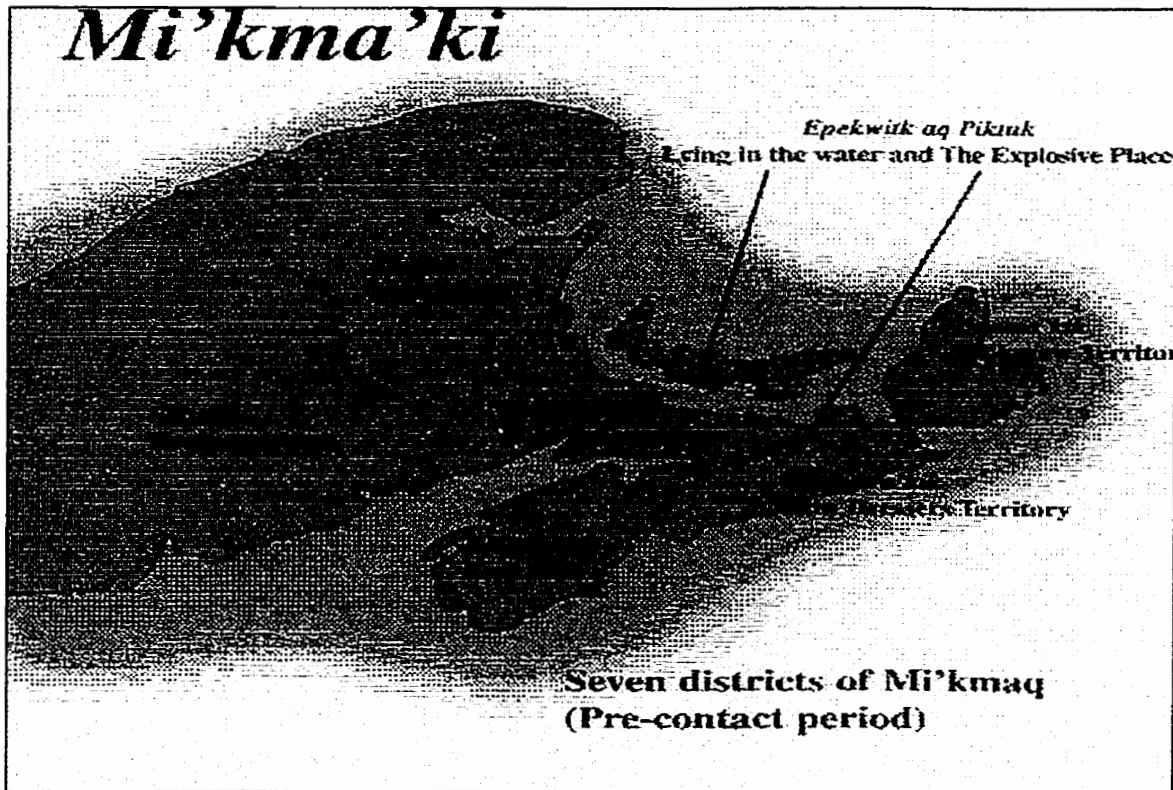
Mi'kma'ki, the traditional land of the Mi'kmaq, was the area which the nomadic Mi'kmaq utilized to sustain their communities (Figure 2). This land base has been severely reduced and access to it restricted since the first Europeans arrived. Conflicts over land continue today, despite the absence of a treaty with the Canadian government indicating that the Mi'kmaq had relinquished their rights to their land (Paul 1993).

Although from the Algonkin language group, the Mi'kmaq are also classified as part of the Eastern Woodland Native culture (Chandler 1979; McMillan 1995). The Mi'kmaq were a part of the Wabanaki Nations, which also included the Penobscots, Passamaquodies, Maliseets and briefly the Abenakis (Denny, Marshall and Marshall 1992; Leavitt 1995).

At the present day, 28 Mi'kmaw bands are distributed eastward from Quebec to Newfoundland and extend as far south as Maine (Davis 1997; McMillan 1995). The languages spoken by Mi'kmaq today are English and Mi'kmaq. Traditionally chiefs and government were hereditary. Today there are also elected chiefs that constitute the Band system initiated by the Indian Act (Leavitt 1995). Historically it was believed that all the

chiefs had equal power and no particular Mi'kmaq community was more powerful than another (Wallis and Wallis 1955).

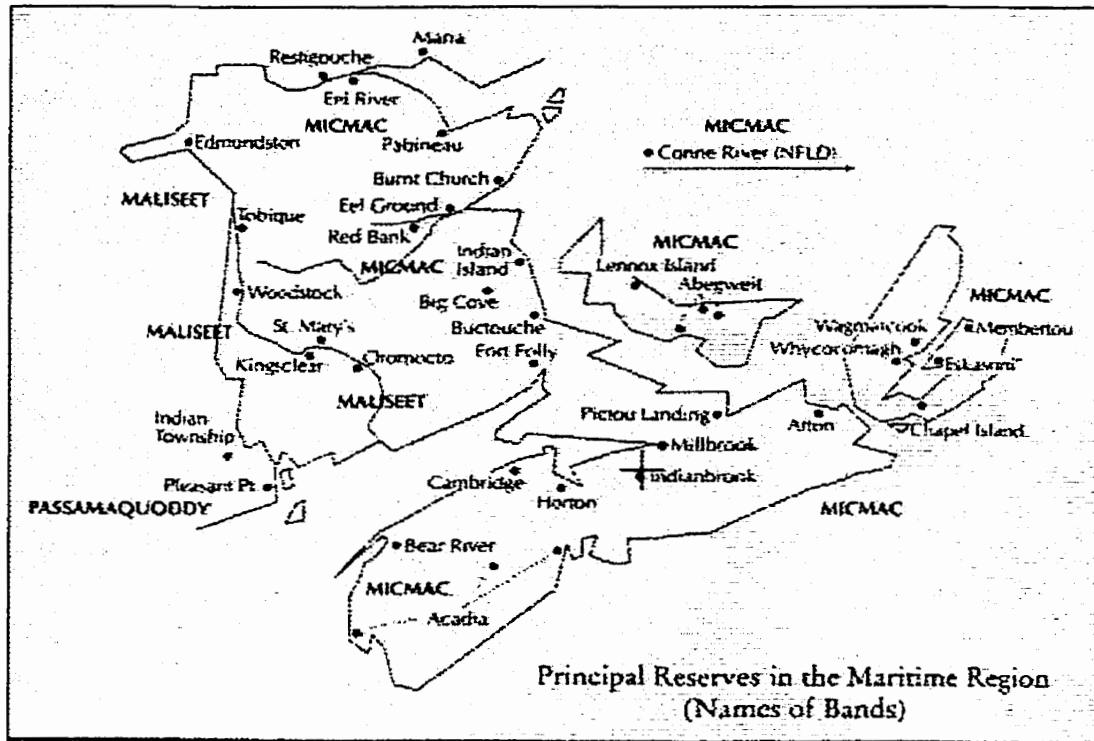
Figure 2: Traditional Land – Mi'kma'ki



(map from the Mi'kmaw Resource Guide 1997)

Led by the Grand Council, the tribal chief system oversaw the traditional seven districts known as Mi'kma'ki (Leavitt 1995; Henderson 1997; Mi'kmaw Resource Guide 1997). Before colonization, hereditary chiefs led these territories. Their leadership depended on their ability to provide for their people (Wallis and Wallis 1955; Davis 1997).

Figure 3: The Current Reserve System Indicated by Band



(map from Leavitt 1995)

THE RESERVE SYSTEM

Like most Native people in Canada, the Mi'kmaq of Nova Scotia were forced to live on what the Canadian government deemed in the 1800's to be appropriate land for them. According to the Indian Act of 1876, this land was to be set aside for use only by Native bands (McMillan 1995). Most of the existing reserves are on land traditionally occupied by the Mi'kmaq (Leavitt 1995). The intent of the reserve was to ensure that these lands be protected from non-Mi'kmaw use and to ensure the separation of Indians from Europeans. Despite the initial custodial intentions of the reservation for Native peoples,

the protection was not enforced. Reserve lands were frequently reduced either by government or infringed upon by non-Natives who had no legal right to the land (Leavitt 1995). McMillian (1995) argues that the designation of reserve lands is often associated with the isolation of Native communities since many of them were not initially accessible by road.

THE INDIAN RESIDENTIAL SCHOOL SYSTEM

Residential schools, created by the federal government and run by Christian churches, have had dramatic repercussions throughout Native communities Canada-wide. In Nova Scotia, the Roman Catholic Church contributed to the negative impact of residential schools. A residential school was located in Shubenacadie, Nova Scotia, from the 1930's until the 1960's. Davis (1995) accurately describes the purpose of the residential school when he states that federal government policies on "Indian education" have always reflected assimilation initiatives rather than the educational needs identified by Natives themselves. There are numerous sad and horrifying stories told by those who endured and survived the Shubenacadie residential school, stories of abuse and unjustified punishment. Mi'kmaq was not allowed to be spoken, nor were any other cultural traditions allowed to be upheld (Knockwood 1992; Mi'kmaw Resource Guide 1997; Rajotte 1998). Mi'kmaq children were taken away from their families, under the guise of providing a better education for them. Like many policies contained in the Indian Act, the residential school took control over education away from the Mi'kmaq and denied subsequent generations

the teachings and experience of their own culture. Although Catholicism was originally introduced in the 1600's, the residential school system helped to continue the conversion of the Mi'kmaw (Whitehead 1991; Knockwood 1992). Furthermore, the Health of the Mi'kmaq Population study indicated that 46% of those adults who were interviewed and who had attended the residential school believed their experience there contributed to their problems of well-being (Union of Nova Scotia Indians 1999). Mi'kmaq were brought from all over Nova Scotia to attend the residential school. The same legislation that created the residential school also forced the Mi'kmaq to live in L'nu Si'puk as part of the federal government's centralization process.

THE SIGNIFICANCE OF THE FAMILY

Extended family is important to the Mi'kmaq. An understanding of this concept is central to understanding the Mi'kmaw way of life. The family unit is much larger than the stereotypical Westernized nuclear family. Although this does exist for some Mi'kmaq, it is more common to think of one's family in a broader fashion. The extended family, actually a Westernized term, illustrates the concept of family among the Mi'kmaq. The word *Mi'kmaq* means "my family" or "my kin friends" (Davis 1997; Mi'kmaw Resource Guide 1997), further emphasizing the importance of the concept of family to the Mi'kmaq, since it is the word used to define the whole community.

Terms like *mother*, *brother* and *sister* are used not only to designate relationships as in non-Native society, but they also are used with reference to nature. Children are usually encouraged to call Elders *auntie* and *uncle*, exemplifying the greater context of the word *family* (Doyle-Bedwell 1999). *Mother* is commonly used in reference to the earth, and the terms *brothers* and *sisters* are sometimes used to refer to natural phenomena like stars, animals and rivers (Knockwood 1999).

The term *family* goes beyond Western ideals of this concept. The importance of children amongst the Mi'kmaq is paramount; much of a woman's power in this culture is derived from her ability to give birth. Children are placed on a special level since they represent the hope of the future. All actions done in the present day have to be done with the intent of providing for future generations. Such practices are referred to by many Native cultures as providing for the *Seventh Generation* (Clarkson, Morrisette and Regallet 1992; Leavitt 1995).

The circle is seen as a symbol for all existence and is often used to signify many different aspects of Native culture; the individual, family and community are often represented by a circle (Leavitt 1995). Such an approach situates each level in relation to one another and reveals their interconnection (Devichand 1997; Rajotte 1998). The circle is also used to explain creation, since it promotes the value of each member in the family; whether it is an infant, youth, adult or Elder, each has an important role to play within the community

(Rajotte 1998). The interdependence of these levels strengthens and enriches Mi'kmaw beliefs and culture (Pictou 1996). At the same time, this multi-layered interconnection could contribute to the continued transmission of post-colonial psychological attitudes. This is important because the whole human being and the whole community are integrally related for Aboriginal people (Caj  t   1994, 179). The wholeness of the community is dependent upon the wholeness of its members; therefore, a person's family and community are vital in the maintenance of a person's well-being (Caj  t   1994; Waldram, Herring and Young 1997).

III.2 THE HISTORICAL RELATIONSHIP WITH LAND

Roots and connections to the land for the Mi'kmaq not only represent rights to the land, but also something that is sacred (The Netukulimk GIS Management Project 1998). Land has always been fundamental to the Mi'kmaw identity. It is an intrinsic part of their holistic understanding of life. The Mi'kmaq have always placed great importance on their natural environment. The Aboriginal worldview is a spatial consciousness rather than a material consciousness (Henderson 1995, 219). This intimate relationship has allowed them to responsibly utilize food sources and maintain a sustainable existence.

The land provided food, shelter and clothing to the Mi'kmaq (Robertson 1973; Leavitt 1995). In early times, the Mi'kmaq would hunt and fish on the land and in the rivers to sustain their people. Diets typically consisted of, but were not limited to, salmon,

sturgeon, whales, seals, lobsters, moose, caribou, beaver, berries, roots and edible plants (Robertson 1973). The traditional homes of the early Mi'kmaq were called wigwams, made from birch bark and spruce poles, with the inside consisting of twigs, woven mats and furs (Robertson 1973). These structures were portable and were taken with the Mi'kmaq families as they relocated according to the seasons and food availability (Robertson 1973). Robertson (1973) states that the clothing of the Mi'kmaq was constructed from animal skins. The tanning and decorations for this clothing were derived from nature (Robertson 1973).

III.3 EUROPEAN CONTACT AND THE INTRODUCTION OF DISEASE

The arrival of Europeans such as Lescarbot, Baird and Denys in the early the 1700's introduced the Mi'kmaq to European literature, providing some of the first written accounts of the Mi'kmaq in the Maritimes. Contact with Europeans also brought significant change, as Devichand has stated:

The Aboriginal people were relatively disease free as they had adapted to the micro-organisms in their environment, and combated disease with vast knowledge of medicinal properties of plants...[but] their bodies were not immune to the disease brought by the Europeans....the health status worsened as long standing norms, values, social systems and spiritual practices were undermined and outlawed.(Devichand 1997, 7)

Europeans brought with them many diseases, most of which were foreign to the Mi'kmaq. Diseases like smallpox, measles, whooping cough and typhus were unknown prior to contact (Robinson and Quinney 1985; Waldram, Herring and Young 1995). Many died because of a lack of immunity to these new diseases which was further compounded by an

inadequacy of knowledge about these diseases and which traditional medicines could be used to treat them.

Previously seasonal activities changed to meet the trading patterns of Europeans in the area (Leavitt 1995), and diets slowly changed to reflect European influence. Food consumed was no longer food that was easily obtained each season. Instead, European foods which were higher in carbohydrates (Waldram, Herring and Young 1997) replaced foods in their traditional diet, a change that was detrimental to Mi'kmaq well-being (Miller 1995; McMillian 1995). With the introduction of alcohol and a decrease in the traditional ways of obtaining food, inadequate amounts and quality of food also affected Aboriginal well-being (Miller 1995). Not only did the Mi'kmaq population dramatically decrease because of diseases encountered through European contact, but also as a result of the wars waged against them (Paul 1993; McMillian 1995). European diseases were sometimes inflicted and starvation tactics (Miller 1995) used by those with ulterior motives: accounts have been recorded of smallpox-infested blankets being intentionally given to Canada's Aboriginal people (Robinson and Quinney 1985). The intent of these actions was to infect communities and reduce their population (Paul 1993; Rajotte 1995).

A shift occurred: the Mi'kmaq changed from a society that maintained a healthy, self-sufficient residency to one that became dependent upon European technology for survival (Davis 1997; Clarkson, Morrisette and Regallet 1992). For instance, the introduction of

new medicines was detrimental to Mi'kmaq knowledge of traditional medicines. Western medicine has become progressively relied upon (Smith 1964), and knowledge about traditional medicines has deteriorated. Western medicine often provides a more rapid cure than many of the traditional medicines. Some Mi'kmaq believe that Western medicine provides cures for "new diseases" for which there are no known traditional cures. Consequently, traditional medicines were discouraged as Western medicine developed (Zubeck 1994). The labeling of traditional medicine as witchcraft and magic by Catholic missionaries (Leavitt 1995) also undermined the practice of traditional medicine.

Both the introduction of European medicines and the influence of the Catholic Church undermined the practice of traditional medicine for some Mi'kmaq. Knowledge of traditional medicine was not passed on or continued in some Mi'kmaq families. Young people are no longer systematically taught by their Elders to survive using only the natural environment. Valuable information on these resources is therefore being passed to fewer people (Kuhnlein and Turner 1991).

Some see the practice of traditional medicine as a step backward; others do not realize the importance of the knowledge that many Elders in the Mi'kmaq community possess (McMillian 1995). If well-being is seen in the context of a balance between mind, body and spirit as Wood (1979) suggests, those in the Aboriginal communities whose well-being is not balanced can begin the process of healing by modifying post-colonial

psychological attitudes. One way to do this is through re-education to re-claim a positive sense of identity and self-esteem (Clarkson, Morrisette and Regallet 1992; Caj  t   1994). Another problem that needs to be addressed is the disappearance of this knowledge, which is significant for both Aboriginal and non-Aboriginal people. Traditional knowledge has not only nurtured Aboriginal peoples but has also led to the development of Western drugs, many of which have been based on their use by Indigenous peoples (Anyinam 1995; Kuhnlein and Turner 1991).

III.4 TRADITIONAL MEDICINE

The terms *ethnomedicine*, *Mi'kmaw medicine* and *traditional medicine* are interchangeable within this context. Western society has only recently come to recognize the importance of physical, emotional, spiritual and psychological factors affecting the well-being of a person (Kiev 1989). These approaches are often termed “new age” remedies and seem to be the latest trend, but they are actually grounded in history. For example, Knudtston and Suzuki (1992) point out that all animals depend on plants, but this understanding and approach to well-being have existed with Native cultures for centuries. Mi'kmaw medicines extracted directly from the environment are only one aspect of the healing process; they are used in a larger spiritual and societal context (Zubeck 1994). The Mi'kmaq have other ways of healing; these sources are also derived from the surrounding environment (Chandler 1979; Mi'kmaw Resource Guide 1997). Traditional medicine is passed through experience:

Indian medicine is spoken and practiced, but it is not written. It is also difficult to talk about Indian medicine and Indian values without relating them to a whole way of life, a traditional way of life of which they were a vital part. (Malloch 1989, 105)

Traditional medicines are diverse and are not limited to a singular form. People meet at pow wows and gatherings to share knowledge about traditional medicines. Sharing is an intrinsic concept for the Mi'kmaq (Leavitt 1995), as evidenced by pow wows and gatherings being important to their culture. It was at these venues that traditional medicine, talking circles and sweat lodges were shared and experienced. Later the federal government, with the intent of undermining Native culture and achieving assimilation, outlawed these practices (Rajotte 1998). Placing limits on sharing this knowledge and practice had significant impacts on the Mi'kmaq culture. As Petrou (1998) points out, Mi'kmaq traditional medicine and healing practices are part of a larger belief system involving the mind, body, spirit, the family, community and spiritual world. Thus the imposed federal policies had significant impacts on the Mi'kmaq.

BOTANICAL REALM

The ancient ecological bond between human beings and vegetation does not end with our dietary and respiratory reliance on the botanical world (Knudtston and Suzuki 1992).

Medicines that are derived from the earth are used in different forms; some are poultices, teas or ingested directly as they are found in nature (Mi'kmaq Resource Guide 1997).

Remedies can consist of a single herb, or several can be used together. Some healers have their own specific combinations. There is often more than one type of Mi'kmaq medicine

that can be used for ailments. The gathering and administering of the medicines is a spiritual experience. One needs to understand where and how to pick the medicines as well as how to prepare and administer the medicine. Similar to non-Native medicine, mistreatment of Mi'kmaw medicine can have lethal results (Mi'kmaw Resource Guide 1997). To establish a comprehensive understanding of both Mi'kmaq medicine and the culture, one needs to have an appreciation and understanding of the Mi'kmaw language, since many ideas and concepts do not have an English equivalent.

There are four sacred medicines for the Mi'kmaq. Although not all of these medicines are indigenous to Nova Scotia they are all used for offerings to the Creator. The four sacred medicines are sweetgrass, cedar, sage and tobacco (Knockwood 1998). All of these are used in ceremonies and rituals of healing. The act of smudging by guiding the smoke over one's body from burning sweetgrass is a cleansing process for one's mind and heart.

Smudging is a way to guide one's path and to protect oneself from the unknown (Solomon 1992). Sweetgrass is one of the sacred medicines that is likely found in every Mi'kmaw home (Wallis and Wallis 1955). A variety of literature documents numerous plant sources that can be used as traditional medicines. A compilation of these written inventories is included in Appendix 2. It represents an important body of literature that is already in the public realm about botanical sources of Mi'kmaw medicine.

PSYCHOLOGICAL AND SPIRITUAL REALMS

Wanting to heal and believe in a healer or medicine is a major component of traditional healing. Petrou (1998) goes further, suggesting that the power to heal is linked to a belief in the system being used. This is not to say that Mi'kmaw medicine is based merely on the placebo effect, but rather this approach empowers individuals who are ailing. Some Mi'kmaw believe that sickness is induced by fear; therefore, one's mental state needs to be attended to in addition to the physical body and spirit. One cannot separate the mind, body and spirit, and therefore the healing process must involve all three aspects, the whole person, in order to heal an individual (Wood 1979).

The sweat lodge and the talking circle are yet another dimension of the land connection and the process of healing for the Mi'kmaq. Both healing processes begin with showing respect for the Creator and all that is one earth. The sweat lodge is commonly constructed out of components found in the natural environment, components such as bark, wood, animal skins and rocks. It is an extension of the natural environment and is associated by some Mi'kmaw with returning to the womb. The talking circle reinforces the importance of cycles and natural laws, by the manner that it is carried out. Although the effects of these types of medicines are also a physical experience, they deal specifically with the psychological. These practices were outlawed during colonization and the implementation of the Indian Act of 1876, but continued in secret and are now re-

emerging more publicly. A variety of initiatives are helping to increase the longevity of this knowledge.

Conversation is used to heal in the talking circle. A talking circle is usually led by an elder or spiritual leader and continued until everyone is finished speaking, however only one person is allowed to speak at a time. Therefore this process can take several hours and numerous rotations:

The healing/talking circle is premised upon the concept of respect, non-interference and the recognition that the spirits of our grandfathers and the creator are present to guide us through the process. In this method of healing, our people ask for guidance and sensitivity through the sacred pipe...each person is given the opportunity to speak without interruption....it is often found that the pain being experienced by one individual was the same pain experienced by another. (Clarkson, Morrisette and Regallet 1992, 51)

Processes of healing such as the talking circle emphasize the importance of the concept of community as well as the potential for the well-being of the individual affecting the community and vice versa. The sweat lodge also relies on the circle for its structure:

It is a means of reminding ourselves of our relationship to the earth and a means of purifying our spirits.... There is a special significance to each thing used in the lodge that facilitated the process of healing and reconnecting. The shape of the lodge was representative of the womb of women. It represented the womb of our Mother Earth. Inside this womb surrounded in darkness, you returned to that first safe place of your existence. The process consisted of four rounds; after each round the door was opened and the steam was allowed to escape. Each round of the sweat represented the four directions of the earth. Each of these directions had something to teach us about the cycles of life that were represented in the seasons. (Clarkson, Morrisette and Regallet 1992, 51)

Both of these practices focus on placing the person in relation to the spiritual and in the context of their own role within creation (Rajotte 1998).

III.5 PERCEPTION AND WELL-BEING

THE ENVIRONMENT

The term *well-being* used here, includes the Westernized physical concept of health, but goes beyond it to include other aspects associated with the health of Native people. Well-being or health in a Native community may be perceived differently than in Non-Native communities. Because of the holistic approach to life that Aboriginal people take, well-being is connected to many different parts and aspects of one's life. The relationship between the environment and health is one of balance, harmony, wholeness and well-being (Wheatley 1996). Well-being is not strictly dependent on the prevention of diseases; it encompasses much more.

When we get sick it is usually because we are out of balance in some way. Perhaps we have failed to take care of our bodies by eating the proper foods, getting the right kind of exercise, fasting, cleansing, etc. OR perhaps we are out of balance in our minds. Even our own negative thoughts can come back on us and cause us to become sick. (Malloch 1989, 106)

The psychological, emotional and physical state of an individual are all equally important and interdependent for maintaining one's well-being. The environment plays a key role among Native people:

...whose understandings of environment and health are inter-connected and holistic, all effects, including social and cultural effects, are seen as

direct...the concept of health is inseparable from their concept of the environment. (Wheatley 1996, 253)

The environment has more importance than traditional land use alone. Besides subsistence needs, the land is tied to the psychological, spiritual and physical well-being of the Mi'kmaq. Everything is interconnected; humankind is an equal part of the environment, and everything works in cycles. Knockwood (1998) states that when the Mi'kmaq were stripped of their identity, their language and their beliefs, they became a lost people. Furthermore, given the land's importance, being stripped of rights to it can have many repercussions on several levels.

SPIRITUALITY

Spirituality plays a part in the maintenance and healing of Native people's well-being. Spirituality is also interconnected and interwoven into all aspects of the environment. The mind and body for Native people cannot be separated. The spirit can be weakened by factors such as the loss of language and the environment. Therefore, being denied access to the environment, even if it is only a perceived lack of access, can have an effect on the well-being of Mi'kmaq. This can take the form of a collective grief or as Cajété (1994) suggests, *ethnostress*.⁵

⁵ Cajété (1994) describes this term as the collective suffering of American Indians after first contact. He states that it is the result of a psychological response pattern that originates in the disruption of one's revered cultural life and belief system.

Everything that the Creator has made is supposed to be treated with respect (Hornborg 1998). Glooscap is a divine yet human figure who gives order to the world, who teaches people their proper place and who sets standards of behavior (Leavitt 1995). The Mi'kmaw perception of time is relevant to the concept of spirituality; it helps to contextualize the belief system. The Mi'kmaq perceive their spiritual history as being made up of three eras: The first era was when animals and monsters dominated the earth. The second involved the arrival of the transformer—Glooscap, who readied the earth for people. During this time, people and animals spoke the same language. Glooscap lived among these people and taught them how to live. The third era is marked by the departure of Glooscap. People and animals could no longer communicate easily with each other. Only gifted men and women could keep up the ancient connection (Leavitt 1995). This last era seems to best describe the current situation, suggesting that we are still in this era.

The medicine wheel is an ancient Aboriginal symbol. It is used by the Mi'kmaw to explain and understand concepts that are not tangible (Leavitt 1995). It reinforces the cyclical conceptualization of the world that the Mi'kmaq have and associate with a number of cultural customs and beliefs. The Mi'kmaw traditional view sees people, the land, water, plants and animals as forming one unified and interdependent living system (Pictou 1996; Rajotte 1998). Leavitt (1995) elaborates:

The circle represents the wholeness of the Native way of life. It is a perfectly balanced shape without top or bottom, length or width. The

circle is more than a static shape; it represents movement. The repeating cycles of nature move in circles—the seasons; birth, growth, death, and decay; cycles of community and social life. Expanding circles represent the development of the human mind, heart, body and spirit. (xvi)

The medicine wheel helps to explain many Mi'kmaw concepts and approaches to life. It has been used to symbolize the four grandfathers, the four winds, the four directions, the four stages of life, and the well-being of the community, which is referred to by some Native communities as the sacred hoop (Rajotte 1998).

III.6 THE NEED FOR ACCESS TO CURES

ISSUES OF SELF-ESTEEM, STRESS AND WELL-BEING

Good health and well-being are increasingly being considered to be more than just the presence or absence of a disease. In fact, the RCAP Pathway to Healing: Report of the National Round Table on Aboriginal Health and Social Issues (1991) defines illness as:

Multigenerational trauma and grief. Loss of ways of life. Loss of language. Loss of ceremonies and traditions. Loss of land base. Loss of meaningful control over day to day life.(RCAP 1991, 12)

These types of definitions help to support the belief in the importance of the connection between one's well-being and cultural survival. If cultural survival is threatened through something like loss of access to land, then there is the potential for Aboriginal people's perceptions of well-being also to be affected as a result of this risk. Seeing things outside of one's individual control can often serve to further lower confidence and self-esteem (Furedi 1997).

In the context of this document, risk is being defined subjectively.⁶ In some instances the perception of being at risk is actually more important than the actual risk (Furedi 1997; Hattis and Kennedy 1990; Wheatley 1996), since it is just as influential in affecting people's reactions. For the purpose of this study, the risks are related to the actual and perceived accessibility of land for the Mi'kmaq. Thus the relevant definition of risk that is being used for the purpose of this examination is based on the following assumption:

...human behaviors are fundamentally driven by basic needs. Risk...is the possibility that these needs will be inadequately met. Areas of risk identify trouble areas that can interfere with needs fulfillment. (Baksh and Johnson 1990, 226)

Given this definition, the inaccessibility of land and traditional medicines can be seen as a risk. The lack of access can have serious ramifications on Mi'kmaq individuals, families, and communities. These ramifications can occur because of the integrated identity the Mi'kmaq have with the land: it fulfills basic needs and provides a sense of personal worth and purpose to life for the Mi'kmaq (Henderson 1995).

Belief in having control, access, and stewardship of traditional lands is important to the persistence of many Indigenous cultures (Stoffle and Evans 1990). Often a culture's identity is tied to the access of land:

Tribal identity includes culture, religion, and place; if the link between the environment and the people is broken, the culture/religion is also broken.

⁶ Subjective risk is used to refer to the non-expert perceptions and are commonly embellished by whatever considerations seize the public mind. Objective risks are often seen as a the product of scientific research, primarily public health statistics, experimental studies and epidemiological surveys. (Fischhoff, Hope and Watson 1990).

Tribal health includes personal well-being, which is derived from membership in a healthy community with the...ability to follow traditional lifestyle, healing, religions and educational practices in nondegraded surroundings. (Harper 1997, 397)

Perceived or actual denial of access to land or the freedom to make lifestyle choices can have negative repercussions on the well-being of an individual. Understanding the impacts of lack of access to land can aid in the reclamation of the self for Aboriginal communities (Clarkson, Morrisette and Regallet 1992).

RESOURCES AND WELL-BEING AMONG ABORIGINAL PEOPLE IN CANADA

In Canada many links have been identified with the socioeconomic status of Aboriginal people and their overall health status. Townson (1999) highlights the findings regarding Canada's Aboriginal people in the Report on the Health of Canadians. The report found that Canada's Aboriginal people as a group are the most disadvantaged among all citizens and possess the poorest health status (Zubeck 1994; Townson 1999). The acculturation process and land infringements have contributed to these groups experiencing lower levels of well-being. Not surprisingly, the low income and low levels of education experienced by Canada's Native people are similar to that of many Indigenous people (Barbira-Freedman and Kroeger 1988; Devichand 1997).

Chambers (1983) argues that the poverty of whole communities can be linked to the communities' remote locations and inadequate resources. The Mi'kmaq Health Survey (1999), a much more expansive study than this preliminary case study, which was

conducted by the Union of Nova Scotia Indians and the Confederacy of Mainland Mi'kmaq, indicated that the annual income of adults living on reserve lands is low (Union of Nova Scotia Indians 1999). When asked if they felt the four aspects of their lives (spiritual, emotional, physical and mental) were in balance, approximately forty-five percent of Mi'kmaq responded that it only occurred some of the time to almost none of the time. Thirty-four percent of the people who responded stated that they had used traditional medicine in the past year. Of particular relevance to this discussion are the findings concerning the residential school experience. Forty-six percent of respondents believed that their experience at the residential school contributed to their current health problems. The study found that this experience has had more of a long-term negative impact on the health of females in comparison to their male counterparts in the areas of self-image, self-esteem and mental health (Union of Nova Scotia Indians 1999).

IV. FACTORS AFFECTING TRADITIONAL MEDICINE ACCESS

The Mi'kmaq have not signed a treaty relinquishing their rights to Mi'kma'ki (Henderson and Tanner 1992). Nevertheless, because of the Indian Act, they have been forced to live in confined and designated areas in a manner foreign to their traditional lifestyle.

Individual ownership of land is foreign to the Mi'kmaq since these types of borders were not of their making (Denny, Marshall and Marshall 1992; McMillian 1995; Paul 1993).

Artificial borders and divisions within a country are irrelevant to many Aboriginal people. Historically, the Mi'kmaq were accustomed to moving unrestricted over their territory. Despite its inappropriateness, the government distributed grants of occupation to the Mi'kmaq in the late 1700's and early 1800's for their original land base, subsequently leading to the establishment of the reserve system. Survival on these lands was difficult, since Mi'kmaq were commonly allotted land of poor quality (Paul 1993). Encroachments by non-Natives even on this "reserved" land were common and served to compound the problem (Denny, Marshall and Marshall 1992; McMillian 1995; Paul 1993).

The Mi'kmaw identity flows from the land. Both existing historical treaties and the absence of a treaty that relinquishes Mi'kmaw land tenure are being used in contemporary legal cases to uphold Mi'kmaw rights to their traditional land. These treaties are not just significant for their current utility but also because of the historical frustrations they have allowed the Mi'kmaq to experience. It is because of the misinterpretation of these treaties

that Mi'kmaq have experienced both the dispossession of their land as well as inadequate access to land resources (Denny, Marshall and Marshall 1992). Because of controlling legislation like the Indian Act of 1868 Mi'kmaq felt that they were restricted in every aspect of their lives (Denny, Marshall and Marshall 1992), and subsequently the historical relationship between the European government and the Mi'kmaq is often seen as oppressive. In more recent court cases it is encouraging to witness more positive results for the Mi'kmaq community being supported by these early treaties and acts. The legal recognition of Mi'kmaw rights can positively influence Mi'kmaw perceptions of levels of traditional land accessibility, by addressing previous actual and perceived legal restrictions. Furthermore, this shift allows for an increased opportunity to preserve the Mi'kmaw land connection and their identity.

IV.1 RELEVANT TREATIES AND LEGAL CASES

This section is not intended to be an exhaustive discussion of all relevant treaties and legal cases, but rather its purpose is to highlight some of the major issues that may have contributed to present perceptions of accessibility and availability of Mi'kmaw medicine. Although the majority-rule system of the Euro-Canadian government differs significantly from the traditional consensus based Mi'kmaw approach (Leavitt 1995), it contains key court cases and treaties that define Aboriginal and treaty rights. The Mi'kmaq Grand Council, The Union of Nova Scotia Indians (UNSI) and the Native Council of Nova Scotia (NCNS) have stated in the Mi'kmaq Treaty Handbook (1987) that they view the

succession of treaties and agreements not as distinct entities but as stages and renewals of a larger agreement. The treaties are important because they symbolize a relationship between the Mi'kmaq and the Europeans; furthermore, the treaties outline the duties and rights Mi'kmaq and Europeans have to each other. Many of these treaties, however, have been overlooked and neglected by European governments. European interpretation of historical treaties often differs radically from First Nation interpretations. The government saw these treaties and granting privileges to be enjoyed at the pleasure of the Crown, whereas the First Nation interpretation was as a safeguard for rights they already possessed (Dickason 1992). Such misunderstandings have altered the intent of the original agreement, resulting in disagreements and further complications (Erasmus and Sanders 1992). Recognizing the importance and impact of key treaties, acts and cases not only reveals the legal connection that the Mi'kmaq have to land, but also illustrates the historical mistreatment many of them have had to endure.

The Treaty of 1725 was the first formal treaty between the Wabanaki and the British Crown (Marshall, Denny and Marshall 1992, 80). It was an agreement made by the Mi'kmaq to cease hostilities in exchange for the British to respect and protect their lands. This treaty was important because it established initial formal relations between the two nations. The Treaty of 1752 followed and is celebrated by the Mi'kmaq as being one of the first acknowledgments by the British of Mi'kmaq independence. This treaty helped establish a permanent and continuing political relationship between the Mi'kmaq and the Crown (Henderson and Tanner 1922, 132). This was done with the intent to end war and

create a friendship between the British and the Mi'kmaq. In 1763, The Royal Proclamation was formulated after the British ended French power in North America. This document affirmed and outlined the rights of Aboriginal people (Elliott and Fleras 1992; Erasmus and Sanders 1992; Borrows 1997). It clearly acknowledged the formal process by which to obtain lands and proved that Indians possessed rights to the land (Bartlett 1990; Denny, Marshall and Marshall 1992; Leavitt 1995). The Treaties of 1725, 1752 and the Royal Proclamation 1763 depict a positive relationship between the Mi'kmaq and the British Crown. They established, recognized and protected Mi'kmaq and British interests. However, these positive agreements were followed by the Constitution Act of 1867, which marked a turning point in Mi'kmaw-European relations.

The Constitution Act, 1867, and the Indian Act, 1876, did not possess intentions similar to the earlier agreements between the Mi'kmaq and the British Crown. These two acts handed power over "Indians" to the federal government through a process that was not inclusive of Indians. Section 91 (24) of the Constitution Act of 1867 allocated to the federal government specific jurisdiction over laws regarding Indians and land reserved for Indians (Canadian Bar Association 1988; Julien 1997; Leavitt 1995), making subsequent legislation such as the Indian Act possible (Elliott and Fleras 1992).

The Indian Act, 1876, defined "Indian" status; it established the Department of Indian Affairs, Indian Agents and the Band Council system (Elliott and Fleras 1992). From it stemmed the legal basis for creating residential schools and the implementation of the

centralization⁶ policy, resulting in the banning of many cultural activities. Assimilation and paternalism provided the rationale for protection through the “civilization” of Aboriginal people of Canada (Elliott and Fleras 1992; Julien 1997). Therefore, not only did this act limit the land all Indians could access, but it also determined who had legal access to the reserved land. It was not until 1985, with the introduction of Bill C-31,⁷ that marriage could not cause an Aboriginal woman to lose her “Indian” status. The Constitution Act, 1867, and the Indian Act, 1876 are arguably two of the most damaging documents for Canada’s First Nations and whose repercussions are still evident today.

In the late 1960’s, a shift occurred: court cases emerged that strengthened Aboriginal legal rights to land and its resources. The Canadian Constitution was repatriated in 1982

⁶ The centralization policy will be discussed in greater detail in a subsequent section. However it is important to note that the community of Indian Brook increased in population because of this policy. It was one of the two reserve sites chosen to consolidate the other Mi’kmaq reserves in Nova Scotia (Guillemin 1975).

⁷ The Lavell, Bedard and Lovelace cases helped to bring the sexual discrimination inherent in the Indian Act to the forefront (McMillian 1995; Monture-Angus 1995). These cases sought to remove sexual discrimination and disenfranchisement from the Indian Act and eventually resulted in its revision (Paul 1993). Bill-C31 made it impossible to gain or lose status because of marriage (McMillan 1995). However stipulations placed on Band membership created new divisions within First Nations. There are still people who consider themselves Indian but are not registered because of the restrictive qualifications to be considered an Indian (McMillan 1995). McMillian argues this point eloquently when he states the divisive situation in the following manner: Anyone who lost status, whether voluntarily, through marriage, or from being a dependent child when (*their*) mother was enfranchised, can reclaim Indian status... the children of such people are eligible to apply for status...those with two Indian parents will be able to transmit Indian status to their children, while those with one Indian parent will be considered Indian but cannot transmit status to their children without marrying another status Indian. Not all re-instated Indians will be able to join bands, creating a

and three progressive sections emerged. Three sections within the Canadian Constitution, 1982, specifically pertain to First Nations (McMillan 1995). Section 35 recognizes and affirms existing treaty rights of the Aboriginal Peoples of Canada (Canadian Constitution 1982). Section 35(1) specifically directs and mandates recognition and affirmation of existing Aboriginal and treaty rights at every level of Canadian society, creating new contexts for interpretation of governmental responsibility and treaty rights in Canada (Henderson 1995, 208). Section 25 specifically guarantees:

...certain rights and freedoms shall not be construed so as to abrogate or derogate from any aboriginal, treaty or other rights or freedoms that pertain to the aboriginal peoples of Canada including (a) any rights or freedoms that have been recognized by the Royal Proclamation of October, 1766; and (b) any rights or freedoms that now exist by way of land claims agreements or may be so acquired. (Canadian Constitution 1982)

This section states that interpretation of the guarantees contained in the Charter of Rights and Freedoms would not detract from Aboriginal or treaty rights (Elliott and Fleras 1992, 65). Section 37 of the Constitution proposes future meetings between First Ministers and Aboriginal leaders to discuss present and additional Aboriginal rights (Elliott and Fleras 1992, 65). Although vague, these sections allow for a legal basis to support access to land for the Mi'kmaq.

The Calder Case, 1969, (Calder v. Attorney-General of British Columbia, [1973] S.C.R. 313) dealt specifically with a Nisga'a chief and Aboriginal title in British Columbia.

division between status Indians that belong to bands and those that do not. (McMillan 1995, 311)

Despite being later dismissed on a legal technicality, the Supreme Court of Canada recognized that usufructuary rights, using the land but not owning it, existed and could only be relinquished to the government through a formal treaty (Asch and Bell 1997). This type of legal precedent is important for those like the Mi'kmaq who have not signed treaties relinquishing their rights to the land and have to prove their use of land to make a claim to it (Leavitt 1995). In this particular case the Supreme Court of Canada's actions clarified their intent to recognize the existence of Aboriginal title, a right that had previously not been taken seriously (Townshend 1992).

R. v. Simon ([1986] 1 C.N.L.R. 153) dealt with the Treaty right to hunt and *R. v. Marshall* ([1999] 4 C.N.L.R. 301) with the treaty right to fish. The Sparrow case (*R. v. Sparrow* ([1992] 4 C.N.L.R. 98) marked the first interpretation of Section 35 of the Canadian Constitution and clarified the fiduciary obligation (Panel on Ecological Integrity of Canada's National Parks 2000, Appendix E-1). The Simon case (1986), Marshall case (1999) and the Sparrow case (1992) are important because of the legal precedent they establish. Each case serves to support rights; and while this is not meant to be an exhaustive discussion of relevant cases or the treaties, they are important to understand the current Mi'kmaw sensibility. At the very least, the existence of these cases provides a positive conceptual basis to buttress Mi'kmaw attitudes and beliefs concerning access to land. This is significant because medicines are not specifically mentioned in Mi'kmaw treaties (Doyle-Bedwell 1999).

Delgamuukw v. British Columbia ([1997] 3 S.C.R 1010)⁸ marked the first decision by the Supreme Court of Canada affirming aboriginal title over traditional land (Prosper 1999). It also established guidelines for governments and courts to evaluate and protect Aboriginal tenure (Henderson 1999). Such issues strengthen the bargaining power of the Mi'kmaq, who have not ceded their rights to Mi'kma'ki, especially since the *Delgamuukw* decision implies that once ancestral occupation is established, a First Nation like the Mi'kmaq have a legal right to the land.

Thus, treaties are important to the Mi'kmaq because they represent an affirmation and recognition of the relationship between the Crown and the Mi'kmaq and Mi'kmaw rights. For Aboriginal people, treaties represent First Nation interests, their pride and their word (Erasmus and Sanders 1992, 4). The dishonoring of treaties and policies by the Canadian government has had dramatic and deeply rooted effects throughout Aboriginal communities. Breaking the Covenant Chain of Treaties has had multi-faceted repercussions on the Mi'kmaq, affecting their self-esteem at the individual and community level, as well as undermining the faith placed in future relations with the Crown.

⁸ For a more comprehensive legal discussion of the importance of this case, refer to Stan Persky's commentary in the book *Delgamuukw v. British Columbia* (1998).

IV.2 SPIRITUAL, EMOTIONAL AND PSYCHOLOGICAL CONSCIOUSNESS RELATED TO LAND

The Mi'kmaq land connection exists on various interconnected and overlapping levels.

Like the circular view of the family and all of creation, the spiritual, emotional and psychological consciousness has interdependent elements that have a reciprocal relationship to each other. It is important to consider this aspect when reviewing respondent perceptions of access to traditional medicines, since this access has the potential to affect their lives on multiple levels. It is impossible to deal with the spiritual, emotional and psychological consciousness connections to the land separately.

Therefore, these concepts are examined in connection with each other. Since the Mi'kmaq world-view involves interrelation and interdependence:

...what you put into the universe comes back, everything is a cycle....health and wellness must be considered in the context of this same interrelated universe. Sickness is not limited to the physical body. It involves a patient's emotions, mind and spirit, their family, their community and the spiritual world. (Waldram, Herring and Young 1997, 10)

Perceived disruptions by Aboriginal people of their relationship to the environment can have a considerable impact on their social, cultural and economic well-being (Persky 1998; Wheatley 1996). As with most Native people in Canada, Mi'kmaq existence is inseparable from the land; it also involves their culture, self-image and spirituality.

If Indigenous people are to maintain their distinctive cultures, they must have access to and stewardship over land. Although each is ultimately unique, a number of common experiences and beliefs exist amongst First Nations (Kapashesit and Klippenstein 1991):

“One of the most fundamental important process of language, culture, nature and land is that together, they nurture our consciousness, our identity on both the individual and tribal level”(Pictou 1996, 63). Land has a spiritual, emotional and psychological importance to the Mi’kmaw people; it is important to their survival. Actually limited access or even a perceived lack of access to land can affect Mi’kmaw sensibility.

Focusing on the importance of the land should not romanticize Aboriginal life. The environment is interwoven with all aspects of Aboriginal life, and making a living from the land is not in contradiction to this belief (Borrows 1997). The special relationship and understanding that most First Nation people have make them more likely to maintain a sustainable interaction with their environment (Clarkson, Morrisette and Regallet 1992; Potts 1992). Prior to contact, for Native people depletion of the environment meant starvation and death. First Nations have always understood that they are dependent upon and have a responsibility to the environment (Brooks 1986; Henderson 1995), which is in contrast to the majority of non-Native thinking (Clarkson, Morrisette and Regallet 1992). Before the arrival of the Europeans, First Nations were sustainable because they understood that they were part of the environment and not the ones controlling it. The spiritual, emotional and psychological connections to land that the Mi’kmaq possess—part of their concept of *Netukulimk*, to preserve, protect and promote the land—require harvest methods to be conducted without jeopardizing the integrity, diversity and productivity of the environment (The Netukulimk GIS Project 1998).

IV. 3 GENDER AND TRADITIONAL MEDICINE

Gender is a socially constructed variable, whereas the term *sex* commonly denotes a person's biology (Love, Jackson, Edwards and Pederson 1997). Although there are specific expectations for each sex in the Mi'kmaw culture, for the purpose of this research, these terms are used interchangeably. The terms *male/female* and *men/women* are used throughout generally to indicate the biological difference between men and women.

Historically, because of European influence on lifestyle and diet, Mi'kmaq family numbers diminished (McMillian 1995). European values and ideals influenced social structure: polygamy gave way to monogamy. Women had specific duties within the family. Historical accounts of the nomadic Mi'kmaq identified that cooking, carrying and tending the family were primary duties of females (Miller 1995). Battiste explains that the concept of gender is foreign to the Mi'kmaq:

Gender being a foreign concept, brought to our land by the wood walls of Europe, is a strained thought to the Mi'kmaq worldview. Mi'kmaq concepts do not divide man from woman; the concepts only honour their ordinary efforts as mothers, grandmothers, godmothers, teachers, healers and the like. European thought calls them 'roles.' Mi'kmaq thought labels them extraordinary honours. (Battiste 1989, 61)

Furthermore, Pictou (1996) argues that these historical accounts were unjust in their representation of Aboriginal/Mi'kmaq women because these interpretations generally excluded the importance and sacredness of these processes since they were recorded by male Europeans. Consequently, the importance of women's roles were overlooked

(RCAP 1997). The roles of First Nation women were left undocumented (RCAP 1996), and the imposition of European value systems on Mi'kmaq women's activities devalued them (Chandler 1979; Guillemin 1975; RCAP 1997). Such practices have left the historical documentation of the Mi'kmaq incomplete.

Marshall (1997) suggests that males and females both play a role in the healing process. Furthermore, she states that within the Mi'kmaq society, women are considered to be a source of power (Marshall 1997; Petrou 1998). Some believe simultaneously that despite possession of this power, women are limited in the role they can play in the healing process (Marshall 1997). This division of healing roles based on one's sex may be rooted in Western concepts that were imposed on the Mi'kmaq. It is a division that may not have existed within the Mi'kmaq community prior to European contact (Chandler 1979; Pictou 1996; Rajotte 1998).

Historically, women in Aboriginal communities have been respected for their thoughts and views, and were often sought for advice on community matters (Pictou 1996; RCAP 1997). Many Aboriginal societies were matriarchal, and women were treated as equals (RCAP 1997). A Mi'kmaw woman's power comes from her ability to give birth (Marshall 1997) and nurture future generations:

They are the first teachers who transmit knowledge of the past and present to the future. They create an extensive, coherent, concrete tribal bond with the future through an easy silence and caring. The tribal bond arises from the rhythm of the daily event. Togetherness comes quietly in the shared trust inherent in family life. (Battiste 1989, 61)

Despite this respected role, many First Nation women's experiences, like those of their male counterparts, have been surrounded with sadness, anger and pain (RCAP 1997).

Aboriginal women were negatively affected by the Indian Act (Monture-Angus 1995; Pictou 1996; RCAP 1996). The implementation of its rules regarding requirements for "status" denied many Aboriginal women their culture and identity. Aboriginal women who married non-Natives lost their legal status as well as their children's right to be recognized as "legal" Indians: with the introduction of Bill C-31 in 1985, some of these women and their children regained their status (Mi'kmaw Resource Guide 1997; RCAP 1996). Aboriginal women also experienced the assimilation tactics of the residential school and the centralization process that removed them from their original land base. Thus, many First Nation women were severed from their communities. Clarkson, Morrisette and Regallet (1992) point out:

Disposition from the land further impoverished women, who were the most dependent on the land for survival. Prior to the imposition of the reserve system, women had access to a variety of natural foods and other products through the seasonal migration...confinement to reserves reduced access to these other areas and resulted in a decrease in consumption and a beginning of resource depletion in the immediate reserve area. This had severe implications for the health and well-being of women because they depended so heavily on the land ways. (38)

The masculine and the feminine are seen as two necessary parts within Mi'kmaw spirituality. Opinions on this topic span a wide spectrum. Some literature indicates that healers can be either male or female (Chandler 1979; Pictou 1996; Smith 1964). Other literature indicates that women are the primary keepers of knowledge about traditional

medicine (Chandler 1979; Guillemin 1975). In these communities, sex roles are often different but equal. Still other literature reflects limitations on a Mi'kmaw woman's participation in the healing process based on her sex's physiology (Marshall 1997).

These variances in the traditional roles women may play, combined with the quality of individual and collective lifestyles and their social and physical environments, have potential to impact women's well-being, especially since Aboriginal women in Canada are in the worst social and economic situations (RCAP 1996). The Ottawa Charter for Health Promotion (1986) further states that people cannot achieve their fullest health potential unless they are able to take control of determinants of their well-being; for the Mi'kmaq, access to land is one of these determinants. Control of this determinant is not currently a reality for many Aboriginal women. If improvements could be made in the control over their traditional land, improvement hypothetically could occur in their well-being. Such an opportunity could not only allow for an improvement in their well-being but also allow for self-actualization, a greater sense of social responsibility, and a renewal of their relationship with the natural environment.

IV.4 OTHER ISSUES ASSOCIATED WITH TRADITIONAL MEDICINES

INTELLECTUAL PROPERTY RIGHTS

Traditional medicine knowledge is valuable for healing within the Mi'kmaq community and in the search for new commercial pharmaceuticals. Since many current

pharmaceuticals owe their existence to Indigenous people's healing practices, issues of ownership of this knowledge arise. Greaves (1994) suggests that the Western concept of Intellectual Property Rights (IPR) could be used to reinforce and protect Indigenous knowledge. Some IPR concepts are relevant in the First Nation context; however, some are also inapplicable toward traditional medicine because many Indigenous people worldwide find the commodification of traditional medicines incomprehensible (Anyinam 1995; Dutfield and Posey 1996; Evans and Pinel 1994).

The majority of discussions about IPR center on plants, since numerous modern drugs find their origin in Indigenous use (Anyinam 1995). However, Evans and Pinel (1994) demonstrate that American Indians have applied this concept to the religious and spiritual aspects of their culture by placing control on cultural material. This process involves gaining permission from a Native governing body to conduct extractive activities within reservations (Evans and Pinel 1994). In the Canadian context, reserve Band Councils could fulfill this function by being the governing body that could oversee giving extraction permits. The Pueblo Indians provide another example of the utility of IPR. If problems arise with keeping aspects secret and concurrently sharing this knowledge, the Elders decide, based upon the goal of protection of sacred sites and traditions (Evans and Pinel 1994). An arrangement in which Indigenous governments and researchers work together is encouraging because it represents an opportunity to ensure the protection of a community's resources. Non-Native recognition of these rights for Native communities

would help to ensure a basic level of protection as well as responsible extractive activities in research and economic development.

However, many Indigenous communities have problems with the concept of IPR. Patent law itself is immaterial to Indigenous communities because of the stipulations associated with establishing a patent. Greaves (1995) argues that there are three main problems with patent or copyright law. First, laws surrounding their establishment require that the knowledge is new knowledge, which would be hard to determine within the First Nation context since knowledge is commonly shared and has been in use for many years. Second, patent law requires that an individual gain the rights to patents, which is problematic since communities and Nations usually share this knowledge amongst themselves. Finally, the patents are only for a finite number of years, making the cost of renewal and subsequent public domain ownership unappealing to Aboriginal people. Traditional Resource Rights (TRR) have been suggested as an alternative acronym to make IPR more digestible for Indigenous communities by overcoming the use of the limiting concept of property (Dutfeild and Posey 1996). Dutfeild and Posey (1996) explain the adoption of TRR:

The term *traditional* reflects cherished practices, beliefs, customs, knowledge and cultural heritage of indigenous and local communities with close affinity to the earth[;] *resource* is adopted to mean all knowledge and technology, esthetic and spiritual qualities, including both the tangible and intangible[;] finally *rights* was used to convey a guarantee of well-being to themselves and future generations. (95)

It is important to consider that the pursuit of such rights, whether they are termed IPR or TRR, should be solicited by the Indigenous community and not enforced by an external body (Greaves 1994).

Many Western drugs have originated from Indigenous ecological knowledge, and excessive extraction from these plants has had catastrophic effects on the environment (Anyinam 1995). Commercial growing of medicines may not be an option for the Mi'kmaq since it may go against some people's core beliefs of respect for the medicines. Mi'kmaq collectively own this knowledge, and in order to maintain control of these plants and practices, a new type of patent or legal right may need to be established. This could be done to avoid further exploitation, which has unfortunately been the fate of many Indigenous cultures that have shared their ecological knowledge with large pharmaceutical companies.

RELATIONSHIP OF TRADITIONAL AND WESTERN MEDICINE

Traditional Mi'kmaw medicines are rooted in Mi'kmaw traditional ecological knowledge (The Netukulimk GIS Management Project 1998). Discrepancies exist regarding the level of dependency upon these medicines within the Mi'kmaq community. Some traditionalists within the community are heavily dependent upon this knowledge, while others have turned toward Western medicine to find remedies (Petrou 1998; Smith 1964; Wallis and Wallis 1983). In some circumstances the type of disease has determined the type of medicine used (Doyle-Bedwell 1999). The lack of support for traditional

medicines by First Nations in the past has had an endemic effect on its transmission from generation to generation (Kuhnlein and Turner 1991). The lack of recognition on many levels of the worth of this knowledge has been one contributing factor to the low level of well-being of Aboriginal communities. As Devichand states:

The main reason given by Aboriginal peoples is that the treatment of symptoms will not eradicate the problem as the root cause has not been treated. The root cause of ill health in Aboriginal peoples is directly related to their history in which a majority of their culture was destroyed. At this time, many of the people experienced a loss of identity, as well as a breakdown of traditional value systems. This weakened the Nations and has resulted in the social problems evident in many Aboriginal communities today. (Devichand 1997, 7)

Westernized health services have often been unsuccessful in addressing Aboriginal needs because problems of well-being lie deeper than remediation approaches (Petrou 1998).

V. FIELD STUDY FINDINGS

The aim of this chapter is to convey respondents' perceptions of their access to land, their knowledge and opinions about traditional medicines and their opinions of gender roles related to traditional medicines. Information discussed in this section has been compiled from a number of sources ranging from semi-structured interviews to personal observations. Some interviews were more formal than others and were conducive to direct quotation; the more informal interactions were paraphrased. Direct quotations from respondents are indented and single-spaced, whereas paraphrased ideas are represented within the body of the text and are not indented.

Throughout this document the names of the respondents who contributed to this research are omitted out of respect for those who have shared their knowledge and experience. This omission has not been done to deny any respondent credit for their contribution, but to ensure confidentiality. Numerical codes were assigned to each respondent referenced, demonstrating that there are various voices represented in this study. The following is a summation of themes that arose from discussions with study respondents.

For the purpose of this research, respondents of different ages were interviewed. The mean age was forty-nine and the median age was forty-five. The youngest respondent was nineteen and the oldest was 80. It became evident that although perceptions were somewhat similar, they tended to vary according to a person's age. The separation of

generations seemed to be commonly referred to by respondents as those above forty and those below. It is unclear as to why that age was chosen, but strangely enough, forty seemed to be the number used by respondents who referred to generational differences. A few individuals stated that, in their opinion, it is more common for those above forty to use traditional medicines, than those below. The reasoning behind this is that those below forty had greater opportunity to access western drugs and therefore placed a greater reliance on them (#017, #010, #019). Past experience also influenced differences in approaches to medicine, particularly in what individuals felt comfortable doing. All those who identified with traditional medicines had one thing in common; regardless of age they said that they had much to learn. Both self-identified and community-identified healers agreed that no one person knows everything about medicines. It is a life long and continual learning process.

TABLE 1- THE CHARACTERISTICS OF RESPONDENTS

* 26 respondents in total * 15 specifically associated with L'nu Si'puk		Indian Brook		Other Reserves		Total
Categories	# males	# females	# males	# females		
Individuals above 40 years old	7	6	3	4		20
Individuals 40 years old and below (the youngest being 19 years of age)	0	2	3	1		6
Total	7	8	6	5		26

In the discussions conducted for this study, most respondents talked about their general

history, including the oppression imposed on them by the Canadian government. However, only minimal knowledge was shared about what L'nu Si'puk was like years ago and how it has changed over the years. A few respondents mentioned that L'nu Si'puk was a very small community comprising of only a few houses. Some individuals indicated three houses, while others suggested four (#020; #005). One of the current main streets, named Hollywood Drive, was the main path Mi'kmaq used to come and go from the reserve. The "hill" which still exists has the same main road going over it, and was identified by a few as the location where a medicine woman once lived.

V.1 PERCEPTIONS OF TRADITIONAL MEDICINES

There are a number of definitions of what traditional medicine encompasses; respondent understandings vary from herbal plants to ceremonies. Some respondents divided Mi'kmaw medicine into categories based on the type of healing it achieved. Some traditional medicines are for physical healing and the others are for spiritual healing (#008). One male respondent explained these different categories as:

There are many types of medicines, all medicines heal people whether physically, mentally, emotionally [or] spiritually....Mi'kmaq medicines sort of creates a balance. There's the physical, mental, emotional and the spiritual. There's certain medicines for the physical, there are certain medicines for the spiritual, emotional....For instance the burning of sweetgrass, sage, cedar, tobacco tend to deal with the mental, emotional and spiritual healing. [It is the] same with the sweat lodge which heal the mental, emotional, and spiritual but also heals the physical by helping 'sweat-out' the 'bad stuff'.(#015)

A number of respondents had the perception of medicines being everything. Some believed them to be food; others believed medicines to be various types of vegetation

(#009). Some individuals believed that the talking stick, drumming and chanting are also medicines (#012; #021). A Mi'kmaw man from L'nu Si'puk shared what he considered medicines to be:

It would depend on what you are talking about. What ails you. Yeah, like if you have something wrong with your body somewhere, or it might just be just you have to talk about to let something out. Sometimes that, sometime the person you are talking to, like the medicine man you are talking to wouldn't have to say a word you be the one doing all the talking. And then oh I feel a lot better. That's all you just had to talk to somebody. Sometimes that's it, and that might not be it. (#020)

A Mi'kmaw woman not from L'nu Si'puk shared her thoughts on what medicines were:

Anything in the environment or in the world that we've identified as being beneficial for pain or rashes or stomach problems. There's tonics that you can make with certain berries and stuff. I think everything is a medicine really. Like the whole earth itself. (#013)

Another Mi'kmaw woman also from outside of the L'nu Si'puk community shared her understanding of what medicines are:

Medicine could be laughter, it could be crying, it could be purifying, it could be just singing. But actually scientific terms of medicines with herbs they are roots, leaves, certain plants, stems, juices that come out of certain plants as well that heal abrasions, heal inner sickness that can't be dealt with any other spiritual healing. Spiritually...you can only help to a certain part then medicines come into play. (#002)

Types of medicines overlap; a distinction between boundaries of each type of medicine is unclear.

Historically the Mi'kmaq have an oral tradition; the majority of teachings and knowledge are passed through stories and legends. The following story was shared in order to explain the significance of the turtle as part of the medicine wheel.

They planted some of the medicines there, and there was a lot of medicines in the Kejimikujik area; they also have the blauly turtle there. I don't know where else you would find it. The little turtle is there. He's a toy. He has, you can carry him with you and he wouldn't bite and the little baby when he went to sleep they would put turtle by him in the tent. And the turtle would sleep with that little baby. So one day when they went out and the turtle went to the water swimming and he swam away. But the next morning when they went in the teepee, wigwam the turtle had come home that night and climbed in there. So ah, he was a friend, he was family. And when the people traveled they took the turtle with them. So with the medicine wheel he is part of the medicine wheel. (#004)

Much of this oral tradition is still encouraged and practiced when dealing with knowledge concerning Mi'kmaw medicine. Stories and legends related to nature are used to teach and pass knowledge onto future generations. One respondent explained that Mi'kmaq often feel a connection to certain animals based on similarities between their personal traits and the animal's traits. She shared this example to help illustrate what she meant:

Just what the turtle symbolizes it could live on land, it can live on water, it travels slow, it has its own protective shell so where it goes right. And my animal has wings, which as well allows it to be able to move faster and go places quicker than the average turtle. Just that connection that this turtle has turtle wings is also an ancient name for me, which I believe that I have an ancient spirit, connected spirit connected to this spirit. It teaches me and it reminds me to always be wary about the pollution in the water, because that is where my spirit lives and thrives. As well in the air where it flies the pollution in the air don't let your car run, try and take the bus all these environmentally friendly things that we should do. (#002)

Often this type of knowledge is passed down through the family from generation to generation, as long as the family members choose to believe and practice traditional ways.

During my initial visits to the community most individuals I encountered said that traditional medicine use was no longer practiced in their community; however, after further interactions practitioners of this type of medicine began to emerge.

Knowledge and teachings surrounding traditional medicines are multi-faceted; they are a physical/spiritual experience as well as an oral experience. Individuals learned from being sick and having the medicines applied to them, by watching them being applied to others or by learning first hand how to gather them. The following are a few respondents' experiences that exemplify the various learning experiences for Mi'kmaw.

My mother used some kind of [medicine] one time I cut my leg, she used some kind of poultice of some sort. She took this little green leaf that grows outside, I'm not sure it was so big and put it on my leg to stop the infection, I was just a kid...I'm not sure the name of it.(#016)

This same individual also shared his experience of watching others take traditional medicines:

You know the only thing I've seen people take is like flagroot, gold thread, and pagosi. You know I've heard of people taking that I'm not sure what else. [This guy] down here, does little medicine bundles. [He] does little medicine bundles for people, who are psychologically disadvantaged some how. It so does that by giving psychological strength, every little bit helps....One for internal purposes and the other for psychological purposes.(#016)

Another respondent shared this example of how her husband helped cure an outbreak of diarrhea in their community.

One time here we had diarrhea right bad. They were dying off; my god there was a lot of them that died. And my husband knew about what did they call it, I can't think of the name....He went in the woods and cut the

outside, they cut that off and then there's a layer right next to the tree and it's soft like almost like chewing gum you know chewing gum in a stick. He'd cut a little piece off, so big and you'd chew that and when you'd finish chewing that your diarrhea was all gone. And that helped us a lot. (#005)

Many of those who currently use traditional medicines grew up with their parents and grandparents using these cures (#018). Others, however, have turned to westernized pharmaceutical cures for quicker and more immediate remedies.

This knowledge is more than just reading what each plant can do; it requires a special know-how of proper harvesting, mixing and administering techniques (#002, #017, #006).

It is this knowledge that is usually learned from the Elders in a home or community. This is indicated by the following respondent's words when he states:

The Elders of my community have encouraged us by their examples, wisdom, and stories to reflect on the relationship our people have always had with Creation---the Earth, Sky, Water, Fire, Wind and *All* the life that abounds thereon---as we regard our relationship to one another---family, community, nation. Through this process of understanding, and as this understanding is confirmed by ceremony and our language, my experience provided validity to the Teachings of my Elders. (#007)

One person said that he was learning from his uncle. He suggested that one learns from their Elders. He went onto say that, when the time is right, you pass the knowledge onto others. He explained that it was not his time currently to show others but rather it was his time to learn how to find it (#024).

Another individual offered his experience of how he has been learning about traditional medicines:

I was very fortunate that my grandmother actually took me out and showed me the medicines...not too many people got that opportunity to learn about the medicines. Like ah, mother used to take me out too, but she passed away about 7 years ago. When she was alive she used to always take me out we'd go out picking medicines, she was showing me all the places I could pick sweetgrass, muskrat root and mint leaves and all that. And what my father would do he'd show me all the hunting areas where to catch hawks, like where to catch the beavers, the ducks the good ducks, like that.(#015)

Another Mi'kmaw woman from L'nu Si'puk suggested that:

Traditional knowledge is not only passed down orally, but is experienced and learned. Some Elders have this knowledge so that they can work with the future generations.(#006)

This same woman stated at a later date that:

There are medicines that are passed down from generation to generation. Others come to you in your dreams and in your visions, just knowing it's something not knowing why and you'll go about your life. When the time comes when we really get back, when we get our strength our spiritual strength back, as a whole, like a Nation. Then the rest of those medicines that we need, they'll come back to us you know what I mean, that knowledge will, come back and it is coming back now.(#006)

Another respondent from L'nu Si'puk shared her experience of having her father go out in back of their house when her son's eyes were infected. He returned with a plant, which he then applied to the boy's eyes, and within a few days the boy's infection was cured. She went on to say that their father never tells or explains the medicines he knows, rather he just shares by example. Knowledge of traditional medicines is not imposed on anyone, but it is encouraged in those who want to learn. For example, this woman stated:

I take my son with me to the ceremonies and when harvesting medicines. I do not force this knowledge on him but expose him to it and maybe someday he may choose this way...he has participated in some ceremonies. But he's always around to see what's going on, all the children are. You

see sometimes when we are having a hard time, the children sort of automatically do their things to give the parents strength to keep going.
(#013)

In the semi-structured interviews, a variety of perspectives emerged about who could learn and administer these medicines. Some respondents suggested that only a select few could learn how to collect, mix and administer these cures. Others believed that it was possible for anyone who wanted to learn to do so. Furthermore, it was suggested that the healing process was not exclusive to the Mi'kmaw population:

The healing process is not exclusive to the Native community. I treat everyone. My knowledge is not from a book it is learned by experience and is holistic and includes everyone. (#017)

Another woman expressed an alternate opinion:

....a fair amount of people know how and where medicines are, but some won't tell you. Others won't reveal the mixture of their poultice in order to protect these plants from being over harvested. (#013)

The approach taken to the learning and teaching of traditional medicines is a process of sharing, a process that is generally inclusive of everyone. Some individuals are skeptical and believe otherwise.

A number of respondents made an important connection between food and medicine.

Food is considered to be medicine. This connection is described by a woman from L'nu

Si'puk:

The first thing we have to re-establish is not the medicines, it is the food, because food is medicine to us. You know all the medicine is given to us by the Creator, help us to live and continue to live. And food is probably the most important, food and water of all those medicines that we have and

people don't look at food as being medicine, you know what I mean. So that case says we can hunt and gather and fish wherever we want to now ever since 1985, is giving us that medicine back to feed ourselves. You know what I mean, it is so important with the diabetes and everything, we lost the ability to feed ourselves, we had to feed ourselves substandard foods not our traditional diet. It's affected our health, its affected everything about our people our life, right. So when you take the basic medicine from a people now we have to catch up with that right and that's what we are doing now, we are trying to catch up the last case. With the Marshall case its given us more freedom more access to those medicines, not lobster and money, but the ability to feed ourselves and grow and heal, you know what I mean. People don't understand that. (#006)

Another woman, also from the L'nu Si'puk community, described the connection by saying that food was medicine and medicine was food. In the beginning for her it was all one (#010). Two male respondents not from the L'nu Si'puk referred to this connection between medicine and food. The following is one of them speaking about porcupine meat:

The reason we call them medicine, with the Mi'kmaq this was his daily foods, because like the dandelion greens he used to pick those. As he ate the porcupine [who] was a vegetarian, this animal ate the foods and the medicines that we need. So as we ate that animal we also had the cures. So even with the salmon and the trout the water was clear and good this was healing. But today man is raising his own salmon and trout. They are being raised only on the food that is being thrown to them and they don't taste very good and they don't look very good. So ah, you know we need to go back to this in order to make ourselves stronger. (#004)

The importance of this food-medicine connection is further addressed in this respondent's perception of the accessibility of medicines. He states that:

Because of the unsettled nature of jurisdiction, right of ownership, natural resources(including hunting, fishing, gathering---food and medicines), and the implications for re-development of self-sufficiency of First Nations, particularly here, the Mi'kmaq Nation, avoidance of the question of land remains the most crucial barrier to accessing medicines, food, and potential wealth/economic development/income. (#007)

Respondents' food-medicine connection is important, because this connection has implications for accessibility of traditional medicines. If people can not get traditional food, then they may also face barriers to obtaining medicine.

V.2 VIEWS ABOUT THE EFFICACY OF TRADITIONAL MEDICINES

Traditional medicines are a controversial subject within the Mi'kmaq community. Some people use traditional medicines and believe in their use, and others do not. Only two of the respondents stated openly that they did not use or believe in traditional medicines.

The other thirteen respondents in L'nu Si'puk all supported the use of traditional medicines at some level. Of the two individuals who stated that they did not use traditional medicines, one said that while he could see its utility for others, he believed that it was not for him. He explained in the following manner his decision to not follow the traditional way:

I mean I have nothing against it, it is just not my road. That's all. Everybody has their own little road or way that they have to proceed through life and that's not my way and not because of any other reason, but just because I know it's not my road. It's hard to tell everyone no I can't do that, people don't understand why cause I mean I don't knock it, I won't knock them or anything but everyone has a certain belief in certain things. What one man's medicine may not be another man's. You have to understand we are all different. (#016)

Both individuals who saw themselves as non-practitioners of Mi'kmaw medicines also saw themselves as outsiders in the L'nu Si'puk community: both of them had experienced alienation from the community despite living and working there. Amongst those who believe in the efficacy of traditional medicine, there is a common opinion—one needs to

believe in the healing system they use (#014, #018). This male respondent clarified the significance of one's belief in the healing system they choose:

However our herbal plants for medicines that I have been taking part in some of them, before you take them, before you use them you must believe in them. You must believe in all your plants and medicines, so if you take a pill or a medicine that you do not believe in them it ninety-nine percent it may not help you....We should never feel defeated. If we ever feel defeated...we are working against ourselves. You know we may go out and gather some herbs in the woods and put them on the stove, you never boil them you steep them, and you use this when ever you don't feel right. A lot of chances that it will heal you. I guess the key word is whatever you do you believe in too, in the line of medicines. I think this is what has to be done.(#004)

Respondents in this research felt that the ability to heal others involved a belief in the system one used as well as the inclusion of one's mind, body and spirit. The process of healing was described by one respondent as:

A question of motivating the mind, making the mind want to get better, one needs to be in a good emotional state for medicines to work for you. As a person helping people to get better this is important, since you can't make someone get better who doesn't want to... It is a question of balance and we are all connected, to the universe as a whole and this balance in your life is important.(#017)

One individual stated that healing is a long process and in order to move forward, it is important to deal with the impacts of oppression. An ailing person needs to take possession of his or her healing, mental state, and fears, since each of these is rooted in past experience. He believes that this holistic way is the proper way to heal, instead of continuing to place blame on others for your suffering (#019). An important part of healing is its focus on understanding and dealing with whole persons including their past (#017).

A number of people referred to an element of fear when they spoke about traditional medicines. Fear seemed to be a factor both in the initial decision to practice traditional medicines and in the success of the healing process. An understanding of fear is important not only for those who are trying to heal themselves, but also when a person is trying to cure another (#017). The idea that fear attracts illness and influences well-being was suggested (#017, #018). Reference was made to the importance of the mind and emotional state of an individual, since the presence of fear could affect individuals on the psychological consciousness, emotional and spiritual levels (#004; #017; #019; #020). Fear could impede the practice of traditional medicine. Medicine people were often prohibited from administering and encouraging the use of traditional medicines, either through legal restrictions or by religious condemnation. One medicine man even stopped practicing out of fear of being arrested:

There was a medicine man who used to have a store with all the medicines, you could smell them all when you entered the store. It was such a strong smell. But he was accused of practicing medicine without a license, so he stopped and kept to himself. It is a shame since he never passed on his knowledge. All his knowledge went with him when he died. (#012)

Fear could also affect the course of an illness. Another man explained the connection between fear and illness:

In treating someone, you have to understand and be able to treat the body, mind and spirit. Illness is attracted by fear. You can extract the illness psychologically by understanding at all three levels, mind, body and spirit...the concept of fear is an important one, since fear attracts illness, and accelerates the illness and the psychological effects it can have on a person. It only makes sense, since you have to know where you are, in order to understand where you are going. (#017)

Such an approach is a holistic one, it sees an individual as a sum of different parts and attempts to heal by dealing with all of them together. Respondents advised that the main flaw of Western medicine is its divisive approach; it treats a person's ailments separately from the person. The divisiveness of the western approach is described as contrary to Native ways:

Native people never divide the body from the soul because one could not exist without the other. But when the Europeans came they did that because there's money in it. So what happens is the priest makes money by looking after the spiritual needs of the people and the doctor makes money by looking after the physical needs of the people. So they took the human body and divided it into two parts...the Native people take a holistic perspective to life. We recognize that we need to look at the individual as holistically as possible and include the mind, body and soul.(#019)

Such beliefs emphasize the relationship between perceptions and well-being. It also indicates the importance of past experiences in shaping one's well-being.

ACCESSIBILITY AND AVAILABILITY OF TRADITIONAL MEDICINES

Physical barriers and personal attitudes seem to be the main factors that influence Mi'kmaq access to traditional medicines. Pollution, development and private land ownership were the main physical barriers identified by respondents. Perceptions regarding the diversity and quality of medicines varied among respondents.

For most, the quality of the environment where medicinal plants grew influenced the medicines' quality and suitability. The following quotes are illustrative of four respondents' experiences. A Mi'kmaw person from the L'nu Si'puk community shared

her experience with picking raspberries:

down on that Maitland road me and my granddaughter went down there. My goodness the place was just loaded with raspberries right down to the river almost. And so I, they weren't ripe yet and so I said in a few more days we'll go back and look them over. So in a couple more days we went back took our little bucket and when we got down there were two trucks in the driveway. What are you guys doing here, he said we are destroying the foliage down here, I said why? Because of the power-line he said they were going to spray it. I said don't do that we want to pick some raspberries. He said no, we are going there they had their equipment on and everything and they went down and sprayed the whole thing. Oh god I was so mad, so I started crying and my granddaughter said stopped crying grandma its only berries we can get it somewhere else. And I said but there were so many and you know, oh it was pitiful but they had to destroy all of the foliage because it would grow up and hit the power-lines. That was their explanation, but it didn't do us any good because we didn't get any berries after all. The only way I get any raspberries now is buy them in the superstore. (#005)

Another respondent also from the community shared her perception of restrictions placed on the accessibility of Mi'kmaw medicine on the reserve:

Like down here we have two open sewers. There are a lot of medicines in there, but I don't think I'd even chance on taking it. Ya because the sewer rot, it's supposed to be clear when it comes but I have my doubts on how clear it is when it comes out of there. Now they built the hog farm down there and that's just destroying medicines that are in that area. Because you can see how much of the area they have uprooted in that short period of time that they were there. They wanted to. That's just one case, and they want to block all that area off for the hog farm. You lose everything that's in that area. (#014)

Another women, not from the L'nu Si'puk community, was very concerned about pollution:

Other areas where we usually go and gather medicine, [I'm] worried about the gypsum mine out in Whycocomagh, because there's a swamp out there that we used to go [to] and get flagroot. I don't even know if the fish are healthy anymore in the water anymore, so what's to say what wrong with

the roots that absorb a lot of the water. I don't know if they are there or not but if the fish aren't living there is obviously something wrong. (#002)

Concerns about pollution caused by development are not restricted to the L'nu Si'puk community or even other communities in mainland Nova Scotia. A male respondent from Eskasoni recounted the following:

I used to always pick around there in this swamp. There used to be a ferry around there going across from Grand Narrows to Iona. On that swamp area it was away from the ferry, but they are making a bridge there, and when they made that bridge they sort of ruined that swamp where I used to always pick. They covered it over with dirt and they made a bridge around there. There used to be also medicines where I used to live. But then I guess as the population grew in Eskasoni they had to build more houses. So they had to cut down where I used to pick medicines and all that. (#015)

About half of the fifteen respondents from L'nu Si'puk said that there were specific methods of gathering. Others didn't mention it in their accounts of harvesting or general knowledge of traditional medicines. According to members of this community, the knowledge of traditional medicines included knowing the proper and respectful way to harvest medicines. This is important because the direction and way a medicine is picked can influence the way a sickness is dispelled from the body (#020). The following account gives details about the proper way to harvest medicines:

Whenever medicine is picked, you must leave an offering, which is usually tobacco. You can't just harvest medicine without doing this. (#012)

The respectful way to obtain medicines may begin much earlier than the point of harvesting. An individual not from the L'nu Si'puk community explained that long term preparation is necessary and should begin with the seeds of the medicines. She suggested that offerings need to be made throughout the plant's growth. A respectful way to gather

medicines included, before gathering, asking the Creator whether it is okay to harvest a particular plant.

This Mi'kmaw woman used an analogy of two Nations meeting for the first time: a meeting that requires the establishment of respect in order to ensure a productive relationship between the two Nations. Plants used for medicinal purposes usually must be picked through a process of spiritual identification and offering. This approach to harvesting demonstrates respect for the Creator and ensures the medicinal properties of the plants.

The location of medicinal plants is also significant for another reason, since a number of medicines are located off-reserve and off Crown land. Thus a number of medicines are found on private property. A number of respondents shared their experiences of accessing medicines that were located on private property. The following are some of those experiences. One L'nu Si'puk respondent had a positive experience:

I don't, I have no problem picking medicines, I go to the beaches right. I walk around on Mother Earth and I offer tobacco and I find my medicines. And if there's a house around you know and I can't get through I will wait for that person. To respect his land cause he bought it I guess through the government, but I respect his wishes too and before I pick I will tell him what I use it for and what's the need for it. A lot of people I bump into they have a lot of respect. Sure even sometimes they say you don't even have to wait, because they say you shared your teachings with us and we didn't even know that. (#021)

A Mi'kmaw woman also from L'nu Si'puk shared her mother's experiences:

When I was very young we used to all go out together and collect medicines and herbs, then when I was put into the Indian residential school right from there I went to high school and then I went to the convent and then I went to nursing school. So I was in school all of those years so it never happened to me. But I remember my mother saying that she would go to pick sweetgrass and flagroot and then the next day the farmer would cut all the grass down. You'd go back the next day to get some more sweetgrass and it would all be cut, things like that they weren't actually kicked off, but there were other ways of preventing them getting what they needed—access. I think that happened a couple of times in New Brunswick too because when I went to pick sweetgrass a couple of years ago with some people they were saying the same thing. When they seen the Indians out there gathering, gathering medicines the farmers would plough up the field and cut the grass. (#010)

Two Mi'kmaq women not from the L'nu Si'puk community described their experiences and opinions of accessing medicines on private property:

I don't have any problem because I don't pick that many like that much medicine. I mostly pick sweetgrass and I get a few things out in my own yard. Umm I don't pick a lot of medicines, but I know of people who have been having hard times because of fences. And like no trespassing and private property and all that stuff and being chased off of people's property. So that's something that other people have but not for myself, because I don't. I'm not doing that at a fulltime basis right now. (#013)

Another stated:

But in the countryside some people are just so disrespectful....there's been a couple of occasions where I've gone to pick sweetgrass and I've been questioned by the owner of the property, you know, what are you doing here why do you want this grass and stuff. So they don't understand and to them it is just another weed. But one year they let me...this old man owns the property and sweetgrass grows along the beach front of his property there. The first two years he let me pick there no problem no questions asked but ever since then, it's been a couple of years maybe three years consecutively he's been cutting down the grass before it grows. I just think it is so inconsiderate of him I mean he's not benefiting from it so why would he go and cut it down before it even grows.(#002)

A number of respondents expressed similar concerns of medicines being deliberately

destroyed, even after they had explained their importance to the property owners and asked permission to gather them. This type of action by non-Natives further limits the accessibility and availability of many traditional medicines for the Mi'kmaq and suggests a lack of willingness to accommodate Native concerns.

Urban development, pollution and private property seem to be the main factors that were of concern to respondents regarding accessibility and availability of Mi'kmaq medicines. Furthermore, many respondents indicated that they would not pick medicines if they were near the city or in a polluted area; others indicated that even bug bites on a medicine plant's leaves would prohibit its use (#012). However in the L'nu Si'puk community fourteen of the fifteen respondents agreed that traditional medicines were available from the reserve area. While there are diverse practices and beliefs regarding the accessibility of traditional medicines, for the most part, they are available to those that use and believe in them. One Mi'kmaq person explained her perception of access:

I've also been told that the Creator makes sure that medicines are around you, where you live. They are all around us and available, but you have to know what to look for, white clover and pagosi⁹ are all out there. I have a lot of medicines in my kitchen...some are powerful enough to kill people, my friend took this type of medicine and it cured her throat cancer. (#009)

Some respondents expressed concern that the growing levels of pollution would destroy any land that was left and that their children would have nothing left to survive with. Many respondents conveyed the same message of confinement on reserve land. The following

⁹ See Appendix 2 for details about this Mi'kmaq medicine and others

are two individuals perceptions from the L'nu Si'puk community:

There is government control of our lives. Whether a resource is needed or valued is not as relevant as the control of the people it entails. There are psychological effects of not thinking you have the ability to control your own actions...well-being is related to a sense of ownership and space on the reserve, the ability to be free and be in control is important.(#011)

This individual expressed commonly held sentiments about the Indian Act:

We don't own the land we stand on in Indian reservations, we don't own the houses in which we live, all of these principles have been taken away from us. The land was taken away through the Indian Act and other legislative laws. These seem to always supersede our principles and our way of life. (#019)

Both of these perceptions expand on the overall theme of suppression and confinement that was raised over and over again in discussions with Mi'kmaq. Many individuals stressed the history of feeling that their people were cut off from their land. There is a common sentiment of forced separation and limited access to land.

A number of factors impede access. Based on the perceptions various respondents shared during this research, limitations of access stem from physical barriers and personal attitudes. Factors such as past experience (centralization, religious beliefs and government policy) and Western alternatives seem to have also influenced respondent attitudes of accessibility of traditional medicines. A few respondents said that the development of Western medicine has contributed to decrease in use of traditional medicines, because it is faster acting and often better tasting. Lack of governmental recognition of traditional medicinal practices has also led to a decrease in its popularity. Traditional medicinal

approaches are not covered or recognized by governmental health plans. In addition to these outside values influencing attitudes towards the appropriateness of using Mi'kmaw medicines, accessibility and availability have been affected historically by government policy and the Catholic Church. A Mi'kmaw woman explained what happened to the accessibility and availability of traditional medicines as a result of the government's centralization policy:

when the government imposed centralization on the Natives, they forced us to the reserves and from that point on we were not allowed to hunt, to fish and pretty much gather off the reserve. Our traditional activities were limited or restricted to the reserves boundaries and a lot of reserves are like 2 miles, you might get 5 miles. And a lot of the traditional medicines were all over the province. There are certain spots of the province where only a certain medicine would grow...But even the community of Indian Brook has no access to the river, like our community is way inland. So there's medicines there that we would know and traditionally go and gather certain times of the year and then there's other medicines that only grow at certain times of the year. You know what I mean and so since centralization a lot of the stuff, a lot of the traditional gathering and stuff you know what I mean are lost. Many didn't know where to gather these medicines, knew, but knew they existed and knew what they looked like but didn't know where to gather them any longer because they had been stuck on the reserve for so long. (#006)

The following is another Mi'kmaw person's view of governmental policy's effect on other types of medicines:

but you know we only started to get back what we lost, because our waltus¹⁰ was taken from us, our drum was taken from us, our pow wow was taken from us and these are our strengths. This is our strength to know that was the first music, we were the first people that walked this land, we were the first keepers of this land, and to ignore that man has almost burned us all out, his technology....In every way we have lost our way of life. We have almost lost our drums, our waltus, but some how or

¹⁰ This is a traditional Mi'kmaq game, which is usually made out of wood.

another we have kept them in hiding, so it is coming back now. (#004)

Past experiences such as these typify much of what is felt by respondents. One woman stated that in the 1800's, it was common to hear stories of Mi'kmaq getting shot or hanged if they were caught on the reserve fishing, hunting or gathering. She stated that although she had not witnessed this herself, she knew that her father had been kicked off of Crown Land for picking basket wood ash. The repercussions of such stories and beliefs still frame and influence the attitudes of the accessibility of Mi'kmaw medicines.

A number of Mi'kmaq are Catholic, despite the historical tenets of this religion viewing the practice of Mi'kmaw medicine as taboo. Historically, some Mi'kmaq believed that traditional medicine was backwards and anti-progressive; for some those thoughts and perceptions still exist. A Mi'kmaw woman explains the changing views on traditional medicines:

You have people saying traditional medicine, a few years back not so much today, but a few years back you used to hear that traditional medicine had to do with the devil. They put that Christian thing on to it, like sweetgrass. Today we are kind of in the process of evolving back. It seems to me traditional, well I don't want to use traditional philosophy in regards to nature, but I can't think of anything else. We are changing our attitude because there was a time in our history when traditional medicine was outlawed. (#010)

Because Mi'kmaw were told that this part of their culture was against the Christian way, fear of going against the Catholic church further undermined Mi'kmaw traditional practices. This aspect of the Catholic religion helped to compound negative attitudes towards traditional medicine, providing a further limitation to its accessibility and use.

The residential school furthered these negative attitudes of traditional medicines:

For a long time they put the residential school ethic when you talked to people here psychologically the things that they had done, how they were treated had to be treated had to be done by the doctor. You know that ah White man's and his wisdom was so far superior to what Native peoples thinking were that a lot of the community had a low self-esteem of themselves...it was an accepted way of life after a generation or two to send your children off to the residential school. And a lot of the traditional aspects of medicines how it was used, whole function of traditional medicine disappeared. It's because they thought that doctors were far more superior. (#016)

Attitudes about availability and ability to practice traditional medicine stem from traditional beliefs of how, when and where one should pick medicines. Such beliefs are influenced not only by environmental degradation, but also by government policy and the teachings of the Catholic Church: both the initial access and subsequent use of Mi'kmaw medicine has been affected.

OBTAINING TRADITIONAL MEDICINES

There are a variety of ways respondents obtained medicine. Most respondents gathered medicines for personal use. Individuals sometimes traveled great distances to get a particular medicine if it was not available in L'nu Si'puk. Others because of a variety of different disabilities had people gather for them. Appropriate locations and times to obtain Mi'kmaw medicines varied amongst respondents; beliefs ranged from gathering medicines at anytime, to a belief in only gathering when the medicines are in need or in season. One Mi'kmaw woman discusses her beliefs about gathering medicines:

We get ours from everywhere. There is no...normally just where we live it's wherever we see it. Like sometimes you are going along and you may not even plan to and you are just going along and you see it so you just harvest it then. And or if you have a special request, like not from me. I don't do it but I know others that do, where they'll have a certain request for medicine for a certain disease or illness and they'll go out specifically to get what they need and then come back. They know where it is. (#013)

This particular Mi'kmaw man suggests a possible reason for not gathering medicines only in the reserve area:

Yeah, it's not generally confined to the reserve, whereas if it was, the medicine would be over picked. They'd be they might not be as good next year and then less the year after that and then less and then the next thing they be extinct all of a sudden on the reserve. That's why the general access part you can get in anywhere. If you know the location of it and if it's on private property or something it don't hurt to ask the guy that owns the place. Tell him what you are going to do, that's what I do. (#020)

Furthermore, the following words of a Mi'kmaw person not from L'mu Si'puk reiterates the significance of the place medicines are gathered. He states:

Keji is a great area. You know you go get your medicine up at Keji and you feel very strong and you feel very peaceful. And you know it is also a medicine by being on the land of Keji this is a healing too because it is very spiritual, and then you collect your medicines there. (#004)

Respondents have indicated that medicines are both everything and everywhere. While some believe medicines are provided by the Creator in the immediate area that one lives in, there are some medicines that can only be found in certain areas. Generally respondents felt that medicines can be obtained from areas other than one's immediate living space. Most obtain medicines from across Canada.

My mother gets her bear root from out West because it is not available around here. She needs it for her lungs, she calls upon friends and through

the grapevine and it's like still trading, it still goes on within tribes. Some Mi'kmaw knows somebody from South Dakota, they go trade some flagroot for some bear root. (#002)

Sometimes different species of a plant may be used if a particular land is unavailable. A Mi'kmaw women discussed the use of sea sage, instead of sage which does not grow in Nova Scotia. She said that they do get some sage when people from Upper Canada give it to her, but otherwise she uses sage found on the seashores. Another Mi'kmaw woman shared how she gets flagroot and sweetgrass:

You are not supposed to sell flagroot, it supposed to be given away. You can buy it, you know people will sell it. But you are not supposed to buy it. The same as sweetgrass it is not supposed to be sold. I didn't buy mine. My friend down in the States gathered it for me, gave it to me. I didn't pay for it. No, I wouldn't accept it if I had to pay for it. I wouldn't buy it. There's two things you don't buy is sweetgrass and flagroot. Sweetgrass is sacred. (#005)

The majority of respondents believe that medicines could not be a commodity. One individual described this belief as:

Traditional medicines can't be bought or sold, they can't be used to make money from, instead they are meant to be shared, and their uses taught to the next generation to ensure the continuation of this knowledge. (#021)

Besides gathering plants on an individual basis, another way to obtain traditional medicines that was mentioned by respondents was to go to medicine-people. This person may be either male or female who possessed special talents and powers to heal. Their role and function in the community could be a combination of gathering plants, making poultices, making medicine bundles, and conducting healing ceremonies. Individuals who are in need of advice, counseling and cures could go to these people. One Mi'kmaw

woman explains:

But there's other medicines and other healers, and this is important traditional way. Our traditional spirituality not only gave you medicines to heal your physical being. There's healers that can heal your heart, your soul, your mind. Whatever, you know what I mean they can do that too, you know, they don't only think of healing the physical they think of healing the spiritual that's more important. There's different healers and stuff that do just that, psychological problems and things like that they do just that. You know the unseen that is as much a part of medicine as the physical ailments and stuff. That's really important to remember. It is a balance it's more than just, you know it, the mind the body, the mind the body and the soul whatever they say that's part of it. (#006)

A few individuals talked about the presence of both a medicine-man and a medicine-woman in L'nu Si'puk, but it is unclear if they were there at the same time or if one preceded the other. The woman was said to live at the top of the hill and would administer cures when needed, and the man owned a medicine store where medicinal plants and cures could be obtained. Some members of the community believe that not all plant sources can be used for medicines. A communication between the harvester and the spirit of the plant informs harvesters of which plants should be picked. Individuals holding this belief see commercial growing of medicines as not viable.

The reputation of those identified as healers is important. It is a matter of two things; whether healing services to the community are for free or for personal profit and whether the individual is self-identified or community-identified. Most individuals felt that if a person was motivated by monetary compensation to provide these services, it undermined and diminished community respect for these individuals as healers. Less than a quarter of

those who participated in this research did not find this practice problematic, as long as those using their abilities were only doing so to support their family and not just for personal gain.

V.3 RESPONDENTS VIEWS OF THE MI'KMAQ CONNECTION TO LAND

Nature and the environment were seen by a number of respondents with the ability to teach and supply everything humans need to survive (#010; #019). Respondents saw the maintenance of this relationship as important, since most felt that humans have lost their connection and reliance on the environment. It is this severed relationship that has cost us a true understanding and appreciation for the environment:

Nature can provide everything that you need. Your food and your health. The nature, your earth can provide everything because that's how all human being's started off. The whole human race all lived in nature and nature provided everything, food shelter and clothing. It is clear now that, that philosophy we don't know how to apply because we are too used to technology. (#010)

The mutual impact that the environment and humans can have on each other was a common issue discussed by respondents. A few individuals alluded to the power of nature, and how as humans we only occupy a small temporal existence. Floods, droughts, storms and earthquakes are all things that truly demonstrate the meager existence of humankind (#021). Respondents described the mortality of humans and the longevity of the earth in basic terms. Mother Earth will go on living long after humankind becomes extinct (#013). The concept of sustainability is for the benefit of our own existence and nothing more (#013). Through these comments the respondent addressed the common

tendency of humans to see their survival as paramount and proceeding all parts of this earth.

The history and traditions of the Mi'kmaq allude to the important role women played in the political structure of the Mi'kmaq community. Many respondents suggested that clan mothers were the head of the Mi'kmaq community, but the passage of time and European contact created this system to be one with European values and norms. All respondents referred to the earth as female. Commonly phrased as "Mother Earth", the earth and nature are attributed with female qualities. Numerous individuals explained this affiliation further by drawing similarities between the cycles of a woman, the cycles of the earth, and the stages of the moon.

CONCEPTS OF SHARING AND RESPECT IN THE MI'KMAW CULTURE

The importance of the concept of sharing emerged from discussions with respondents. This tendency to share was jokingly referred to as the reason Mi'kmaq people are in their current economic, political and psychological situation. The logic is that if they were not a people guided by the concept of sharing they would not have welcomed their oppressors on their land or into their homes.

Overall, I tend to paint a positive picture of the Mi'kmaq community, which is representative of my experience. The concept of sharing implies affection and a way of life

for Mi'kmaw. In my experience, the only limit to sharing was for the purpose of protection. In my position as primary researcher, I was met with warmth and genuine concern. Only one individual chose not to speak at length; however, it was not from a lack of willingness to share information but for the protection of the plants. This person spent a significant amount of time discussing with me why he was choosing not to discuss traditional medicines with me. This person explained that he was limiting the sharing of this information to ensure protection of Mi'kmaw medicines.

Respondents did not view the steward role as being exclusive to just one Nation. Many individuals saw the current state of the environment as a shared responsibility of all humankind. One individual phrased it as:

We have to heal our Mother Earth. We need to have the communities working together rather than separately, like the roots of a forest which are all joined, we are all interconnected and need each other. (#004)

The concept of shared responsibility is interesting, given that non-Natives have primarily escalated environmental degradation. First Nations have not been at the root of the majority of environmental degradation but they are willing to help in the earth's protection and restoration. Industry and most of the Western world see themselves as detached from the environment, a view that is radically different from First Nation philosophy.

Like sharing, the concept of respect permeates Mi'kmaw culture. It is especially true in perceptions of the environment, since everything in the environment is a gift from the Creator. Everything within traditional Mi'kmaw culture has to be treated with respect

(#004). Because the focus of this research is on traditional medicines, the examples given were usually related to things existing in nature. Rocks and medicinal plants were usually revered by most and required a certain process in order to demonstrate respect. One respondent said that it was important to show respect for the land, especially the rocks since they are the grandfathers. She explained that they were not only used in the sacred fire at ceremonies but in the sweat lodges as well. Because they are the oldest things on this earth, she said if you look carefully you could see the figures in them (#003).

ISSUES OF SELF-DEFINITION AND MUTUAL IMPACT

Often a romanticized concept by those of us from the outside, the connection between the Mi'kmaw people and the land exists. Current legal issues and conflicts depicted in the media regarding the Aboriginal right to fish and log represent only one aspect of the Aboriginal connection to land. These ties to the land are deeper than for the purpose of subsistence or economic gains. This interconnection seems to foster a definition of oneself, and the potential impacts of humans on the environment and vice versa. This connection to the land was described as being a concept that helped people to understand where they came from (#019; #007). It also helped individuals to situate themselves in relation to all other living things from the Creator. This type of world-view nurtures a respect for all living things. Many respondents stressed this interconnection during discussions, and some went on to describe the impacts of having such a connection. The following is one respondent's perception of this interconnection:

The environment is part of us, there is an interrelationship between the two. I can't separate my self from it. We have to heal our mother earth together rather than separately. They know not what they are doing. I have to tell them that what they are doing is wrong. They are not looking at what is important. They are not realizing what they are doing... We have to treat the environment with respect. When we hunted we took only what we needed and returned the rest to the Creator. Like the roots of trees underground, they and we are interconnected. (#004)

This interconnection to the environment was described by many and discussed in relation to the identity of the Mi'kmaq at the community and individual level. Respondents said that different communities often associated themselves with specific animals. Individuals obtained their names from animal names.

The definition of self, with relation to the environment also took on another aspect. Respondents discussed the concept of the Canadian reserve system and how it has impacted their perception of whom and what they are. Issues of the concept of rights, many of which are currently under review by the Canadian courts, constituted the majority of discussions. There were varying views about reserve lands; it is seen as both a physical affliction and an affirmation of Aboriginal rights. One respondent saw their connection to the reserve as the following:

When I was living in the city, I was gone away for twenty years, but always in the back of my mind I knew that home was on the reserve. That it was my home even though I left. Even if I thought that I was never going back there, because there were no jobs down there and the people are depressed... always in the back of my mind. The reserve was my home that's my home to me. Psychologically and emotionally we had a tie to the reserve and in that way physically as well, when we talk about the environment. (#010)

Based on discussions with respondents, L'nu Si'puk seems to be a less cohesive

community than those in other reserves, the links between community members haven't been established to the extent that they have in other communities. It was suggested that in other Mi'kmaw communities people interacted with their neighbors and attended community gatherings to a greater degree; therefore other communities possessed a greater sense of community than L'nu Si'puk (#010, #014, #016). The sheer size of the reserve could have contributed to the impression of L'nu Si'puk being a disjointed community. Some respondents offered another explanation. They suggested that the feeling of a lack of a cohesive community occurred because most people currently living in L'nu Si'puk have family roots in other reserves, roots that were established prior to the centralization process (#014; #005; #011). A female L'nu Si'puk community member explained:

You see when they started this reserve they brought us from all over the place. Centralized the Indians and brought them from all over and the ones that lived here kind of resented other people come in and there still is resentment from other peoples coming in. They come from all over the place, most of them moved back to their own place. (#005)

L'nu Si'puk, Shubenacadie was frequently associated with the residential school, which stood just outside the current reserve boundaries.

In some cases, individuals felt that life on the reserve defined them. If one left the physical limits, defined by the Canadian government, one lost who and what they were. One respondent stated that your rights are lost once you leave the reserve, the chiefs have all the power...and on the reserve many people just constantly put each other down (#025).

There are a lot of scars with those who have gone to the city. Some even refer to these people as the 'lost tribe' (#021). In discussions, many of the perceptions shared exemplified the toll a perceived lack of access to land has on a community. Many respondents felt that being Indian had negative connotations, the most common one being a lack of control over their livelihood. There are strong negative as well as positive affiliations attached to the reserve system.

Some individuals see the attainment of the right to land including the right to expand reserve land to historical boundaries, while others see it as the recognition of current physical limits of the reserve. Both of these perceptions rely on legal recognition from an external non-Native system that has historically been instrumental in setting limitations for Natives:

Aboriginal people of North America or the Aboriginal landowners did not own the land they walk on. They do not even own the house in which they live. That was caused by the legislation of the Indian Act. The creation of the Indian Act did not have no Native people involved. Indians were always excluded from all legislation that was passed in Canada, whether it be municipal, provincial or federal legislation. We were excluded and they called it democracy. When we look at that historical perspective we can not go forward unless we fully understand what has taken place in the past, so that we can relate to today, in the hopes that we can make a better future for our children. (#019)

There is dissension on this issue at another level; individuals felt they had been ill-treated by the Canadian government in its lack of recognition of historical Aboriginal stewardship of land, while others support the notion that no one can own the earth. One can reconcile these seemingly opposing views by seeing Aboriginal rights and land claims as being what

most literature suggests: a stewardship of the earth rather than a claim of exclusive ownership. In fact many saw their role as part of a joint responsibility (#021).

V.4 MALE AND FEMALE ROLES WITHIN THE MI'KMAQ COMMUNITY

Early accounts of Mi'kmaw social structure, like those of many other Indigenous people, were reported according to the European norm. Women were often not included in these accounts. Subsequently, the stereotype of what a female's role was in European society was erroneously attributed to women of indigenous cultures. In contrast, most respondents saw gender roles in the past as different from each other but equally important. One individual advised:

See I don't understand this. I have to start thinking like an academic when you start talking like this. No, no, it is not appropriate to look at women separate in a Native community. Like when the missionaries came, they said women or children weren't people so they didn't write about them. You are gonna find that they are equal. Okay I'm telling you my experience...so this separation of the genders seems to be a European thing. Whoever knows the medicines shares it. That's a part of being in the Mi'kmaq community. It is not gender specific. It is one of the good things about our community. (#010)

Neither sex was valued more than the other. Each had a specific and certain role to play in their community. A few respondents mentioned that the Mi'kmaq were historically a matriarchal society, a social system that would have required Mi'kmaq women to make important decisions for their community. Some how things changed, since Aboriginal women are not currently in this same position. What became evident through discussions with respondents was that the validation of males over females did not exist prior to

contact. Some respondents were of the opinion that despite the post-contact oppression of Mi'kmaq women by their own communities, progress is being made. Women are participating in traditional ceremonies and reclaiming their strength. One respondent offered this opinion:

They have both the power to give life and take away life...they have been excluded before but they are coming back. They are drumming, using sweat lodges and are participating in ceremonies. (#012)

Another Mi'kmaq woman shares her perceptions on the current purpose of women participating in Mi'kmaq ceremonies:

For years the women didn't participate in ceremonies but now the way our medicine man says, women, then men need the women because we are stronger and we need to give some of our strength to them because they have lost some of it. (#013)

On many occasions, respondents discussed the special qualities that women possess.

Some indicated that, although women are not always transmitting this knowledge, they are usually the keepers of traditional knowledge. A woman was traditionally the center of the home and the main agent of the culture (#011). Women are the people who pass on the knowledge, if they are not practitioners themselves. Their fathers, husbands and children may administer the medicine and the women may learn through experience (#001).

Almost all respondents referred to the power of a woman in her ability to give life. The female has the ability to attain a unique understanding of both male and female because she is the first voice, thoughts and heartbeat the child experiences. One respondent discussed this role of women in the following manner:

The Mother is the First Teacher. The construction of the Universe is built

upon this thesis, as the construction of our Longhouse [the *Mother's House*], our Fasting and SweatLodge [Replicating the Earth's *Womb*]. The flow of Power, Understanding, Values, Life, is similarly based on the movement and principal of the Female-Male construct [the maternal opposite of the paternal Male-Female pattern: husband-wife, father-mother, sister-brother...]. Since the *Life Plan* orders that All Life flows from Woman to Man, she becomes the principal Teacher-Nurturer of the Children. In this regard, as confirmed by Creation, she raises knowledge and understanding of who we are and what we are. As she does for her Daughters, she does for her Sons—providing the context, teaching, and process of raising Women and Men. She is the Law-Giver, Spiritual Repository, Progenitor of the Nations.(#022)

Life was considered by all respondents to be sacred. Children and family within the Mi'kmaq community are seen as extremely important.

A number of respondents discussed *natural laws* and how actions and practices are ruled by these laws. When asked to explain further what they felt natural laws were the following explanations were given by two members of the L'nu Si'puk community. A Mi'kmaw woman stated that natural laws were:

Cycles. Natural cycles, cycles of life and death, seasons, plant grows and dies different times of the year, different times of the day to gather plants and mostly nature's law has to do with the cycle of life and death.(#010)

Another Mi'kmaw man shared his thoughts on natural laws:

The natural course of events or processes we must learn to follow. Like for example the counter-balance of male and female energies have to be there to create life. Even science can't break away from the natural laws. There are forty-four in total.(#017)

Natural laws include the reproductive needs of the human race, the natural process of human life and entities that exist "naturally" in the environment. Many respondents saw

gender roles as being determined by natural laws, and said that a person needed to understand their natural role in life in order to achieve and maintain a sense of well-being.

Although respondent discussion included both male and female medicine people, respondents did not initiate discussions about gender. When gender was discussed in relation to traditional medicinal practices, a variety of opinions emerged about a Mi'kmaw woman's role. Some Mi'kmaw believed that a woman could practice and participate at all times like her male counterpart; others however indicated restrictions. One male respondent outlined the limitations on a woman's participation:

A woman's cycle rejuvenates the whole system. During this time she usually does not participate in some ceremonies because of the strength she possesses. She could cause the sacred pipe to blow up. If in the Sweat Lodge she could cause severe burns to those inside, because it is at this time when she can increase the intensity. It is for safety reasons. (#017)

These restrictions were not negative, but involved respect for a woman and the power she holds. Some respondents suggested any restrictions on a woman's participation in traditional medicine were for the protection of the other participants in the ceremonies. Another Mi'kmaw male shared what he was taught about women participating in traditional medicine:

Well the role between men and women is pretty well the same actually. But they both work in different medicine. Yeah. The male like for smudging or something like that they would use something like sweetgrass, and but the female they would use sage. They are supposed to [be a] few of them know that, they just assume that, assume that the sweetgrass, would be yes it is cleansing and it does do that, but with the female sage works better. To my understanding the way I was taught. And with the male it is sweetgrass. Sweetgrass in general is an all around cleanser.

Yeah for smudging and stuff...after she has done her menstrual cycle, or they could be even before that actually. They could be helping another medicine women training. Before their time is up and all that before their menstruation is up done they could be training all along. When their time comes they are ready. That would be determined on the person that is training them and showing them all their different medicines and all that. (#020)

Over half of respondents drew connections between Mother Earth and a woman—the most common being reference to a woman's menstrual cycle¹¹ and the phases on the moon. It was evident from discussions that there were three main perspectives on a woman's role in relation to traditional medicines. One was that women could participate after menopause or when they are not menstruating. Another was that the two sexes played different but equal roles throughout their lifetime. The third was that women could participate equal to that of her male counterpart throughout her life.

An examination of field research results revealed the following about respondent opinions of women and men's roles and traditional medicine. Out of fifteen respondents in L'nu Si'puk seven individuals made specific reference to the roles each sex played in the practice of Mi'kmaw medicine. Just over half of all respondents in this study made specific comments on the roles of males and females in the traditional medicine practice. Four respondents of the fifteen mentioned that women could practice after menopause. Two of these were males above the age of forty, the other two were females one above age forty and one below. One respondent offered this explanation:

¹¹ This was often referred to as a woman's moon-time, or that she is on her moon by

Sweats are not necessary for women, because of the power of the woman to cleanse herself, they need to be on their own during this time. There is great cyclical power in her. It is also because of the lunar power and her ability to absorb pain and other feelings. The power of a woman can be realized by truly understanding her role according to the natural laws. (#006)

Another respondent states the limitation on a woman's participation in traditional medicine as:

There is a difference in men and women's roles. Men can be medicine men all of their lives whereas a woman can only do it after menopause. It is for both sexes though a life process of learning. (#020)

Of the five individuals who proposed that both women and men could practice traditional medicine equally but differently, all were below forty years of age. Two were male and three were female. An example of such an opinion is typified in this man's response:

There is no difference in their access to traditional medicine. This division is a western concept. What a man does may be different from a woman but both are equally valued and needed to support a family. (#013)

Additionally, a similar response was given by a Mi'kmaq woman not from L'nu Si'puk.

She discussed the different historical gender roles that are still adhered to at gatherings:

So whenever you are at a ceremony it is usually the men that take care of the sacred fire or you're not supposed to anyway, but some people are still learning though. Men will protect that fire makes sure that no one spits in it, disrespects it, speaks dirty around it, no drinking around the fire. Just act respectful around the fire because it can hurt you. Telling kids be careful don't play around the fire cause it can hurt you. Even in the sweat lodge he is the one that builds up the fire, brings in the grandfathers, the rocks into the sweat. It is the man's role again so it gives him the strength. So women being the caretakers of water, just the notion that women as well give life, with their babies being surrounded by water in their wombs. The idea of healing the body when you cry the tears. When it rains it

respondents.

cleans all of mother earth, washes the pollutants away so it can't affect us. The cycles of the moon affect our periods and the moon also cleanses the water at night as it penetrates through and protects that. So women are responsible for bringing water to any gathering or any person. They are bring that water and acknowledge that water and the energy of the water. (#002)

Of the six individuals that held the belief that both sexes can practice equally throughout their lives, four were male two of whom were below forty and two who were above forty. The two women who also held this belief were both above forty years-of-age. One of these women stated:

I remember my father brought in black spruce to cure my fever and my cold. But it was my mother who first gave me these medicines. This information has been passed down from my parents. (#012)

Similar statements were made by other respondents indicating that they did not attribute a specific difference between a male or female's role in the practice of traditional medicine. Although the above quote may point to potential differences between gathering and administering respondents did not indicate such a difference between women and men's roles. Three individuals from one family all held this view, even though they were interviewed separately and at different times.

Respondents did not indicate a difference in physical access to traditional medicine based on one's sex. For some respondents sex was not a factor in determining who could harvest, administer, or heal with these medicines, while others held a wide range of beliefs concerning a woman's role. The three scenarios indicated in this section, although not necessarily exclusive of one another, summarize the range of different perceptions,

indicated by respondents, about male and female practitioners of traditional medicine.

VI. ANALYSIS AND DISCUSSION

This chapter discusses fieldwork findings in the context of the study goals and then specifically with regards to the research questions. The findings help to increase an understanding of the Mi'kmaq connection to their traditional land by sharing individuals' perceptions of not only the land but also their access to it. Furthermore, it is evident from respondent perceptions that there are a number of factors including environmental degradation and centralization that have impacted their access to traditional medicine. Both female and male perceptions were included in this fieldwork in order to achieve a culturally appropriate approach and to explore both sexes' perceptions of gender roles related to traditional medicine.

VI.1 UNDERSTANDING THE MI'KMAQ LAND CONNECTION

In the community of L'nu Si'puk, traditional medicines are seen as available and for most are also accessible. If the medicines are not found in the immediate area, they can be obtained from those who have access to them. Access to traditional medicine is a small but significant part of the broader issue of access to the environment (traditional lands). This access is important because traditional territories reflect Mi'kmaq interactions in the present as well as the memories and experiences of their ancestors (Henderson 1995). Cajété (1994) describes this concept for American Native Indians as the spirit of place.¹²

¹² Cajété describes the importance of the affiliation to land that the many indigenous people possess. He terms this connection as being the spirit of place. He explains this term as representing a deeply felt ecological relationship borne of intimate familiarity with

Consequently, because of the importance of land in the Native worldview, even a perceived alienation from the land or environment can have severe repercussions on the psychological consciousness, physical, and spiritual well-being of the Mi'kmaq. Land is seen by respondents as being externally controlled, which can affect perceptions of the accessibility of traditional medicines. Individual attitudes towards traditional medicine and physical barriers emerged, from discussions, as the main restrictions to accessing traditional medicines. Most respondents saw their access being restricted by governmental boundaries, rather than appealing to the fact that the Mi'kmaq have not signed a treaty relinquishing their continued access and use of Mi'kma'ki.

VI.2 IMPLICATIONS FOR AVAILABILITY AND ACCESSIBILITY OF TRADITIONAL MEDICINE

Although most individuals stated that they had access to traditional medicines, a few suggested that there were bio-physical restrictions caused by degradation to the environment. Bio-physical limitations experienced by the Mi'kmaq are consistent with international issues of restricted access faced by Indigenous people. Anyinam (1995) cites deforestation and degradation of the natural environment as having tremendous ramifications on the integrity, diversity and productivity of natural systems: "A transformation of local ecosystems wrought through human economic activities have

a homeland, it is an extension of the "great holy" in the perceptions, heart, mind and soul of ...people who lived in it (Caj  t   1994, 168).

exercised constraints on the availability and accessibility of specific types of plants...for medicinal purposes”(Anyinam 1995, 323).

L’nu Si’puk has developed extensively and currently supports numerous services and institutions to meet community needs (Googoo and Googoo 1998). A steady population growth around L’nu Si’puk has altered the natural habitat. For example, as one respondent indicated, a change in the environment around roads decreased the availability of raspberries. She reasoned that the introduction of chemicals and pollution from the busy roads killed all of these plants. Development in the L’nu Si’puk area and in other areas near other reserves have affected both the suitability and availability of Mi’kmaw medicine. Similarly, the disappearance of medicines in the environment has had other effects internationally, one of which is the extinction of traditional medicine practitioners (Anyinam 1995; Borins 1995), a risk that the Mi’kmaw community will have to address.

Some individuals expressed concern regarding the quality of medicines available. They also expressed an apprehension to picking medicines around urban areas. This aversion is illustrative of the potential impact of encroaching development on the availability of traditional medicines. Respondents also indicated that changes and growth in the population in the area had changed the types of medicines available. While some Mi’kmaw get a few of their medicines from areas outside of their reserve or immediate living area, continued uninformed development and growth will continue to impact

availability. A decrease or extinction of certain medicine in an area is significant since certain medicines only grow in particular habitats. Once that habitat is destroyed, the medicine may no longer be available (Chandler 1979; #015; #021).

Traditional medicines were often located on private property, a situation that provided an immediate physical barrier to accessing medicines. To overcome this restriction many respondents simply asked permission to access the medicines. Permission was sometimes granted but most respondents indicated that they had experienced negative subsequent visits. Destruction of traditional medicine by non-Natives amplifies the impact of post-colonial issues.

Individual attitudes toward traditional medicine have resulted in barriers to its practice. On one level there is a disbelief in the efficacy of traditional medicines to cure ailments. This belief is rooted in the influence of the Catholic Church and the increase in Western alternatives. On another level, the belief in a lack of accessibility to traditional medicines and the environment because of misunderstandings regarding the intent of treaties has compounded the problem. Previous experience indicates that Mi'kmaq are continuously confronting by a settler government that refuses to recognize its own laws and courts; Aboriginal and treaty rights have been overlooked (Denny, Marshall and Marshall 1989, 95). Discrepancies between the Canadian government and Mi'kmaw interpretations of the intent of treaties has contributed to attitudes of inability to access land (Denny, Marshall

and Marshall 1989, 102). Beliefs and attitudes such as these present a larger problem. It becomes an issue of altering people's attitudes and perceptions.

Barriers to the continued practice of traditional medicine are important and need to be addressed, especially since the knowledge of these medicines is perceived by many Mi'kmaq as diminishing. Elders who possess this knowledge are dying without passing on this knowledge. The opportunity to have someone interested in learning about the medicines may not always be there. As lifestyles change and younger generations place less value on traditional ways of healing, this problem of diminishing traditional medicinal practice will be compounded (Borins 1995). The fewer the number of individuals interested in learning the practice of traditional medicine, the fewer number of future practitioners.

As indicated by respondents, the affiliation and significance of the land are based on the Mi'kmaq process of spatial orientation rather than the Western concept of object orientation (Henderson 1995). Places become significant based on what has happened there. Ramifications of the Indian Act and the residential school contributed to current Mi'kmaq perceptions. Perceptions of a lack of control and disempowerment are the main well-being issues that emerged from discussions with respondents. In the Royal Commission on Aboriginal People report (1997), the difference between the interpretation

of what treaties represent for Native people and what they meant to the Canadian government is stated as:

The purpose of treaties, in Aboriginal eyes, was to work out ways of sharing lands and resources with settlers, without any loss of their own independence. But representatives of the Crown had come to see the treaties merely as a tool for clearing Aboriginal people off desirable land. (RCAP 1996, 17)

The perceived inaccessibility of traditional lands and medicines because of restrictions imposed by the federal government is a source of vulnerability for the Mi'kmaq. The types of risk defined by Baksh and Johnson (1990), that include environmental risk, subsistence risk, cultural loss and social conflict, are all risks that contribute to the vulnerability of Native communities (like the Mi'kmaq) and their traditional pursuits.

Cajété (1994) uses the term *ethnostress* to describe this experience of vulnerability that is commonly experienced by Indigenous people. He defines ethnostress as:

The struggle to maintain who we are, and what we believe in, has resulted in expressions of hopelessness and accompanying forms of disempowerment. Collectively...Indians continue to suffer from "ethnostress" that began during the time of first contact. Ethnostress is primarily a result of a psychological response pattern that stems from the disruption of a cultural life and belief system that one cares about deeply. Such a disruption may be abrupt or occur over time and generations....its long-term effects are many and varied, usually affecting self-image and an understanding of one's place in the world. (Cajété 1994, 189)

Although Cajété discusses these issues in the context of American Indians, the concept of ethnostress is relevant to the Mi'kmaq. Past experience has fostered vulnerability. Such perceptions are not exclusive to access of traditional medicines and the environment.

They are related to all aspects of the Aboriginal way of life, since the many facets of their world-view is intricately connected. In order to maintain balance and harmony in one's life, which is considered to be an indicator of well-being (Brooks 1986; Leavitt 1995), understanding and dealing with problems of ethnostress (post-colonial issues) is important.

The Royal Commission on Aboriginal People's Report Highlights (1996) outlines key principles to accomplish a mutually beneficial relationship between Aboriginal and non-Aboriginal Canadians—four principles are set forth to help deal with past perceptions. The following is a summary of the principles outlined in the report:

- **Recognition:** This principle requires acknowledgment by both non-Aboriginal Canadians and Aboriginal people to relate to each other with respect of each other's laws, institutions and to co-operate for mutual benefit.
- **Respect:** This principle requires the recognition and the development of a sensitivity to the actualization of the unique rights and status of Aboriginal people.
- **Sharing:** This principle builds on the central tenant included in the treaties signed with Aboriginal people and the Canadian government. It is based on the premise of equal opportunity for all those living in Canada.
- **Responsibility:** This principle promotes an active involvement on the part of all signatories of a treaty and it tries to encourage honouring previous and future treaties on both sides.

These four principles address issues that underlie the perceptions of disempowerment and self-esteem. These issues seem to be present in the perceptions of a number of the respondents who took part in this study. Although these principles are idealistic and don't outline the specifics needed to achieve this type of relationship, they act as the general perimeters to guide future joint ventures between First Nations and the Federal government.

Legal cases across Canada can provide another way to aid in dealing with limits of access to the environment for Native people. Cases like the James Simon Case, 1985 (R. v. Simon [1986] 1 C.N.L.R. 153) or the more recent Donald Marshall Jr. Case, 1999 (R. v. Marshall [1999] 4 C.N.L.R. 301) represent more than legal permission from the Canadian government; they represent the acknowledgment of the special relationship between First Nations and the Federal Government. Nations who made agreements with Canada should be honoured on an on-going and progressive basis (Prosper 1999). Individuals within the Mi'kmaq community have to see these as positive steps forward, steps that can help to regain the perception and the reality that they are able to access the land that defines them and their resources. Non-Natives have an equal responsibility to understand and recognize the existence of a Canadian historical legal framework that supports both Aboriginal and treaty rights (Doyle-Bedwell and Cohen 2000).

VI.3 THE PRESENT USE OF TRADITIONAL MEDICINES IN L'NU SI'PUK, SHUBENACADIE

From discussion with fifteen respondents from L'nu Si'puk, it is apparent that the majority of respondents still practice traditional medicine. However, since these individuals were identified in advance as being affiliated with traditional medicines on some level, they may not be typical of the population of L'nu Si'puk, particularly since initial interactions with community members indicated that this reserve had a very low rate of traditional medicine use. It was indicated that any individuals practicing traditional medicines did so away from the public domain. Hidden practice of Indian medicine would be justified given the history of outsiders' reactions to traditional medicines. Despite Catholic disapproval, the practice of Mi'kmaw medicine did not vanish, but instead went underground (#010, #019, #014). Today some continue to practice discretely while others openly practice traditional medicine. Individual comfort levels have been established based on past positive or negative experiences. *Cautious openness* is the term that Waldram, Herring and Young (1995, 98) use to describe the common current attitude towards the practice of traditional medicine.

In the literature review, a distinction was made between the types of Mi'kmaw medicines used: those that relied on botanicals and those based in psychological and spiritual experiences. Both are used interchangeably and in conjunction with each other to ensure holistic healing of a person. However, a distinction between the two is important, because not everyone who practices uses both types of medicine. Most of the respondents in L'nu

Si'puk shared knowledge regarding the botanical realm; although a few people did mention both the existence of Sweat Lodges, the Sun Dance, and the Shake Tent. However, the majority of experiences discussed revolved around ceremonies, mixtures, and teas involving botanical components. Literature concerning this topic suggests that there are distinctions within this ethnomedicinal process. For instance Waldram, Herring and Young (1995) demarcate differences in the types of healers that are commonly found in Aboriginal communities across Canada. With the support of Hultkrantz's (1992) work, they categorize these types as being the herbalist, the medicine-person, and the shaman.

The herbalist represents the type of healer who uses the generic or popular knowledge to maintain one's health and the treatment of illness, which involved the use of medicinal plants (Waldram, Herring and Young 1995). The medicine people were those who had supernatural sanction to heal (Waldram, Herring and Young 1995). Those classified as shamans were individuals who had the ability to fall into a deep trance and summon spirits to help counsel them (Waldram, Herring and Young 1995, 103). All of these types of healers are present in the L'nu Si'puk community. The majority of respondents were part of the first classification—the herbalist. It was these people who discussed the process of identifying, harvesting, and preparing traditional medicines.

The emergence and introduction of faster-acting and better tasting western medicines have affected the use of traditional medicines. Hesitancy to use traditional medicines have been

affected by both Catholic religious beliefs and the belief in traditional medicines being anti-progressive or out-dated (2025; 2016; 2010). This lack of support for traditional medicine in the past has had an endemic effect (Kuhnlein and Turner 1991; McMillian 1995); it has left many individuals from the younger generations feeling that they do not know a great deal about this area of their culture. According to the recent Mi'kmaq Health Study, 71% of the adults in the sample felt that a return to traditional ways was a good idea for promoting community wellness (Union of Nova Scotia Indians 1999, 36).

CENTRALIZATION AND ITS EFFECTS ON ACCESS OF TRADITIONAL MEDICINES

The centralization process which originated with the Indian Act, changed access to traditional medicines for those presently living in L'nu Si'puk. Forced relocation can cause a great many complications. It can introduce new diseases, contribute to unfamiliarity of plants in the new area, and deny traditional sources of ingredients previously used to cure (Goodland 1988). Anyinam (1995) discusses international examples of the impacts of relocation on the practice of traditional medicines.

Although specific reference is made to Indigenous people in Brazil, the discussion made by Anyinam (1995) of knowledge being formed based on interaction with land is relevant to the Mi'kmaw experience. Anyinam (1995) suggests that movement from one area to another may limit previously knowledgeable individuals' understandings of their new location. A few respondents reiterated similar sentiments about loss of knowledge because of being relocated and having restricted access to the land.

The knowledge needed to conduct these healing processes has decreased over the years, because of fewer community-wide practitioners. Although the Mi'kmaq are different from the tribal people of the Amazon in their social and political reality, the significance and dependence on the land for their Nation's identity is similar to that of the tribal people of the Amazon. The Aboriginal vision of property is not an ideological materialistic construct but that of an ecological space that creates their consciousness (Henderson 1995). There are similarities to the experiences of the Indigenous people of Brazil and the Mi'kmaq people:

A tribal population confronted with development often experiences loss of self-esteem; its members feel a deprivation of their sense of personal worth and devaluation of their social identity. Loss of self-esteem may result from explicit and critical negative evaluations of the tribal culture by the agents of change or members of the dominant society. (Goodland 1988)

What Goodland (1988) suggests is similar to on-going Mi'kmaq struggle to have their Aboriginal and treaty rights over land recognized. These issues are not limited to this single issue but are part of the entire experience many Aboriginal people have to endure.

Cajété (1994) argues that overall well-being of a community is affected by their perceptions of themselves. He goes on to say that if a community perceives itself as being less connected than other communities, it could potentially influence levels of self-esteem in the community (Cajété 1994). Respondents expressed these types of thoughts on the cohesiveness of their community. They said that nobody talks to each other because L'nu Si'puk is a governmental structure. It was not an Indian decided reserve and people are

from all over (#014). One individual stated that the reserve system only perpetuated negativity and pulled them down if they tried to get ahead. Another felt that the current reserve situation was flawed and doing more harm than good (#025). The continuous legal battles over access to land are not exclusive to the L'nu Si'puk community: it is an on-going battle for most First Nation communities. For some, these conflicts have epitomized the adversarial relationship between the Canadian government and the Mi'kmaq. This relationship is often seen as an oppressed/oppressor dichotomy. Such a portrayal places Aboriginal people in a constant struggle to maintain their way of life.

HISTORICAL ACCOUNT OF L'NU SI'PUK

Unraveling L'nu Si'puk's historical existence was difficult. Respondents indicated the existence of a video describing what life was like there, but it was not available during the research period. A brief historical account of the community has been compiled and is housed at the Treaty Aboriginal Rights and Research Centre (Googoo and Googoo 1998). Most respondents' historical perceptions of L'nu Si'puk, indicated that the growth went from approximately four houses to a community that is the second largest reserve in Nova Scotia. Because of things like sewer run-off, respondents indicated that the growth of their community has changed the purity of the physical environment.

A number of factors may have contributed to the difficulties encountered when trying to discover the historical existence of L'nu Si'puk. First, since most of these families are

originally from somewhere else, they know more about those communities than they do about L'nu Si'puk. Second, it is possible that as an outside researcher, I am not privileged to this level of information or did not ask pertinent questions to encourage respondents to talk about this topic. Third, respondents may not have been interested in sharing this type of knowledge. One or a combination of these reasons could have contributed to a limited understanding about L'nu Si'puk's history.

CURRENT PERCEPTIONS OF TRADITIONAL MEDICINES

Traditional medicines are seen by all respondents to be an important part of their culture. Some see them as an important part of their Nation's history. Others see them as an intrinsic part of their present life. Many see medicines as being gifts for the Creator that are everything and everywhere. Mi'kmaw medicines can be used for both physical and psychological needs. Regardless of the past or present importance placed on traditional medicines, respondents agreed on the necessity of a holistic approach towards healing. Leavitt (1995) and Wheatley (1996) concur with respondent perceptions of well-being -- they see it as being characterized by balance. Because of the strong interconnection stressed in Mi'kmaq culture, the family and community aid in the formation of an individual's perceptions, formed through this cyclical process.

Community perceptions of traditional medicines can cause its practice to be overt or kept underground. In L'nu Si'puk traditional medicines may not be openly practiced because of community disapproval or a lack of recognition of their importance. Even the words,

traditional medicine, are stigmatized in some communities, to the extent that some individuals may not admit to the existence of such practices in their community (#007; #022). Because generations have similar social, political and economic experiences, it is not unusual that individuals within a particular generation possessed similar views on traditional medicines. However, personal experiences and family influences would also sculpt individual perceptions of traditional medicines, accounting for slight variances amongst individual perceptions.

Within the Mi'kmaq community many of the teachings are done by stories, legends and through experience with gathering and administering traditional medicines (Leavitt 1995). The oral tradition is the main vehicle for this knowledge to be passed down amongst the family and through generations. Children are affected by their parents' beliefs and actions (Guillemin 1975; Paul 1992, #013; #004). Therefore an individual's perceptions of traditional medicines usually result from their parents and family beliefs about traditional medicines.

The holistic approach of Aboriginal communities makes it difficult to distinguish an individual's perception clearly from the influence of the family or community. Past family practice of traditional medicines influenced subsequent generation use. Almost all respondents who shared knowledge of traditional medicines identified someone in their family who had practiced traditional medicine and who had taught them what they knew.

In the Mi'kmaq community one's family is a significant factor that influences their perceptions and knowledge of traditional medicines. Religious beliefs which were usually also passed through generations by one's family influenced an individual's perception of traditional medicines (#010; #005). Traditional medicines are used on an individual basis. Their preferences and reasons for using or not using Mi'kmaw medicines are often reflective of family and community practice.

Total healing for most Aboriginal communities is believed to involve the healing of the whole person, including their past (Wood 1979). Adding this second element on to the healing process is different from Western medicine. Western medicine tends to cure ailments and treat them as separate from the person (Petrou 1998). Western medicine also leaves little opportunity for those who are aware that physical symptoms often originate from an emotional or spiritual source (Fox and Long 1996). Mi'kmaw traditional medicine is used as part of a process to cure both the ailment and cause. Such a process involves dealing with and acknowledging a person's past, a past that is made up of both family and community influences.

It was customary that not everyone in a family learned about Mi'kmaw medicine. Although some respondents felt that only certain individuals could learn about the harvesting, preparing and administering of traditional medicines, most felt that anyone who wanted to learn could do so. This belief implied that the main quality one needed

was the motivation to learn about traditional medicine. This knowledge was not forced onto anyone. Mi'kmaw culture advocates for all persons to discover their gifts and abilities. Battiste (1998) proposes that to achieve this, each person needs the cumulative knowledge and wisdom of the community, exemplifying the importance of the community in an individual's existence.

The interconnection between these three levels--individual, family and community, helps to ensure and maintain a cyclical regeneration of most Aboriginal cultures, allowing for a strong sense of community and cohesion to be developed. This powerful interwoven existence allows for a significant level of distribution of ideas, customs and beliefs.

Unfortunately what makes Aboriginal communities strong also makes them susceptible to the perpetuation of negative perceptions, further compounding vulnerability.

Continued oppression and suppression from the outside has the potential to affect the Mi'kmaq community in many ways. Because of the Mi'kmaw holistic approach to life, damaging concepts of oppression can easily flow through communities, families and individuals. Respondents indicated that the way they felt about things was based on what they experienced and what they knew their people had experienced. The psychological, physical and spiritual toll of the denial of traditional land and culture has filtered through the generations, inevitably impacting their perceptions and attitudes. Negative attitudes about First Nation people have compounded the impact. Impacts such as these have

succeeded in undermining the traditional ways, only one of which is the practice of traditional medicine.

FEMALE AND MALE ROLES IN TRADITIONAL MEDICINE PRACTICE

There are many other factors which impact Mi'kmaq women's health, many of which are beyond the scope of this present study. While the issue of violence is a reality for many women (Monture-Angus 1995, Paul 1992, Dion Stout 1996), the focus of this study is to explore Mi'kmaq women's participation and access to traditional medicine. Similar to Brooks (1986), Chandler (1979), Guillemin (1975) and Paul's (1992) accounts, respondents at L'nu Si'puk identified both female and male healers, although a range of opinions exist on the role females and males can play in the practice of traditional medicine. Most respondents in the case study believed that although there were differences, both roles were equally valued (#007; #013; #022; #002). Valuing one sex over the other was seen by some respondents to have Western non-Native origins (#010; #004). Three generalized categories emerged from discussions with respondents regarding the role each sex plays in the practice of traditional medicine. The sex of an individual has particular social attributes and specifications attached to them. Opinions seem to change by generation suggesting that gender roles are socially determined and reflective of the social reality at a particular time.

These three general differences in opinions are interesting and are most likely the result of the variety of influence of European contact. More recent literature about practitioners of traditional medicines tend to support the belief that male and females can equally practice traditional medicine (Waldram, Herring and Young 1995). Much of this literature suggests that the previous documentation of only male practitioners of traditional medicines is a result of Western ideals imposed on non-Western cultures (Paul 1992). As the literature review indicated, the majority of people who recorded the accounts of the Mi'kmaq and other Aboriginal peoples were usually male (Miller 1995). Given European societal norms, recorders would have not placed value on the work of the Mi'kmaq women (Pictou 1996). They may have also not been privileged to see women's activities because they were from outside the Mi'kmaq community (RCAP 1996). Limited written accounts and the introduction of Western ideals may have been a major contributor to the variance on opinion of women's participation in the gathering, preparing and administering of traditional medicine (Waldram, Herring and Young 1995, RCAP 1996).

Both literature and respondents did not indicate a difference between male's and female's physical access to botanical traditional medicine. Women were also identified in the Mi'kmaq culture as the keepers of knowledge, a function that is common amongst numerous Indigenous cultures (Shiva 1989; Smith 1964). Some respondents held women in high regard because of the reproductive power they possess. However, this idealization of "the woman" in Mi'kmaq culture was questioned by some respondents. This type of

questioning suggests that the everyday reality may be influenced by other factors that alter a Mi'kmaw women's reality from this ideal.

VII. CONCLUSION

This study documents perceptions of access to traditional medicines and Mi'kma'ki. One of the main goals that this study achieved was a greater understanding of the connection of the Mi'kmaq to their environment. The literature review helps to draw historical connections to the land that the Mi'kmaq possess, connections that have been affected since contact. The perceptions shared by respondents provide greater insight into this connection. This study, however, cannot be seen as a comprehensive representation of the interconnection between the Mi'kmaq and their land. Within the Mi'kmaw culture there are many levels and interwoven connections to the land; subsistence purposes, ancestral significance, reverence for the world are all a part of this connection. Certain groups are more vulnerable than others are when land degradation occurs. The Mi'kmaq are one of these vulnerable groups. Similar to all living beings, they are affected by the quality of land they are surrounded by, but unlike non-Aboriginal groups, to the Mi'kmaq land has a greater significance. This significance is entrenched in every aspect of the Mi'kmaw identity.

VII.1 SUMMARY OF FINDINGS

The study's findings in relation to the research questions are:

1. *What are the perceptions of accessibility of the environment and traditional medicines?*

Traditional medicines are accessible to members of L'nu Si'puk. Restrictions on access originate from both personal attitudes and bio-physical sources. Attitudinal barriers developed as a result of perceptions of legal rights, perceptions of the effectiveness of traditional medicines, or from religious influences. Physical restrictions to access of traditional medicine were generally caused by pollution, development and private property ownership.

2. *Are the Mi'kmaq of L'nu Si'puk still using traditional medicines?*

Traditional medicine use amongst respondents was high. General interaction and field observations suggest that these respondents' usage levels are not typical of community usage levels of traditional medicine. A community-wide study in Nova Scotia suggests that the Mi'kmaq would like to see a return to traditional ways, including the practice of traditional medicine (see Appendix 5). There are two realms of traditional medicine: the botanical and psychological/spiritual. Both types of traditional medicine are practiced in L'nu Si'puk. Three different types of healers exist, all three of which can be found in the L'nu Si'puk community. The distinctions are important only in the context of the analysis section of this thesis; those who are a part of each of these categories may not identify

themselves with these divisions or categories. However, these distinctions illustrate the diversity of healers that exist in the community.

3. Has L'nu Si'puk's access to traditional medicines been affected by the centralization process?

The effect of the centralization process on access to traditional medicine is hard to measure, but a growth in population and an increase in physical structures did result from this process. These changes have contributed to a reduction in the natural habitat of these medicines. Centralization not only caused destruction of the environment medicines were found in, but some respondents indicated that it also restricted access to the medicines and the overall knowledge of Mi'kmaw medicines.

4. Traditionally what was the region like in terms of the immediate environment of the reserve and the traditional medicines located there?

Historical accounts of L'nu Si'puk were limited. Affiliations with the centralization process and the residential school dominated discussions of what L'nu Si'puk was like in the past. Details of the environment were not discussed in detail. Only minimal information was shared about this topic through the course of this case study.

5. What are the perceptions of traditional medicines?

Perceptions regarding traditional medicines are formed through a cyclical process. Community, family, and individual perceptions influence each other. Reliance on the different types of Mi'kmaw medicine vary. Most respondents, however, agree that the healing process involves all elements of an individual, including the family and the community. For many respondents medicines were everywhere and everything, therefore any limits placed on what could be considered a medicine would depend on individual attitudes and perceptions.

6. Do women play a key role in preparation and application of traditional medicines? Is there a gender difference in the impact of access to traditional medicines?

Varying opinions emerged regarding the role of females and males in the traditional medicine process. Some said women and men were equal but played different roles, while others said they were equal and played the same role. Still others said men and women were considered different from one another and could not play the same role.

Respondents did not indicate that access to Mi'kmaw medicine was different because of one's sex.

VII.2 REFLECTIONS ON FURTHER RESEARCH

This section is composed of reflections resulting from discussions with respondents and personal observations. Respondents raised concern about passing of knowledge to future

generations. The threat of diminishing traditional ecological knowledge is an issue that many Indigenous communities face. A variety of opinions exist concerning how such knowledge should be passed to subsequent generations. Some individuals believe that knowledge about traditional medicines should be kept completely within the community. Often individuals who hold this opinion are motivated by protective tendencies concerning the location and identity of these medicines to prevent exploitation. Concurrently, there are individuals and communities who are establishing heritage gardens and eco-trails to encourage both the survival of this knowledge and for economic development.

The act of passing knowledge also faces other obstacles. Mi'kmaw tradition has been oral. Written documentation that has been suggested to combat the further loss of knowledge serves to ensure that the types of plants to be used for medicinal practice are not forgotten. However, traditional medicinal practice requires more than just the identification of plants: it is a process of experience. Gathering, preparing, and administering represent the whole process; all of these need to be understood to preserve the practice of traditional Mi'kmaw medicines.

Some Mi'kmaw believe this knowledge is meant to be shared and not be kept exclusive to the Mi'kmaq community. Commonalties amongst the medicines used by different First Nations in Canada suggest that sharing happens on a frequent basis. Such diverse opinions present a variety of issues that complicate how and why knowledge of traditional

medicines should be passed on. To avoid a heavy reliance on written accounts to preserve and continue this knowledge, it may prove beneficial for the Mi'kmaq community to agree on an appropriate procedure to preserve and revitalize knowledge of traditional medicines. It is important to ensure that this knowledge does not become static, by relying on a written rather than an oral tradition. One option is to establish Traditional Resource Rights (TRR); however, there are problems with this approach and its limited concept of property. However in order to minimize the threat of the loss of this knowledge this approach may need to be considered.

Revitalizing belief in traditional medicines was another concern raised. During interactions with both on and off reserve Mi'kmaw, the question of how to pass on or spark interest in traditional medicines by younger generations was often posed. The following ideas came directly from Mi'kmaq. Mi'kmaw Elders in their children's classrooms was mentioned by respondents as an option they would support.

Respondents mentioned that Elders have gone into classrooms in the past. This approach presents a good opportunity to continue to foster curiosity about traditional medicines in younger generations, and Elders would know what medicines were appropriate to be taught to children. The Department of Education in the Nova Scotia Provincial Government has a resource guide, Mi'kmaq Past and Present, to help teachers with Mi'kmaw history and culture. This resource guide, however, did not include a section dealing with traditional medicines.

One respondent suggested the development of a community culture programme for Mi'kmaq children. This recommendation came after a talking circle was interrupted numerous times at a gathering. Young children who were curious about activities in the teepee hit the teepee and stuck their heads inside. This behavior made it evident that some explanation of what was happening needed to be given to them. An Elder suggested that basic discussions and activities focusing on explaining traditional medicinal practices could alleviate future disruptions and allow for continued respect of these traditions.

The suggestion of a summer camp to teach traditional medicines was also made. This suggestion was given by one of the case study respondents, who thought a summer camp could be an initial way to get younger generations interested in traditional medicines. It would be a camp that instructs participants on Mi'kmaw traditional ways. It would also allow for the experience of traditional medicines rather than just showing the plants out of their natural habitat.

Communities and interest groups that are currently developing heritage gardens and eco-trails may want to consider using them for both training and healing of Mi'kmaq. The following are some general initiatives that could expand the scope of development projects dealing with traditional medicines:

- Develop an education programme with primary schools, allowing children to come on school field trips to visit these facilities.

- Have events organized at the community level through band councils or community groups to visit these projects.
- Establish on-going internships for Mi'kmaq youth at these projects to foster and nurture continued interest.

Going beyond recording and cataloguing traditional medicines is an approach that Mi'kmaq communities might find helpful in keeping this knowledge active. Three recent projects have been developed regarding Mi'kmaw traditional medicines.

One is the Eel River Bar Heritage Garden in New Brunswick. It is set up as a tourist attraction comprised of trails and interpretive exhibits of Mi'kmaw traditional medicines, food, and crafts (The Eel River Bar Heritage Garden 1999). The project will map the sites and locations of various species as well as cultivate some of the species in greenhouses and on farms. When this process is complete, there may be a conference held at Eel River Bar to discuss cultivation, promotion and sale of these plants (The Eel River Bar Heritage Garden 1999). This project is part of the Canadian Rural Partnership improvement programme for the Atlantic Provinces.

Another on going project is the Bear River Mi'kmaq Npisunewawti'j (Medicine Trail) Project in Nova Scotia. It is a community-based project funded by the First Nation Forestry (FNF) in Nova Scotia organization (Macdonald 2000). This educational trail is being developed to foster knowledge and respect for edible and medicinal plants (Macdonald 2000). The intent of the trail project is to aid spiritual healing, mental

knowledge and physical health (Macdonald 2000). In the future the community hopes that this project will lead to new medical and culture centers on their reserve (Macdonald 2000).

As well, the Netukulimk GIS Management Project in Cape Breton, Nova Scotia dealt with the managing of traditional knowledge and is a Canadian Rural Partnership program. Its intent is to gather information on lands used for traditional arts and crafts, traditional medicinal plants, burial grounds, and travel-ways between reserves (The Netukulimk GIS Management Project 1999). The six Mi'kmaq reserves in Cape Breton have been electronically mapped for this project (The Netukulimk GIS Management Project 1999). This database is being developed for natural management resource purposes and to help conservation strategies.

Although all three projects dealt with traditional medicines, each has a different focus. Each also dealt with public access to traditional medicinal knowledge differently. Eco-tourism and public documentation concerning traditional medicines are important activities; however initiators of such activities may want to be cautious of who gains access to this information as a result of projects. Impacts this access may have on the immediate Mi'kmaq community and the community at-large should be a major concern for those developing these types of projects, especially given the importance of land to the Mi'kmaq identity. Economic development does not need to be done at the expense of

continued preservation and protection of traditional medicines. Economic benefits and preservation standards are goals that can be achieved simultaneously.

VII.3 CONCLUDING REMARKS

This document has drawn upon a variety of sources to contextualize and explore perceptions of access to traditional medicines. The significance of Mi'kma'ki continues despite access to traditional medicines being hindered by personal attitudes and bio-physical barriers. The majority of respondents continue to use various forms of traditional medicine. This continued use suggests a need to protect and ensure the availability and accessibility of these medicines. Traditional medicine for some Mi'kmaw are a basic necessity and an important part of their culture. Furthermore, access to traditional medicine is part of the larger issue of having access to their traditional land. The significance of land to the Mi'kmaw identity and culture is paramount. Similar to all First Nations, aspects of the Mi'kmaw culture need to be considered and protected since they cannot afford for their traditional ways to be further undermined. The importance of First Nation cultural needs has to be factored into processes like environmental impact assessments (EIA's) and development initiatives.

Issues and concepts shared by respondents could be appropriately explored further by using the CBPR tools described in this document. The use of these tools may allow for greater community involvement and increased relevancy for the Mi'kmaq community. Generally, the findings of this study are consistent with existing literature. Given the

historical experiences of the Mi'kmaq, the impacts on self-esteem that they have endured are consistent with other Indigenous peoples experiences. Both the process and findings of this study indicate the need for Mi'kmaq women's experiences to be acknowledged and addressed.

In Aboriginal communities where many statistics have been collected, and communities have been surveyed, a shift in focus to cultural education (specifically Mi'kmaw medicine) could prove to be more useful. Education on different levels, supporting traditional ways specifically about Mi'kmaw medicines needs to be realized for Native and non-Natives alike. The existence of Mi'kmaq Science programme at the University College of Cape Breton presents one example of how this shift can be accomplished. Additionally, the recent educational transfer of February 14, 2000 presents a unique and viable venue, since it transfers control of the on-reserve educational system to the Mi'kmaq. This transfer provides an opportunity to positively contribute to future Mi'kmaw generations by addressing post-colonial issues and perceptions of access to Mi'kmaw medicines and traditional land.

APPENDIX 1: NEWSLETTER ADVERTISEMENT

Community Volunteers Needed

For Masters Thesis Research On Perceptions of Access to Traditional Medicines in the Mi'kmaq Community of Indian Brook, Shubenacadie

My Name is Joanne Pereira; I am a masters student at Dalhousie University with the School for Resource and Environmental Studies. I am hoping to work with your community to conduct informal and confidential interviews/discussions about YOUR perceptions. It is not my intent to record traditional medicines, but rather to focus on the perceptions of the people that I am privileged to speak with. I am writing this short message in order to ask for volunteers to participate in this type of study. If you have any questions please don't hesitate to get in contact with me. I would hope to start this research by the last week of February (1999).

You can reach me by leaving a message at the Band Council Office, or at my school at 494-3632 or by email at jrpereir@is2.dal.ca

I look forward to meeting and working with your community.

Best regards,
Joanne

APPENDIX 2: BOTANICAL SOURCES OF TRADITIONAL MEDICINE

	Common Name of the Medicine (*referred to in interviews)	Latin Name (Obtained from Chandler 1979; Kuhnlein and Turner 1991; Zinck 1998)	Other Names (*Mi'kmaq if given in literature)	Remedies for:	Literature Source
1.	*alder	<i>Alnus</i> sp.	*Tupsi	bleeding, hemorrhage of lungs, fractures, fevers, phytic, diabetes, stomach cramps	Chandler (1979), Lacey (1993)
2.	angelica	<i>Angelica sylvestris</i>		colds, sore throat, cough	Chandler (1979)
3.	avens	<i>Geum strictum</i>		cough	Chandler (1979)
4.	*balsam fir	<i>Abies balsamea</i>		bruises, burns, colds, colic, diarrhea, fractures, gonorrhea, laxative, sores, wounds	Chandler (1979), Lacey (1993)
5.	barberry	<i>Berberis vulgaris</i>		ulcerated gums, sore throat	Chandler (1979)
6.	*bayberry	<i>Myrica cerifera</i>		arthritic, rheumatic pain, mouth infections	Chandler (1979), Lacey (1993)
7.	bearberry			tonic, antiseptic for urinary passage	Lacey (1993)
8.	*beech	<i>Fagus grandifolia</i>		liver kidneys, bladder, intestinal infections	Chandler (1979), Lacey (1993)
9.	bittersweet	<i>Solanum dulcamara</i>		nausea	Chandler (1979)
10.	black berry	<i>Rubus fruticosus</i>		tonic for diarrhea, sore throat and mouth	Chandler (1979), Netukulimk (1998)
11.	*black spruce	<i>Picea nigra</i>		laryngitis	Chandler (1979), Lacey (1993)
12.	blackroot	<i>Baptisia tinctoria</i>		gonorrhea, kidney	Chandler (1979)
13.	blood root	<i>Sanguinaria canadensis</i>		tuberculosis, rheumatism	Chandler (1979), Lacey (1993)
14.	blue flag	<i>Iris versicolor</i>		emetic use	Chandler (1979), Lacey (1993)
15.	blueberry	<i>Vaccinium</i>		rheumatism	Lacey (1993), Kuhnlein and Turner

16.	boneset	<i>Eupatorium perfoliatum</i>		general tonic, arthritic pain	Lacey (1993)
17.	bulrush	<i>Scirpus rubrotinctus</i>		sore throat	Chandler (1979)
18.	bunchberry	<i>Cornus canadensis</i>		kidney, stomach	Chandler (1979), Netukulimk (1998)
19.	burdock	<i>Arctium lappa</i>		treat and purify blood	Chandler (1979), Lacey (1993)
20.	buttercup	<i>Ranunculus acris</i>		headaches, cancer	Chandler (1979), Lacey (1993)
21.	butternut	<i>Juglans cinerea</i>		purgative	Chandler (1979)
22.	canada lily	<i>Ulium canadense</i>		irregular menstruation	Chandler (1979)
23.	cat-tail	<i>Typha latifolia</i>		sores	Chandler (1979)
24.	*cedar	<i>Thuja occidentalis</i>		swollen hands and feet	Chandler (1979), Lacey (1993)
25.	*cherry bark	<i>Prunus serotina</i>		heavy colds	Chandler (1979), Netukulimk (1998)
26.	chocolate root	<i>Geum vivale</i>		diarrhea	Chandler (1979)
27.	chokeberry	<i>Prunus virginiana</i>		diarrhea	Chandler (1979)
28.	cleavers wine	<i>Galium aparine</i>		gonorrhea, kidney trouble	Chandler (1979)
29.	*clover	<i>Trifolium repens</i>		fevers, bee stings	Lacey (1993), Kuhnlein and Turner (1991)
30.	*club moss	<i>Lycopodia sp.</i>		fever	Chandler (1979)
31.	cohosh root	<i>Cimicifaga racemosa</i>		kidney trouble	Chandler (1979)
32.	cow lily	<i>Nymphaea adrena</i>	big one side	swollen limbs	Chandler (1979), Lacey (1993)
33.	*cow parsnip	<i>Heracleum lanatum</i>	*pagosi	preventive medicine, colds influenza	Chandler (1979), Lacey (1993), Netukulimk (1998)
34.	*highbush cranberry	<i>Viburnum opulus</i>	*Nipmann	swollen glands, mumps	Chandler (1979), Lacey (1993)
35.	dockroot	<i>Arctium minus</i>		boils and abscesses	Chandler (1979)
36.	dogwood	<i>Cornus stolonifera</i>		sore eyes, throat, headaches	Chandler (1979), Lacey (1993)
37.	elder	<i>Sambucus canadensis</i>	pipe stem wood	emetic/cathartic uses	Chandler (1979), Lacey (1993)
38.	elecampane	<i>Inula helenium</i>		heart trouble, colds, headaches	Chandler (1979)
39.	*ginger root	<i>Asarum canadense</i>	*aptakuae	stomach problems	Chandler (1979)

40.	ginseng	<i>Panax quinquefolium</i>		detergent for the blood	Chandler (1979)
41.	*golden thread	<i>Coptis trifolia</i>		chapped lips, mouth ulcers	Chandler (1979), Lacey (1993)
42.	*hemlock	<i>Tsuga canadensis</i>		colds	Chandler (1979), Lacey (1993)
43.	horse radish			stomach, digestive processes	Lacey (1993)
44.	indian tea tree	<i>Ledum groenlandicum</i>		scurvy	Chandler (1979)
45.	indian tobacco	<i>Nicotiana tobacum</i>		smoke used to treat asthma and earaches	Chandler (1979), Lacey (1993)
46.	jack in the pulpit	<i>Arisaema triphyllum</i>		chest complaints	Chandler (1979), Lacey (1993)
47.	*juniper	<i>Juniperus communis</i>		kidney infection, asthma	Chandler (1979), Lacey (1993), Netukulimk (1998)
48.	*labrador tea	<i>Ledum latifolium</i>		kidney	Chandler (1979), Lacey (1993)
49.	lady's slipper	<i>Cypripedium acaule</i>		nerve medicine/ tuberculosis	Chandler (1979), Lacey (1993)
50.	*lambkill	<i>Kalmia angustifolia</i>		external use, reduce swellings	Chandler (1979), Lacey (1993)
51.	maidenhair	<i>Adiantum pedatum</i>		fits	Chandler (1979)
52.	meadow beauty	<i>Rhexia virginica</i>		throat	Chandler (1979), Lacey (1993)
53.	milkweed	<i>Euphorbia corollata</i>		poison ivy rash	Chandler (1979), Lacey (1993)
54.	moosewood	<i>Acer pennsylvanicum</i>		colds, coughs, grippe, kidney trouble	Chandler (1979)
55.	motherwort	<i>Leonurus cardiaca</i>		abstetric cases	Chandler (1979)
56.	mountain ash	<i>Pyrus americana</i>		stomach pains	Chandler (1979), Lacey (1993)
57.	mountain holly	<i>Ilex aquifolium</i>		consumption, cough, fever	Chandler (1979)
58.	mountain maple	<i>Acer spicatum</i>		sore eyes	Chandler (1979)
59.	*mullen	<i>Verbascum thapsus</i>		asthma	Chandler (1979), Lacey (1993)
60.	oak	<i>Quercus alba</i>		hemorrhaging, intermittent fever	Chandler (1979), Lacey (1993)
61.	orange red lily	<i>Lilium philadelphium</i>		swelling and bruises	Chandler (1979)
62.	pansy			eye wash for sore eyes	Lacey (1993)
63.	parsley	<i>Petroselinum sativum</i>		cold	Chandler (1979)
64.	partridge berry	<i>Vaccinium vitis-idaea</i>	squaw bush, squaw vine	childbirth	Chandler (1979), Lacey (1993), Kuhnlein and Turner (1991)

			(salix luada)		
65.	pearly everlasting	Anaphalis margaritacea	*wapwasuek	tobacco	Chandler (1979), Lacey (1993), Netukulimk (1998)
66.	pickerel weed	Pontederia cordata		prevention of pregnancy	Chandler (1979)
67.	pigeon berry	Phytolacca decandra		bleeding wound	Chandler (1979)
68.	pitcher plant	Sarracenia purpurea		tuberculosis, kidney ailments, indigestion	Chandler (1979), Lacey (1993)
69.	*plantain		*Ansalewipk	poison from wounds and sores	Lacey (1993), Netukulimk (1998)
70.	poplar	Populus tremuloides	bitterwood	colds, influenza	Chandler (1979), Lacey (1993)
71.	prince's pine	Chimaphila umbellata		tuberculosis	Chandler (1979), Lacey (1993)
72.	*pussy willow	Salix discolor Muhl		bruises, skin cancer	Lacey (1993), Netukulimk (1998)
73.	*raspberry	Rubus chamaemorus		stomach, diarrhea	Chandler (1979), Netukulimk (1998)
74.	rock polypody	Polypodium virginianum		pleurisy	Chandler (1979)
75.	sarsaparilla	Aralia nudicaulis		coughs	Chandler (1979)
76.	skunk cabbage	Symplocarpus foetidus		diabetes, toothaches	Chandler (1979), Lacey (1993)
77.	snakeroot	Aristolochia serpentaria	yellow rattle	epilepsy	Lacey (1993)
78.	spikenard	Aralia racemosa		colds	Chandler (1979)
79.	*strawberry leaves	Fragaria virginiana		stomach cramps	Chandler (1979), Lacey (1993)
80.	sumac	Rhus glabra		coughs, sore throats ear aches	Chandler (1979), Lacey (1993)
81.	*sweet fern	Comptonia peregrina		poison ivy rash, rheumatism, external sores	Chandler (1979), Lacey (1993)
82.	sweet flag	Acorus calamus	flagroot, muskrat food	general disease, colds, lung ailments, smallpox	Chandler (1979), Lacey (1993)
83.	*sweetgrass	Hierchloe odorata		cough, purification purposes	Chandler (1979), Lacey (1993)

84.	tamarack	<i>Larix laricina</i>	hackmatack	colds, physical weakness	Chandler (1979)
85.	tea berry		*Kakaaqwejo wumam	blood clots	Lacey (1993), Netukulimk (1998)
86.	toothwort	<i>dentari diphylla</i>		throat tonic	Chandler (1979)
87.	turtle head	<i>Chelone glabra</i>		prevention of pregnancy	Chandler (1979)
88.	unicorn root	<i>Alentis farinosa</i>		stomach problems	Chandler (1979)
89.	water lily	<i>Nymphaea odorata</i>		preventive medicine, bathing solution	Chandler (1979), Lacey (1993)
90.	wax berry	<i>Myrica cerifera</i>		headaches	Chandler (1979), Lacey (1993)
91.	white maple	<i>Acer alba</i>	*Mqatowo'q	coughs	Chandler (1979), Lacey (1993), Netukulimk (1998)
92.	white mustard	<i>Sinapis alba</i>		tuberculosis of lungs	Chandler (1979)
93.	white pine	<i>Pinus strobus</i>		colds, kidney problems	Chandler (1979), Lacey (1993)
94.	*white spruce	<i>Picea alba</i>	cat spruce	infections	Chandler (1979), Lacey (1993)
95.	wild carrot	<i>Daucus carota</i>		purgative	Chandler (1979)
96.	wild cinnamon	<i>Cinnamomum zeylanicum</i>			Chandler (1979)
97.	*wild mint	<i>Mentha canadensis</i>	*Plamuipk	child's upset stomach	Chandler (1979), Netukulimk (1998)
98.	*wild turnip	<i>Brassica napus</i>		colds, coughs, smallpox	Chandler (1979)
99.	witch grass			revitalizing the body	Lacey (1993)
100.	witch hazel	Hamamelidaceae		headaches, treat skin rashes and swelling	Lacey (1993), Kuhnlein and Turner (1991)
101.	worm root	<i>Apocynum cannabum</i>	Indian hemp	worms	Chandler (1979), Lacey (1993)
102.	*yarrow	<i>Achillea millefolium</i>		colds, swelling, bruises, sprains	Chandler (1979), Lacey (1993)
103.	yellow ash	<i>Fraxinus americana</i>		cleansing after birth	Chandler (1979)
104.	yellow birch	<i>Betula lutea</i>		diarrhea indigestion, stomach cramps	Chandler (1979), Lacey (1993)

APPENDIX 3: INTERVIEW GUIDE

PERCEPTIONS OF ACCESS TO TRADITIONAL MEDICINES IN MI'KMAW COMMUNITIES

These questions are the general focus of the interviews, but it assumed that the interviews will be open ended and tailored for individual respondents as appropriate. The purpose of this structured yet informal interview would be to

- discover the connection of aboriginal people to their natural environment,
- explore how any environmental degradation/development has impacted negatively or positively to their access to the environment
- examine the relocation process' impacts on the community's access to traditional medicines and their sense of well being

1. Can you describe the relation have to the natural environment in this area?

- What role does the environment play in your daily life?
- How do you feel the environment impacts your community?

2. Is your well-being related to the condition of your natural environment?

- In what ways?
- e.g. use of traditional medicines or for subsistence purposes?

3. Has there been any specific development or degradation of your natural environment that has effected the well-being in your community?

- Is there any extraction or development of natural resources in this area?
- Is there any manufacturing companies or factories located close to the community?
- What effect if any has this had on your daily lives and well-being conditions?

4. How could the well being of yourself affect the family structure within your community? In what ways?

- Are there economic effects?
- Are there any social implications, in regards to your daily life and your ability to support your family?
- Does your well being effect the procurement of traditional medicines?
- What about the distribution of these medicines?

5. Do you use traditional medicines?

- Are traditional; medicines available in your immediate environment? Do you need to travel to find traditional medicines? Are you able to do this?
- Does development and degradation threaten these medicines?

6. Do others in your community use traditional medicines?

- What is the significance of traditional medicines in your community and culture?

7. In your opinion are men and women affected differently by their access to traditional medicines?

- In procurement and administering of medicines, are there gender roles?

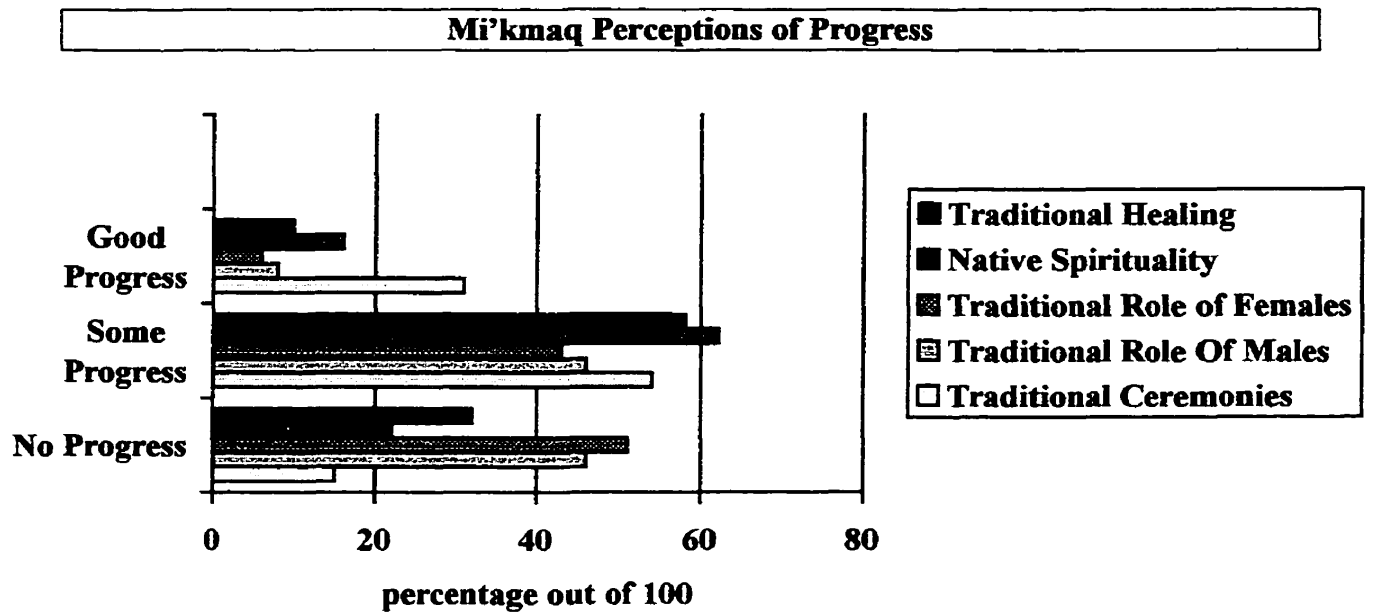
APPENDIX 4: FOLLOW-UP INTERVIEW GUIDE

PERCEPTIONS OF ACCESS TO TRADITIONAL MEDICINES IN MI'KMAW COMMUNITIES

These questions are the general focus of the interviews, but it assumed that the interviews will be open ended and tailored for individual respondents as appropriate. Questions four and five were only asked if a previous interview with that person had touched on this subject or if the participant after reviewing questions began to answer them willingly.

- 1. What is your age?**
- 2. Are there any specific examples of concerns of access to traditional medicines that you have?**
 - When did you last go and pick medicines?
 - Are there any specific times that you go and pick medicines?
 - Are there any restrictions like fences that prohibit you from getting medicines?
 - Are you planning to pick medicines in the spring?
- 3. What does medicine mean to you? How would explain this concept to someone who did not know anything about traditional medicines?**
- 4. Some participants mentioned natural laws in my previous interviews, what do natural laws mean to you?**
- 5. Regarding legal rights have recent cases changed anything for you?**

APPENDIX 5



***Information in this chart is based on chart # 133 in the 1997 Mi'kmaq Health Study. It helps to demonstrate the cultural areas that Mi'kmaq feel are progressing well, and highlights areas that might want to be examined and nurtured .**

APPENDIX 6: DEFINITION OF TERMS AND KEY DATES

Aboriginal rights - these are commonly defined as those rights Indian, Inuit and Metis people enjoyed before the arrival of Europeans. Aboriginal title is considered to be included as part of these rights (Henderson 1995).

Aboriginal title- this term refers to the right of land ownership by aboriginal people. Aboriginal title is held communally and can only be transferred/sold or surrendered to the Crown (Persky 1998).

Carboniferous lowlands - is the designation that is given by the guidebook *The Natural History of Nova Scotia* to the geographical location of L'nu Si'puk. This is an area that commonly has deep soils on top of sedimentary rock (The Nova Scotia Museum 1996).

Covenant Chain- This is the term used to refer to a series of agreements made between Britain and the Mi'kmaq during the 1600's. These treaties are seen as being interconnected and a source of connection between the Mi'kmaw and the British Crown. Specific rights were promised to Aboriginal people and in return the British acquired the assurance of 'peace and friendship' and the ability to peacefully enter North America (Native Council of Nova Scotia and the Union of Nova Scotia Indians 1987).

Mi'kmaq - means 'my family' and is the term used to represent the community-at-large (Leavitt 1995).

Mi'kmaw - this is the singular form of Mi'kmaq. It is also used as an adjective. For example, Mi'kmaw medicine (Mi'kmaq Resource Guide 1997).

Mi'kma'ki - this is the Mi'kmaq word for their traditional land base which includes areas in the United States, Quebec, New Brunswick, and Nova Scotia (Mi'kmaq Resource Guide 1997).

Treaty rights - are rights that are a result of treaty agreements between the Canadian government and the various Aboriginal groups (Leavitt 1995).

Wabanaki - Wabanaki means "people/land of the dawn", the Mi'kmaq, Maliseet, Passamaquoddies, Penobscots and the Western Abenakis were all considered to be a part of this alliance (Leavitt 1995).

October 1st - This day is celebrated every year as Treaty Day. It was proclaimed in 1986 as the day to commemorate and renew the peace and friendship between the Mi'kmaq and the Canadian government (Denny, Marshall and Marshall 1992).

February 14, 2000 - this date marks the completion of the final stage of the education transfer, which returns jurisdiction for on-reserve education to First Nation communities in Nova Scotia. This transfer includes both elementary and secondary on-reserve education as well as post-secondary Mi'kmaw student support.

BIBLIOGRAPHY

Alasuutari, P. Researching Culture: Qualitative Method and Cultural Studies. London, England: Sage Publications, 1995.

Asch, Michael and Catherine Bell. "Challenging Assumptions: The Impact of Precedent in Aboriginal Rights Legislation." in Aboriginal and Treaty Rights in Canada. ed. Michael Asch, Vancouver, British Columbia: UBC Press(1997): 38-74.

Anyinam, Charles. "Ecology and Ethnomedicines: Exploring Links Between Current Environmental Crisis and Indigenous Medical Practices." Social Science and Medicine. 40:3 (1995): 321-329.

Babbie, Earl. The Practice of Social Research. Belmont, California: Wadsworth Publishing., 1992.

Baksh, Michael, and Allen Johnson. "Insurance Policies Among the Machiguenga: An Ethnographic Analysis of Risk Management in a Non-Western Society" in Risk and Uncertainty in Tribal and Peasant Economies. ed. Elizabeth Cashdan. San Francisco: Westview Press (1990): 193-228.

Barbira-Freedman, F. and Axel Kroeger. "Cultural Change and Health: The Case of South American Rainforests." in Tribal Peoples and Development Issues. ed. John H. Bodley. Mountain View, California: Mayfield Publishing (1988): 221-235.

Bartlett, Richard. Indian Reserves and Aboriginal Lands in Canada. Saskatoon, Saskatchewan: University of Saskatchewan, 1990.

Battiste, Marie. "Mi'kmaq Women." Canadian Women Studies. 10:2-3 (1989): 61-63.

Battiste, Marie. "Different Worlds of Work: The Mi'kmaq Experience." in Work, Ethnicity and Oral History. Halifax, Nova Scotia: International Education Centre (1998): 63-70.

Brooks, Katherine.J. "Effect of the Catholic Missionaries on the Micmac Indians of Nova Scotia 1610-1986." The Nova Scotia Historical Review 6:1 (1986): 105-115.

Borins, Mel. "Native Healing Tradition Must Be Protected and Preserved for the Future Generations." Canadian Medical Association Journal 153:9 (1995): 1356-1357.

Borrows, John. "Wampum at Niagara: The Royal Proclamation, Canadian Legal History, and Self Government." in Aboriginal and Treaty Rights in Canada. ed. Michael Asch. Vancouver, British Columbia: UBC Press (1997): 155-172.

Caj  t  , Gregory. Look to the Mountain: An Ecology of Indigenous Education. Durango, Colorado: Kivaki Press, 1994.

Canadian Bar Association. Aboriginal Rights in Canada: An Agenda for Action. Ottawa, Ontario: Canadian Bar Association, 1988.

Chambers, R. "The Origins and Practice of Participatory Rural Appraisal." World Development 22:7 (1994):1437-1454.

Chandler, Frank R.; Lois Freeman; and Shirley N. Hooper. "Herbal Remedies of the Maritime Indians." Journal of Ethnopharmacology 1 (1979): 49-68.

Clarkson, Linda; Vern Morrisette; and Gabriel Regallet. Our Responsibility to the Seventh Generation: Indigenous Peoples and Sustainable Development. Winnipeg, Manitoba: International Institute for Sustainable Development, 1992.

Cragg, Gordon. M; Michael R.Boyd; Michael R.Grever; and Saul A.Schepartz. "Policies for International Collaboration and Compensation in Drug Discovery and Development." in Intellectual Property Rights for Indigenous Peoples: A Sourcebook. ed. Tom Greaves. Oklahoma City: Society for Applied Anthropology, (1994): 59-66.

Davis, Stephen A. People of the Maritimes: Mi'kmaq. Halifax, Nova Scotia: Nimbus Publishing, 1997.

Denny, A; P.S Marshall ; and D. Marshall. "The Mi'kmaq Covenant Chain." in Drumbeat: Anger and Renewal in Indian Country. ed. Bryce Richardson. Toronto: Summerhill Press, 1992.

Devichand, Pratima. "The Health of Canada's Aboriginal Peoples." submitted to Dr. M. Brown, Community Health Service Systems. unpublished 1997.

Dickason, Olive Patricia. Canada's First Nations: A History of Founding People from the Earliest Times Toronto, Ontario: McClelland S. Stewart Inc., 1992.

Dion Stout, Madelene. Aboriginal Canada: Women and Health. Discussion paper for Women's Health Forum. August 1996.

<http://www.hc-sc.gc.ca/canusa/papers/canada/english/indigen/htm>.

Doyle-Bedwell, Patricia. Personal communication. October 21, 1999, Dalhousie University.

Doyle-Bedwell, Patricia and Fay G. Cohen. "Aboriginal Peoples in Canada: Their Role in Shaping Environmental Trends in the 21st Century." in Trends in Environmental Governance in Canada ed. Edward A. Parsons. Toronto, Ontario: University of Toronto Press. (2000): in press.

Dutfield, Graham and Darrell A. Posey. Beyond Intellectual Property. Ottawa, Ontario: International Development Research Centre, 1996.

Elliott, Jean Leonard and Augie Fleras. The Nations Within: Aboriginal-State Relations in Canada, the United States, and New Zealand. Toronto, Ontario: Oxford Press, 1992.

Erasmus, Georges and Joe Sanders. "Canadian History and Aboriginal Perspective" in Nation to Nation: Aboriginal Sovereignty and the Future of Canada eds. Diane Engelstad and John Bird. Concord, Ontario: Anansi Press (1992):3-11.

Evans, M.J. and S.L. Pinel. "Tribal Sovereignty and Control of Knowledge." in Intellectual Property Rights for Indigenous Peoples: A Sourcebook ed. Tom Greaves. Oklahoma City: Society for Applied Anthropology, (1994):41-55.

Fals Borda, O. "Evolution and Convergence's in Participatory Action-Research." Paper written for The International Centre at the University of Calgary. Calgary, Alberta: University of Calgary, undated.

Finch, Janet. "It's Great to Have Someone to Talk to: Ethics and Politics of Interviewing Women." in Ethics and Politics of Interviewing Women ed. Martyn Hammersley. London, England: Sage Publications, (1993):66-180.

Finnegan, Ruth. Oral Traditions and Verbal Arts: A Guide to Research Practices. London, England: Routledge, 1992.

Fischhoff, Baruch; Chris Hope; and Stephen Watson. "Defining Risk." in Readings on Risk. Washington, DC: Resources for Future, 1990.

Fox, Terry and David Alan Long. "Illness, Healing and Health among Aboriginal People in Canada." in Visions of the Heart: Canadian Aboriginal Issues eds. David Alan Long and Olive Patricia Dickason. Toronto, Ontario: Harcourt Brace, (1996):239-270.

Furedi, Frank. Culture of Fear. London, England: Cassell, 1997.

Greaves, Tom. "IPR, A Current Survey." in Intellectual Property Rights for Indigenous Peoples: A Sourcebook. ed. Tom Greaves. Oklahoma City: Society for Applied Anthropology, (1994): 3-14.

Googoo, Darin and Leslie Googoo. "Indian Brook First Nation: Research and Data Entry." Shubenacadie: Treaty Aboriginal Rights and Research Centre. Unpublished, 1998.

Goodland, Robert. "Tribal Peoples and Economic Development: The Human Ecological Dimension." in Tribal Peoples and Development Issues. ed. John H. Bodley. Mountain View, California: Mayfield Publishing Co., (1988): 391-405.

Gorman, G.E. and Peter Clayton. Qualitative Research for the Information Professional: A Practical Handbook. London, England: Library Association Publishing, 1997.

Guijut, I; J.Pretty, I. Scoones; and J. Thompson. A Trainer's Guide for Participatory Learning and Action. London, England: International Institute for Environment and Development, 1995.

Guillemin, Jeanne. Urban Renegades: The Cultural Strategy of American Indians. New York: Columbia University Press, 1975.

Hall, Budd. "Participatory Research: A Continuing Dialectic." Learning. (1979): Fall/Winter: 18-19.

Hall, Budd. "Knowledge as a Commodity and Participatory Research." Prospects. 9:4 (1980): 393-408.

Hattis, Dale and David Kennedy. "Assessing Risks from Health Hazards: An Imperfect Science." in Readings in Risk. eds. T. Glickman and M. Gough. Washington, DC: Resources for the Future, 1990.

Harper, Barbara L. "Incorporating Tribal Cultural Interests and Treaty-Reserved Rights in Risk." in Fundamentals of Risk Analysis and Risk Management. ed. Vlasta Molak. New York: Lewis Publishing, 1997.

Henderson, Sakej. "Mi'kmaw Tenure in Atlantic Canada." Dalhousie Law Journal. 18 (1995): 196-236.

Henderson, Sakej (Youngblood). The Mikmaw Concordat. Halifax, Nova Scotia: Fernwood Publishing, 1997.

Henderson, Sakej (Youngblood). "Impact of Degamuukw Guidelines in Atlantic Canada." <http://mrc.uccb.ns.ca/impactdelgamuukw.html> (12/04/99).

Henderson, S. and Tanner. "Aboriginal Land Claims in the Atlantic Provinces." Atlantic Provinces. (1992):131-165.

Hornborg, Alf. "Mi'kmaq Environmentalism" in Sustainability the Challenge. eds. L. Anders Sandberg and Sverker Sorlen. Montreal, Quebec: Black Rose Books, 1998.

Hubberman. A.M and M.B. Miles. "Data Management and Analysis Methods." in Handbook of Qualitative Research. eds. Norman K. Denzin and Yvonna S. Lincoln. London, England: Sage Publications, 1994.

Hultkrantz, A. Shamanic Healing and Ritual Dance: Health and Medicine in Native North America Religious Trends. New York: Crossroads, 1992. cited in Waldram, J.B.; A. Herring; and T.K. Young. Aboriginal Health in Canada: Historical, Cultural and Epidemiological Perspectives. Toronto, Ontario: University of Toronto Press, 1997.

Julien, Don. "The Micmac Story." in The Mi'kmaq Anthology. eds. Lesley Choyce and Rita Joe. Lawrencetown Beach, Nova Scotia: Potterfield Press (1997): 13-20.

Kapashesit, R. and M. Klippenstein. "Aboriginal Group Rights and Environmental Protection." McGill Law Journal 36 (1991): 925-961.

Kiev, Ari. "The Psychotherapeutic Aspects of Primitive Medicine." in Magic, Witchcraft and Religion: An Anthropological Study of the Supernatural. eds. A. Lehmann and J. Myers. Mountain View, California: Mayfield Publishing, 1989.

Kirby, Sandra.L. and Kate McKenna. Experience, Research, Social Change: Methods from the Margins. Toronto, Ontario: Garamond Press, 1989.

Knockwood, Isabelle. Out of the Depths. Lockeport, Nova Scotia: Roseway Publishing, 1992.

Knockwood, Noel. "Why I Became an Elder." Micmac Maliseet Nation News 9:2 (1998).

Knockwood, Noel. "The Talking Circle." Unpublished 1999.

Knudtson, P. and D. Suzuki. Wisdom of the Elders: Honouring Sacred Native Visions of Nature. New York: Bantam Books, 1992.

Kuhnlein, H.V. and N.J. Turner. Traditional Plant Foods of Canadian Indigenous Peoples: Nutrition, Botany and Use. Philadelphia: Gordon and Breach Science Publishers, 1991.

Lacey, Laurie. Micmac Medicines Remedies and Recollections. Halifax, Nova Scotia: Nimbus Publishing, 1993.

Leavitt, Robert. M. Maliseet and Micmac First Nations of the Maritimes. Fredericton, New Brunswick: New Island Press, 1995.

Love, Rhonda, Lois Jackson, Richard Edwards and Ann Pederson. Gender and Its Relationship to Other Determinants of Health. Toronto, Ontario: University of Toronto, 1997.

MacDonald, Lindiwe. "The Process of Mi'kmaq Community-Based Development: A Case Study of the Bear River Mi'kmaq Npisunewawti'j (Medicine Trail) Project." Masters of Environmental Studies Thesis, Dalhousie University, Halifax: 2000.

Malloch, Lesley. "Indian Medicine, Indian Health." *Canadian Women Studies*. 10;2-3 (1989):105-112.

Marshall, Murdena. "Values, Customs and Traditions of the Mi'kmaq Nation." in The Mi'kmaq Anthology. eds. Lesley Choyce and Rita Joe. Lawrencetown Beach, Nova Scotia: Potterfield Press, (1997): 51-63.

McMillan, Allan. D. Native Peoples and Cultures of Canada. Vancouver, British Columbia: Douglas and McIntyre, 1995.

Mi'kmaq Resource Guide. Truro, Nova Scotia: Eastern Woodland Publishing, 1997.

Miller, Virginia. "The Micmac: A Maritime Woodland Group." in Native Peoples: The Canadian Experience. eds. Bruce Morrison and C. Roderick Wilson. Toronto, Ontario: McClelland and Stewart, 1995.

Monture-Angus, Patricia. Thunder in My Soul: A Mohawk Woman Speaks. Halifax, Nova Scotia: Fernwood Publishing, 1995.

Native Council of Nova Scotia and The Union of Nova Scotia Indians. "The Mi'kmaq Treaty Handbook." Truro, Nova Scotia: Native Communications Society of Nova Scotia, 1987.

Panel on Ecological Integrity of Canada's Parks. Report of the Panel on the Ecological Integrity of Canada's National Parks. Ottawa, Ontario: Her Majesty the Queen in Right of Canada/Parks Canada 2000.
<http://parkscanada.pch.gc.ca/EI-IE/report.html>.

Paul, Daniel. N. We Were Not the Savages. Halifax, Nova Scotia: Nimbus Publishing, 1993.

Paul, Elizabeth. "Mi'kmaq Women and Health." Healthsharing. 13 (1992): 24-25.

Petrou, Mike. "Two Pathways to Health: Exploring Potential Relationships Between Traditional Medicine and Western Biomedicine." Masters of Arts Thesis, Saint Mary's University, Halifax: 1998.

Perry, Richard.J. ...From Time Immemorial. Texas, University of Texas Press, 1996.

Persky, Stan. "Commentary" in Delgamuukw v. British Columbia. Vancouver, British Columbia: David Suzuki Foundation, 1998.

Pictou, Sherry.M. "The Life Learning Experiences: Personal Transformations of Mi'kmaq Women." Masters of Education Thesis, Dalhousie University, Halifax: 1996.

Potts, Gary. "Growing Together from the Earth." Nation to Nation: Aboriginal Sovereignty and the Future of Canada. eds. Diane Engelstad and John Bird. Concord, Ontario: Anansi Press (1992): 199-201.

Prosper, Paul. Lecture at the Nova Scotia Natural History Museum, Halifax, 27 October 1999.

Rajotte, Freda. First Nation Faith and Ecology. London, England: Cassell Publishing, 1998.

Robertson, Marion. Red Earth. Halifax, Nova Scotia: The Nova Scotia Museum, 1973.

Robinson, Eric and Henry Bird Quinney. The Infested Blanket: Canada's Constitution-Genocide of Indian Nations. Winnipeg, Manitoba: Queenston House Publishing, 1985.

Royal Commission on Aboriginal Peoples (RCAP). The Pathway to Healing: Report of the National Roundtable on Aboriginal Health and Social Issues. Ottawa, Ontario: Minister of Supply and Services, 1991.

RCAP. People to People, Nation to Nation Highlights from the Report of RCAP. Ottawa, Ontario: Minister of Supply and Services, 1996

RCAP. People to People: Nation to Nation: Report of the Royal Commission on Aboriginal Peoples. Ottawa, Ontario: Minister of Supply and Services, 1997.

Selener, Daniel. Participatory Action Research and Social Change. New York: The Cornell Participatory Action Research Network, 1997.

Solomon, Eva. "Native Rituals Need Respectful Approach." Compass. November (1992):30-31.

Shiva, Vandana. Staying Alive. London, England: Zed Books, 1989.

Stoffle, Richard W. and Michael J. Evans. "Holistic Conservation and Cultural Triage: American Indian Perspective on Cultural Resources." Human Organization. 49:2(1990): 91-99.

St. Denis, Verna. "Community-Based Participatory Research: Aspects of the Concept Relevant for Practice." Native Studies Review. 8:2 (1992):51-74.

Smith, Nicholas. N. "Indian Medicine: Fact or Fiction?" Massachusetts Archaeological Society Bulletin. 26 (1964): 13-16.

The Eel River Bar Heritage Garden in New Brunswick, 1999

<http://infoweb.magi.com/~ehaber/eelriver.html> and

<http://www.agr.ca/cb/news/n80925be.html>

The Netukulimk GIS Management Project, 1998.

The Netukulimk GIS Management Project, 1999

<http://www.agr.ca/cb/news/n80925be.html>, and

<http://www.tec.ednet.ns.ca/~medicine/Information%20on%20project.htm>

The Nova Scotia Museum. The Natural History of Nova Scotia Vol.2: Theme Regions. Nova Scotia: Nimbus, 1996.

Townshend, Roger. "Specific Claims Policy: Too Little Too Late." in Nation to Nation: Aboriginal Sovereignty and the Future of Canada. eds. Diane Engelstad and John Bird. Ontario: Anansi Press (1992): 60-66.

Townson, Monica. Health and Wealth. Ottawa, Ontario: The Canadian Centre for Policy Alternatives, 1999.

Union of Nova Scotia Indians. The Health of the Nova Scotia Mi'kmaq Population: Highlights. Halifax, Nova Scotia: UNSI, 1999.

Waldram, J.B.; A. Herring; and T.K. Young. Aboriginal Health in Canada: Historical, Cultural and Epidemiological Perspectives. Toronto, Ontario: University of Toronto Press, 1997.

Wallis W.D. and R.S. Wallis. "Culture Loss and Culture Change among the Micmac of the Canadian Maritime Provinces, 1912-1950." in The Native Peoples of Atlantic Canada. ed. Harold F. McGee. Ottawa, Ontario: Carlton University Press (1983): 120-151.

Wallis W.D. and R.S. Wallis. The Micmac Indians of Eastern Canada. Minneapolis, Minnesota: University of Minnesota Press, 1955.

Whitehead, Ruth Holmes. The Old Man Told Us: Excerpts from Micmac History 1500 - 1950. Halifax, Nova Scotia: Nimbus Publishing, 1991.

Wheatley, M. "The Importance of Social and Cultural Effects of Mercury on Aboriginal Peoples." NeuroToxicology 17:1 (1996):251-256.

Wood, Corinne Shear. Human Sickness and Health : A Biocultural View. Mountain View, California: Mayfield Publishing, 1979.

Zinck, Marian. Roland's Flora of Nova Scotia. Halifax, Nova Scotia: Nimbus Publishing, 1998.

Zubek, Elizabeth. "Traditional Native Healing." Canadian Family Physician 40(1994): 1923-1931.