

An Examination of the Integration Processes of Anishinaabe Smudging Ceremonies
in Northeastern Ontario Health Care Facilities

by

Amy Shawanda

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APPROVED/APPROUVÉ

Thesis Examiners/Examineurs de thèse:

Dr. Darrel Manitowabi
(Supervisor/Directeur de thèse)

Dr. Thom Alcoze
(Committee member/Membre du comité)

Dr. Kevin Fitzmaurice
(Committee member/Membre du comité)

Dr. Marion Marr
(Committee member/Membre du comité)

Dr. Julie Pelletier
(External Examiner/Examineur externe)

Approved for the Faculty of Graduate Studies
Approuvé pour la Faculté des études supérieures
Dr. David Lesbarrères
Monsieur David Lesbarrères
Dean, Faculty of Graduate Studies
Doyen, Faculté des études supérieures

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Abstract

In part of the Anishinaabek storytelling traditions, ceremonies emerged from the teachings from the simple act of offering tobacco to more complex ceremonies such as the rain dance. The smudging ceremony is no different because it has its own creation story that emerged with the four medicines (Benton-Banai, 1988; Geniusz, 2009). This research aims to contribute to the an understanding of how the Indigenous smudging ceremony takes place and how it is made available to individuals who want to practice this form of ceremony in urban health care settings.

There has been limited research conducted on Indigenous ceremonies and even less on the smudging ceremony, which highlights the literature gap on scholarly souces on these traditional ways of healing written by Indigenous People. Most of the information on the smudging ceremony is from online sources, Elders that are not published, and non-Indigenous people. Although there are many books, how-to manuals, and kits that provide medicines that teach interested individuals on the smudging ceremony, these could be found in the New Age healing sections at bookstores or in alternative healing shops that many would not find to be a credible academic source. None of these sources address why the smudging ceremony is crucial and how it has been suppressed as part of a much larger process of cultural genocide.

This research is situated within an historical context to better understand why the ceremony has not been accessible within these health care facilities. There are three facilities examined in Sudbury and Parry Sound, Ontario. The facilities and policies are compared to understand the integration processes as well as ensuring that the smudging ceremony is more accessible. In addition, the contribution of this thesis is to have the smudging ceremony accessible and accommodated outside the walls of medicine/healing lodge rooms. Lastly, this study is examined through the Anishinaabe perspective that complements the decolonization approach as it recommends meaningful pathways that support the efforts of reconciliation.

Keywords: *Indigenous, Anishinaabe, smudging, ceremony, health care, Sudbury, Northern Ontario. Accommodation.*

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List of Tables

Table 1:Participant summary table.....	77
Table 2: Indigenous Population in urban ares.....	94

List of Figures

Figure 1: Map of Northern Ontario.....	17
Figure 2: Historical Timeline of the ceremonies	32
Figure 3: Picture of Traditional Medicines.....	58
Figure 4: The cultural model for Indigenous ceremonial practices	84
Figure 5: The Parry Sound and District health centre webpage on the Healing room	96
Figure 6: Health Sciences North webpage on the Medicine Lodge.....	98
Figure 7: Thunder Bay Indigenous Health Services Websites comparison.....	99
Figure 8: Accessibility to Spiritual Care.....	99
Figure 9: Traditional Healing.....	100
Figure 10: Shkagamik-Kwe Health Centre Website.....	101

Table of Contents

Abstract	iii
Acknowledgements	iv
List of Tables	v
List of Figures	vi
CHAPTER 1	1
Introduction	1
Background of problem	3
Early history of smudging	10
Storytelling	12
Northern Ontario	16
Medicine Lodge history	17
Situating Myself In Research	20
CHAPTER 2 Literature Review	26
Indigenous Ways of Knowing	27
The Importance of Ceremony	29
Exploring Indigenous Spirituality	31
Historical Context	32
The Royal Proclamation	33
The Indian Act: Banishing Ceremony and Traditional Culture	37
Residential Schools	39
Contemporary Issues: Indigenous Activism	41
UNDRIP	44
Modification	46
Cultural Inclusion	48
Aromatherapy	49
Smudging	51
Smudging Techniques	56
Traditional Medicines	57
My First Exposure to Smudging Within an Institution	61
Health Care Practices	63
Institutional Accommodations of Smudging	65
Institutional Context: Limitations	66
CHAPTER 3 Methodology	69
Decolonizing Methodology	70
Aboriginal Cultural Safety Initiative	71
Institutional Ethnography	73
Sweat Lodge Research Metaphor	75
1) Gathering materials, selecting sacred site, and the conductor	76
2) Constructing the frame, applying materials for the dome, and medicines.....	76
3) The Ceremony.....	79
4) Provision of debriefing	80
5) The Feast.....	81
CHAPTER 4 Analysis, Findings and Discussion	83
Hospital Policy Review	85

Health Sciences North	85
West Parry Sound Health Centre.....	87
Thunder Bay Regional Health Sciences Centre	89
CHAPTER 5 Summary Of Findings.....	131
References	141

CHAPTER 1

Introduction

This study will examine the extent to which mainstream health care facilities support Indigenous smudging¹ ceremonial use and how the Anishinaabe² (Ojibwe) smudging ceremony is used and accommodated in Northeastern Ontario health care facilities. More specifically, the aim of this study is to examine the smudging policies and particular challenges that each health care facility encounters. Furthermore, this study explores the diverging perspectives of Indigenous Peoples and the western health care professionals as it relates to smudging policies and how medicine lodge rooms are utilized. This study aims to answer the following questions:

1. Research with Health Sciences North, Shkagamik-Kwe, and West Parry Sound health care facilities in Northeastern Ontario to see which of these institutions have smudging policies in place?
2. What are the policies of Northeastern Ontario health care facilities with regard to smudging?
3. How were the policies enacted?

¹ A smudging ceremony is the burning of selected medicine(s) until smoke is created, then sweeping the smoke over the body, objects, and places. Smoke from the medicinal plants "...at high temperatures is a simple way of administering a drug, which exhibits rapid pharmacological activity when inhaled" (Nautiyala, Chauhana, & Nene, 2007, p. 446).

² Anishinaabek (meaning the People) are the Ojibwe Odawa, Pottawattami, and are one of the largest Nations located throughout Canada (Warren, 1885; Hoffman, 1891; Densmore, 1970).

4. Are there any policy gaps on the smudging ceremony within each health care facility?

5. What impacts has the smudging ceremony had within the institutions?

The smudging ceremony has both simple and complex uses and due to its versatility and adaptability it is one of the few ceremonies that offer an institution the ability to integrate support traditional practices. To understand the simplicity of the smudging ceremony, one does not have to be situated within the culture or have the teachings behind the ceremony to participate. One could decline the ceremony and still witness the smudging ceremony. For example, some ceremonies require much preparation in medicines and teachings while other ceremonies may require an individual preparation in various capacities for year before a particular ceremony could take place. For example, these ceremonies include the sweat lodge ceremony, full moon sweat, sun dance, rain dance, berry fast, vision quest, marriage ceremony, just to name a few of the more multifaceted ceremonies. The complexity of the smudging ceremony would be the many teachings that are behind the ceremony and the various medicines put into a smudge stick, or into an abalone shell or bowl. Unlike some ceremonies that require much preparation and have strict protocols, smudging allows non-Indigenous institutions to incorporate the ceremony into the institution and offer rooms equipped with ventilation systems to comply with the fire codes. The smudging ceremony does not need to have complicated policies as long as safety procedures are followed. Therefore, the smudging policies in a given health care facility will affect each individual differently; an individual could access multiple health care facilities and have diverse experiences. For example, if one room is locked then one may take offence to the room not being accessible; also some may prefer the fan to be off

because it takes away the essence of the smoke away from the room; another may want to smudge outside or in the room itself; these policies will affect individuals differently depending on their needs.

Background of problem

Colonialism³ is part of the broader social determinant of health for Indigenous communities. To better understand the current emergence of smudging in western institutions, it is necessary to discuss the key aspects of the changing relationship between colonialists and Indigenous People that escalated from treaties, legislation, and laws. It is important that the reader “have a basic understanding of the disruptive impact of colonization on the health and well-being of Aboriginal People” (Smylie, 2000, p.5).

Before the arrival of Europeans, the Indigenous People of Canada were living sovereign⁴ lives. The Indigenous Nations are culturally, linguistically, politically diverse and continue to live in accordance to natural and complex laws. They each lived to their own traditional ways, speaking their own languages, enacting their own governing laws and engaged in warfare with one another. However, the focus is on the Anishinaabek (Ojibway) Nation, which stretches across Canada from the Atlantic seaboard to the Prairies (Smallman, 2014). The Anishinaabek are a part of the larger Algonquian language group. This particular Nation is guided by the spiritual relationships with the seasons, animals, and the land that influenced their day-to-day activities (Densmore,

³ Colonization is defined as, “when one country... disarms and controls the population, and changes the identity of the peoples, both nations and individuals, who are being colonized” (Wilson & Yellow Bird, 2014, p. 31).

⁴ Sovereignty has a two-prong definition: it is the independence and rights under that governing Nation and it is the right to be free from interference from other Nations (Palmater, 2015).

1970; Dewdney & Arbuckle, 1975). There were a variety of ceremonies that took place from a simple act such as the tobacco offerings, pipe and water ceremonies to more complex acts such as participating in the sweat lodge, rain dance, seasonal, and fasting ceremonies (Cajete, 2000). Also, it is part of the traditional practice to honour and foster the spiritual development of life, knowledge, health and healing (Cajete, 2000).

Indigenous People engaged in the teachings of reciprocity because the Anishinaabek give in order to receive. Tobacco was a gift given by Gitchi-Manitou (Great Spirit) to pray to him, the spirits, and to offer this plant when we take from the Earth, asking for guidance or assistance. These teachings were passed down through the First Nation's oral tradition. This is a small glimpse of the Anishinaabe People before contact.

Royal Commission on Aboriginal People in Canada

The Royal Commission on Aboriginal People in Canada was an inquiry to examine the tenuous issues between the Indigenous Nations and non-Indigenous People because there was increase of rights being violated and non-Indigenous People were not respectful in upholding treaty rights. Before the establishment of Canada, there was already tension between Indigenous and settler nations. The three main contributing issues to the tension that came up time and time again were surrounding lands, resources, and power. In the treaty making process between the two nations, Indigenous Nations across Canada had the understanding that they would share the land with the British and French settler counterparts. These two Nations continued to have ongoing conflict since these early treaty negotiations. The messages and understanding of treaty making was not coherent. There two perspectives on the treaties, which caused conflicts between the two

nations. The Indigenous People viewed that there was the constant violation of treaty rights that continued the oppressive status of Indigenous People. It was the one battle after the next when an inquiry was needed and the Commission was the result of many conflicts occurring in the early 1990's from British Columbia's west coast to the Innu families in the North and to the Labrador on the east coast (Royal Commission on Aboriginal Peoples, 1996). The commission was brought forth after the Kanasatake (Oka) Crisis that involved armed forces over sacred land and the building of a golf course, which was devastating to Canada's reputation (Obomsawin, 1993).

The Commission was ordered in 1991, which was to investigate the growing futile relationship between the Canadian government, Indian and Northern Affairs of Canada and First Nation, Metis, and Inuit (FNMI) People within Canada (Royal Commission on Aboriginal Peoples, 1996). The First Nations throughout Canada were demonstrating that the historical relationship was problematic with the Canadian political and social body. The frustration escalated with anger, injustice, and further breaking down of communities that was spilling over to take stands against the Canadian government (Royal Commission on Aboriginal Peoples, 1996). This commission was in place examining past inquiries, reports, research studies, expert evidence and public hearings to capture the full historical account of two Nations living in conflict with one another.

Many First Nations across Canada were fighting issues of lands, resources, and ultimately they wanted their inherent right to sovereignty. The right to control that goes on within their own communities, providing services to and for their own community members. The history was fundamental in breaking down community leadership roles

and responsibilities in various capacities, from social, political, protection and security, health care, etc. After the settlers were established, the European cultures were slowly infiltrating the traditional and spiritual lifestyle of the Indigenous People. Many Nations began adopting the oppressors values from various policy tactics (Royal Commission on Aboriginal Peoples, 1996). The Royal Commission on Aboriginal Peoples (RCAP) reiterates this by stating;

A careful reading of history shows that Canada was founded on a series of bargains with Aboriginal peoples - bargains this country has never fully honoured. Treaties between Aboriginal and non-Aboriginal People government... were replaced by policies intended to ...remove Aboriginal people from their homelands... suppress Aboriginal nations and their governments... undermine Aboriginal cultures... [and] stifle Aboriginal identity (Royal Commission on Aboriginal Peoples, 1996, pp. 1-2).

It was the assault on the culture and traditional lifestyle that weakened the foundations of Indigenous Nations that created many social and political issues. Many communities were in crisis mode due to Canadian government policies (Royal Commission on Aboriginal Peoples, 1996; Waldram, Herring, & Young, 2012). When it came to Indigenous health services, many agencies were not contributing to the overall health and wellbeing, however it was the Indigenous patients that suffered immensely because health care service providers did not want to treat them nor did they have the compassion or understanding to the cultural difference (Royal Commission on Aboriginal Peoples, 1996). Ultimately, the Canadian State did not deliver adequate services to assist Indigenous Nations on and off reserve. Also, the State would not grant any of these

communities the authority to develop and control services to their own people in a holistic and cultural manner. Further, the Canadian state would not provide sufficient funding (Canada, 1996). The RCAP had many recommendations, however the most pertinent one to this thesis was to have more accessible health care and acceptable practices by creating a central hub that blended western and traditional care to accommodate Indigenous patients (Canada, 1996). Also, the RCAP recommended to the Canadian federal and provincial stakeholders understand that Indigenous People “...still see value in the traditions and practices that made them unique – including medical traditions ranging from herbal therapies to forms of psychotherapy” (Canada, 1996, p. 72).

Truth and Reconciliation Commission of Canada

The Indian Residential Schools (IRS) was federally funded that operated like a boarding school with an education system that was delivered by various Christian Churches. The purpose was to assimilate the children into mainstream Canadian culture and to abandon their own traditional ways of life and surrendering their identities (Truth and Reconciliation Commission of Canada, 2016). Further, the *Indian Act*⁵ sanctioned the

⁵ The Indian Act was put in place, which further distorted the relationship between the two nations over time. This Indian Act was paternalistic in nature, which suppressed and undermined Indigenous Nations in Canada. I will use terminology such as *Indian* and *Indian Act* when referring to historical content. Although these terms may offend some, they are only used for historical accuracy.

forcible removal of children from their families, communities, and any other influence of their cultural and traditional lifestyles by *Indian*⁶ Agents (state officials).

Once children arrived to these schools they were not allowed to speak their language and taught that their way of life was wrong. Instead, these children were taught the English language, science, math, geography, cooking, knitting, sewing, and working on farms (Truth and Reconciliation Commission of Canada, 2015). Ceremony was unilaterally cut off from the children meanwhile it was a huge part of their identities developing their social, physical, mental, emotional, and spiritual well-being that allowed them to live with the accord to their laws (Truth and Reconciliation Commission of Canada, 2015). It was years later that the Canadian government realized that these schools were not producing the outcome they had hope, which was to have functioning assimilated First Nation's People contributing to Canadian society. The Truth and Reconciliation Commission of Canada (TRC) was part of one component in the Indian Residential School Settlement Agreement (Truth and Reconciliation Commission of Canada, 2015). This inquiry was set forth to seek out the damage caused by these schools not only to the Indigenous communities, but its main purpose of the TRC was to educate and inform all Canadians about what occurred within the IRS. The TRC is important to my research because it emphasizes the reasons why ceremonies were abandoned because Indigenous children in Canada were brainwashed into thinking it was wrong to perform or participate in any kind of traditional ceremonies. Not only did the TRC bring the abuse to light in Canadian history, but it was brought up to move forward collectively

⁶ This is a historical term given to the Indigenous People by the settlers when they thought they had arrived in India. First Nations is used to modify the term *Indian* because of its negative connotation; also First Nations is used to replace the term reserves.

as a nation, it is important that Canadians to recognize that “healing and repairing that relationship will require education, awareness, and increased understanding of the legacy and the impacts still being felt for everyone involved in that relationship” (Truth and Reconciliation Commission of Canada (b), 2012). Also, to know that it is not an Indigenous issue, but a Canadian matter.

After the five-year report, the TRC came out with 94 calls to action, the most important is the recommendations made to the Canadian governing bodies one number eighteen:

We call upon the federal, provincial, territorial, and Aboriginal governments to acknowledge that the current state of Aboriginal health in Canada is a direct result of previous Canadian government policies, including residential schools, and to recognize and implement the health-care rights of Aboriginal people as identified in international law, constitutional law, and under the Treaties (Truth and Reconciliation Canada, 2015, p. 2).

The first recommendation is acknowledging that the colonizing history has impacted Indigenous People and their health. In addition, the Indigenous People should access the same health-care rights as rest of the Canadian population. The second important call to action for the smudging ceremony is twenty-two:

We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and

Elders were requested by Aboriginal patients (Truth and Reconciliation Canada, 2015, p. 3).

This recommendation is acknowledging that Indigenous People had traditional healing practices prior to contact, and therefore the Indigenous People should have a right to their preferred treatment whether it is mainstream health care or traditional medicines.

Smudging ceremony falls under this because some health-care facilities have incorporated healing rooms into the institutions. However, this research also looks at how the smudging ceremony has impacted the health-care facility.

Early history of smudging

From time immemorial, early traditional societies used plants as herbal remedies for health care (Mohagheghzadeh, Faridi, Shams-Ardakani, & Ghasemi, 2006). There are many cultures around the world that engaged in the practice of burning aromatic plants since the discovery of fire (Kinkele, 2012; McGoverne, 2016). For example, the first leaves or branches used to make fire infused the area with distinct aromatic scents (Kinkele, 2012). For example, when you throw maple, cedar, oak, cedar or poplar into a fire, each hardwood creates a distinct smell from the other. It is the same when igniting plants and parts of trees individually for medicinal use, it creates a spiritual ambience connecting to the past for knowledge, healing, and guidance (Mohagheghzadeh et al, 2006; McGoverne, 2016). The first documentation of burning medicines is recorded in Ancient Egypt with the burning of myrrh and frankincense (Mohagheghzadeh et al, 2006; Blizzard 2008; Kinkele, 2012). Incense as a religious practice has been found throughout Europe, Persia, Rome, Greece, India, Asia, Africa, North and South America, Australia,

and the Pacific Islands. The Indigenous People of North America have a similar ceremony consisting of burning various medicinal plants in either a sacred bundle or within a smudge bowl (Benton-Banai, 1988; Whiteman, 1992; Horn, 2000; Blizzard 2008; Alexander, 2009).

In the Anishinaabe teachings, the smudging ceremony begins with the Elders and Knowledge Keepers sharing their knowledge of the ceremony that provides the information of why we do it, what the intent is, what the spiritual significance is, and how to smudge. Smudging ceremony is the cleansing of the mind, body, and heart. Typically, the sage is used for larger groups because it is non-discriminating for women to use. The first reason is that when women smudge they are unable to touch medicines because they are next to creator as they are able to make life and secondly they are especially powerful during their moon time. When a woman is on her moon time they would steal the healing properties from the medicines. This is why sage is the exception because, it is known for its deep cleansing value, it is able to provide the smudging for women going through difficult times. This is discussed further in the thesis. When lighting traditional medicines, an aroma unfolds throughout the atmosphere, creating a sacred ambiance. The scent of the smudge ceremony has a calming effect and sets the environment when connecting with the ancestors. Mohagheghzadeh et al., states that "...human beings have used smoke of medicinal plants to lead a healthy life" (2006, p. 162) and smudging is part of *Mino-Bimaadiziwin*, which is living the good life. There are many Indigenous People that reside in urban areas, smudging is a "simple" form of ceremony that they could take with them and feel connected to their families. When the smudge is taking place, the individual understands they are transcending into a sacred space, positive

atmosphere, and healing of the spirit. When an individual inhales the scent from the smoke lingering in the air, it causes a physiological and psychological change within the body (Hongratanaworakit, 2004). It has individuals reconnecting to the past, present and future as they recall this ancient practice. Aromas have an effect on the body, “the physiological and psychological effects are quite distinct although they often occur simultaneously” (Hongratanaworakit, 2004, p. 118). Smudging is no different. Many people who have participated in a smudging ceremony have indicated the smell of natural medicines burning is not only calming but you could feel the sacredness after the teachings have been shared. I will speak to the teachings that were given to me by my Elders who have been walking the Anishinaabe way of life:

In conversations with two Elders, they said that the smudging ceremony is the cleansing of the heart, body and mind but it's also very spiritual. It's also very symbolic. Symbolism is the key. When we speak about smudging, when we pray the smoke carries our prayers. Like the eagle it flies the highest in creation and it carries up your prayer. Eagles take our prayers up to the Creator. Even in ceremony we have pipe and tobacco, it is symbolic like the wine and bread. Incense has always been to done in the churches. There's no wrong way.

Storytelling

This work applies the storytelling method in keeping with Indigenous knowledge. Indigenous pedagogy is used which is different from most mainstream thesis work. I use narratives to build the relationship between storyteller and reader. For instance, Benton-Banai (1988) uses storytelling to provide information of the Anishinaabek in a relatable way. I chose this method because I felt it was important to connect to the Anishinaabek

storytelling pedagogy as a form of reclaiming my Anishinaabek voice and oral traditions because we would gather around and share stories and legends throughout the winter months. As the reader progresses through the thesis I blend an academic and personal narrative writing style in honour of the Anishinaabek storytelling method.

This reminds me of my first year of Indigenous studies and the assignment was to attend an Elder's teaching, but the professor suggested that we do not take notes because it would take away from the experience. There was a graded assignment, which was to answer series of questions. These questions were not about the Elder's teachings but rather it was about how did the Elder start their teachings, what was our experience, what did we learn, what we felt, and were we able to relate to the material covered in class. Since that writing assignment, which I thought was daunting, that experience stuck with my style of writing. I was able to be in the moment and recall my own history, experiences, and back it up with Indigenous academic information.

Furthermore, it is within these stories, the teachings would emerge through listening or reading where the past, present, and future come together that creates “an experience invoked by breathing the words of our ancestors to teach us today what we need to do to survive into tomorrow” (Wilson and Yellowbird, 2005, p. 137). For example, an Elder came in to talk about the Jingle Dress and I was reminded of the teachings that my mother passed down to me when I first started dancing on the powwow trail with my uncle. I was able to make my own connections by thinking of our ancestors who first started the jingle dress dance, and its importance, relate it to my own

experience, and think about where that teaching of the dance has brought me. So the practice of telling our truths is to pass on the knowledge onto younger generations. When stories are told the relationships between generations young and elderly are linked together. It is my intention to build that relationship with the reader through this method in order to contribute and broaden current research methodologies because “research by and for Indigenous peoples is a ceremony that brings relationships together” (Wilson, 2009, p. 8). I am in agreement with Geniusz who states, “we as Anishinaabe[k] have our own reasons for conducting research on our culture. Rather than trying to explain ourselves to the rest of the world, we are trying to regain and revitalize teachings” (2009, p. 51).

Not only does this thesis provide a storyteller perspective, it becomes relatable for both Indigenous and non-Indigenous readers because one may take the information that they need and leave the rest (Smith 2012; Sinclair, 2003; Kovach, 2009; Wilson, 2009; and Debassige, 2010). For example, we could listen to the same teaching over again throughout our lifetime and have a different perspective on it each time. I have listened to the same teachings on sweet grass and each time I am refreshed and gain a new appreciation for this plant and its healing qualities. As I conduct research, I am writing, reflecting, listening, and influenced by my relations, the seven generations before and after me, to gain a better understanding of decolonization. Decolonization is a two-prong process: it deconstructs oppression; and secondly it reconstructs and empowers ancient cultural and traditional ways and adapts them to current lifestyles (L. Smith, 2012; Chilisa, 2012). I will be presenting this information in the role of the storyteller as opposed to an orthodox researcher incorporating a formal writing style. Storytelling gives

a voice because “it is our stories that sustain us and ensure our continuity as peoples” (Corntassel, 2012). Further, I relate to Pedri-Spade on how she discusses using this method to honour the tradition and knowledge of my ancestors because “it is our stories... that contribute to our Indigenous survivance and perseverance” (2015, p. 39). Vizenor refers this as “survivance”, which “is an active sense of presence, the continuance of native stories, not a mere reaction, or a survivable name. Native survivance stories are renunciations of dominance, tragedy and victimry” (1999, p. vii).

An important and customary Anishinaabe protocol is to state where we are from when introducing ourselves as it provides background information to the people we communicate with, regardless of cultural background or the context. The following is my introduction.

Aanii, Biidasage Kwe ndi-zhnikaaaz, Nimkii Bineshii ndoo-doodem, Wikwemikong ndoo-njibaa swii go N'Swakamok ndoo-daa. (Hello, my spirit name is Bright shining light woman, I am from the Thunder Bird Clan, I am from Wikwemikong but I currently reside in Sudbury). Wikwemikong is situated on Manitoulin Island, 170km south of Sudbury. There are five satellite communities that encompass Wikwemikong. I grew up in Murray Hill approximately four km outside of the main village. On Manitoulin Island, there are three distinct Anishinaabek tribes, which are the Ojibway the “faith keepers”, the Odawa the “trade keepers”, and the Pottawatomi are the “fire keepers”.

I asked my mother and sister about my first encounter with traditional medicines, they both replied it was with my grandmother Alice-ba. My grandma would care for me during the days and in the summer she took me out to pick sweet grass when she needed it. That was their earliest memory I have of traditional medicines. Sweetgrass was burned

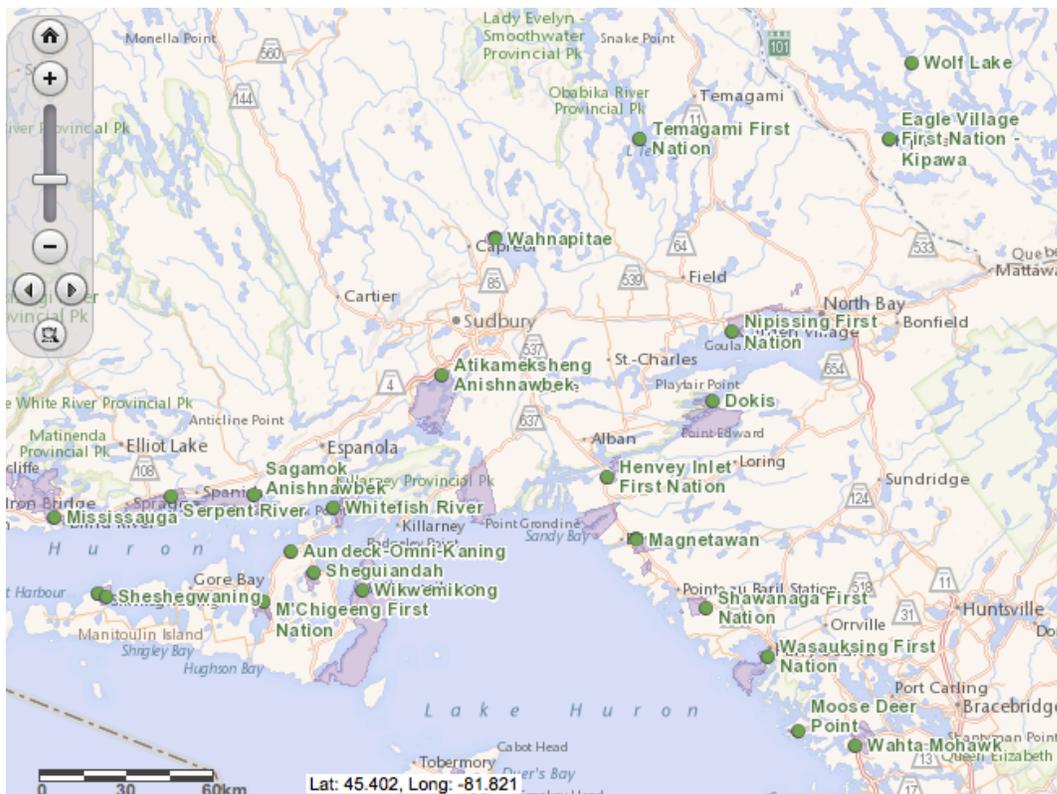
every now and then. My uncle Henry James re-introduced the smudging ceremony years after my grandma's passing. The smell of medicines lingered in his home and he would smudge us to get accustomed to the process for when we were participating in various traditional and cultural events.

Northern Ontario

The vicinity of Greater Sudbury has 20 Anishinaabe First Nation communities surrounding it. North Bay and Parry Sound are neighbouring cities that have Anishinaabek communities as well, see figure 1 (Urban Aboriginal Task Force, 2007). I chose the Sudbury area as the site of my research because it is part of the traditional territory of the Anishinaabek. Also, this region was selected because it is close to my home community, Wikwemikong.

Figure 11

Map of Northern Ontario



Note. The green dots locate the First Nations communities outside Sudbury, North Bay, and Parry Sound. The purple dots represent First Nation reserve lands (Aboriginal Affairs and Northern Development Canada, 2016). Also, this map depicts Northeastern geography regions where the research takes place. This map shows how many First Nations that are around the Sudbury region.

Medicine Lodge history

A structure called the teaching lodge, the healing lodge, or the medicine lodge is a central learning place that was set-up to pass down stories, language, ceremonies, and

ancestral knowledge, which would often start the practice of ceremony (Benton-Banai, 1988). It was within this lodge the teachings of ecological concepts, mythologies, and ceremonies would take place to shape Indigenous People's knowledge and worldview (Knudtson & Suzuki, 1992; Cajete, 2000). Although there were different worldviews, it was one of the significant causes to the cultural clash between the Europeans and Indigenous People (Friesen, 1991).

Benton-Banai (1988) tells the story of the half spirit-half man named *Waynaboozho*, who was gifted to humankind by the Creator. He was placed on Mother Earth to teach the ways of the Anishinaabek (p. 5). *Waynaboozho* walked in all four directions (north, east, south, and west) learning the ways of the cyclical nature of plants, seasons, animals and everything he could about Mother Earth (pp. 5-9). He created many of the first ceremonies (p. 9), clan systems (p. 8) and how to live in harmony with creation (p. 12). He received his first teachings about the tobacco, the first medicine (p. 12). As time went on, *Waynaboozho* fell in love with the Fire keeper's daughter and they eventually gave birth to four sons (p. 22). When the sons were older they sent them out to each separately explore the four directions; these young men were taught about the medicines that grew in each direction, how they are used, and when to utilize them (p. 22-27). These four medicines are tobacco, sweetgrass, sage, and cedar. The sons were given the original instructions on how to use the smudging ceremony. This teachings of medicines and the lodges is further explained by two of my Elders:

The healing lodges... there are many different types, for example the sweat lodge is a healing lodge. Sundance lodge is number one, which takes a few days. When it is prepared it takes a whole year to get ready for, - actual sun dance is a ceremony.

Shaking tent, a healing lodge – shaking tent is a ceremony, Today a healing lodge is where medicine lodge has herbs for the clients needs, but also spiritual purposes, healing the four aspects of life: mental, emotional, physical, and spiritual. Many people seek healing in these areas, four basics areas for balance. A healing lodge: An elder will always be there that is “qualified” to do that. Medicine lodge is categorized in various ways its not just a structure. Even in Wiky (Wikwemikong) when Ronnie (a traditional healer that has passed on) was alive people would come see him and ask for herbal for medicine he was the medicine man who provided those things, for specific things and a lot of them didn't know what they needed, a medicine man would prescribe something for them. A ceremony would be needed, spiritually speaking, if it wasn't readily available. You would say spiritual, some people are afraid of the unknown, for no reason. Constructing a healing lodge is different too. How you construct a sweat lodge is different compared to any other lodges. There are different ways and teachings to construct these lodges. Within these lodges you will always see one of those four main medicines. You will always have one of those present at all times, if not all four will be there... Each tribe will vary from how each ceremony is constructed and conducted. When constructing a lodge, it is a ceremony in itself, because all the things you require you need to go out to nature and select those certain elements, such as trees or rocks, tobacco always needs to be placed. The ceremonies need to take place before any lodge goes up. All crucial to remember, when putting up any lodge. Everything has to be done in sequence. Balance is key. Natural ways of our universe are followed...

In conversation with several people along with reading the local newspaper, I further explain Ronny Wakegijig and the information on the history of the medicine

lodge in Northeastern Ontario. I was interested in who and where the first medicine lodge room was built. To my surprise it was right in my home community Wikwemikong (Wicky). The two change makers in the development of Northern Ontario's first medicine lodge rooms within a health care facility were the late Ron Wakegijig and the late Dr. J.F. Jack Bailey. The story told to me by others within the community as well as the local paper (Manitoulin Expositor) had me searching for more information. In the 1970s, Mr. Wakegijig and Dr. Bailey were asked to travel to various parts of the United States to learn how to incorporate Indigenous health and healing practices into the Western medical paradigm (Erskrine, 2011). After months of travelling, together they designed the Medicine Lodge Room in Wikwemikong where traditional medicines would be welcomed. After it was built, they travelled throughout Canada giving presentations on how hospitals could integrate Indigenous healing spaces. Throughout the decades since the opening of the first medicine lodge room, many others began opening designating spaces including Sudbury where they incorporated another Medicine Lodge room within the new health care facility. The medicine lodge rooms and traditional healing lodge rooms will be used interchangeably. However, I reference the contemporary medicine lodge within institutions because they are building in a circular structure and intended for cultural and traditional uses.

Situating Myself In Research

Since this is a decolonizing approach, situating myself within the thesis is vital to the research. As an Anishinaabe kwe located within a Western institution where mainstream theories and methods are questioned, I am constantly conflicted with how and what society values as acceptable knowledge. For instance, the Master of Indigenous

Relations (MIR) program is operating within the institution that perpetuates colonialism. For example, I am writing a thesis that must adhere to graduation requirements, which include a thesis proposal, thesis proposal defense, ethics approval, writing a minimum 100-page thesis, followed by a thesis defence. I will decolonize Western ways of knowing by applying my own Traditional ways of knowing and teachings to accomplish my own research goals and objectives. Writing about ceremony is a process and I constantly check-in and consult with my Elders within my writing to ensure that I am conducting research in a respectful way in the process of acquiring the information needed for this study. This decolonizing approach is to maintain my integrity, as it relates to my values as an Anishinaabe Kwe (Ojibwe/Odawa woman). My values stem from the Seven Grandfather teachings – more specifically on humility, honesty, respect and bravery. When I write about this ceremony, often I light the smudge ensuring that I am putting my best intentions and writing in a respectful manner when it comes to our teachings and ceremony. Also, I acknowledge that I am writing about the plant spirits and I want to honour that sacred connection. This sacred connection includes the relationships between plants, healers, patients, and our ancestors. Furthermore, I want to ensure that I only talk about the teachings of the smudging ceremony to a certain degree and encourage others who are interested to seek out Elders/Knowledge Keepers to learn more as each First Nation will vary on medicinal plants that are used within the smudging ceremony. My integrity is constantly compromised as I am trying to validate my own teachings, and why I am writing about the smudging ceremony. The smudging ceremony is a spiritual act made political because of the many barriers to access the ceremony. Also, I believe that many may not value the work that is done, nor will they respect the

teachings embedded within it. This is an oppressive reality of a system of racism, which speaks to the need of research and the reconciliation needs to be done. For example, as First Nation's People, our smudging ceremony is not just a smoke ceremony, we are reclaiming our right to ceremony, our acknowledgment of relationships, and our life force and essence that was once taken from us. Our smudging ceremony is a physical and spiritual act and when I write about this ceremony, I try to explain it thoroughly for the requirements of completing this thesis. Also, I struggle because I try not to remove the spiritual aspect from this ceremony because when we smudge we are bringing Mother Earth to us, the medicines stem from the Earth, it is what gives us life and it reminds us to stay grounded.

I provide the above narrative to illustrate how I became interested in this ceremony and to reaching a better understanding of the complexity of accessing the smudging ceremony in a health care facility. One of the outcomes of this research will be providing information to both Indigenous and non-Indigenous people about my experience, and I hope that they do not have to feel defeated in asserting their rights to ceremony. Though it may appear that my personal account may cause a potential bias in my approach as my initial experience with the smudging in a health care setting had negative undertones, I have come to terms with this experience by consulting Elders. In this research project I propose that this experience is a strength because I have had the personal experience trying to access smudging. Although there are many Indigenous ceremonies, my focus is limited to the smudging ceremony within health care organizations.

The following narrative is my personal experience and how I came to be interested in this research:

The nurse runs into the waiting room telling all family members to say their final good byes. Standing at the bedside surrounded by loved ones, my aunt passes way. The children are devastated by the sudden loss of their mother. Shortly after an emotional release, we go down stairs in hopes to have a smudge in the medicine lodge room. On our way down, my uncle tells us that it is locked and has been locked when he first arrived two days ago. We proceed to the room and confirm his statement. We make our way to the security guard station to ask one of the guards to unlock the doors. The guard who does not understand the emotional state that my cousins are in does not understand the urgency of accessing this room to perform a smudging ceremony. We ask to speak to the supervisor and in response we are told to, “come back tomorrow afternoon when the medicine lodge keeper will be in.” I try to reason with the security guard by telling her that we will not be back tomorrow, and the room is needed now. Further, I try to explain to her that denying the smudge ceremony is the equivalent of someone denying one’s right to prayer. I was hoping to explain the importance of the smudging ceremony for our family in a manner that would help her to understand the importance of gaining access to our sacred place, the medicine lodge.

Unfortunately, neither the security guard nor the supervisor recognized or acknowledged the importance of Indigenous ceremony during our time of mourning. The stress and negative emotions that my cousins endured during a very difficult time in their lives was evident and I regret that they had not the opportunity to grieve and mourn in a manner that was congruent with our traditional Indigenous Ways of Knowing. Moreover,

the explicit denial of participating in a sacred smudging ceremony within an institution that has designated a room specifically to acknowledge the importance of facilitating Indigenous ceremony and prayer was contrary to the institutions policy on the purpose and use of the medicine lodge and conflicted with our fundamental Rights as Indigenous Peoples within Canada.

Thinking back to this incident, it was unfortunate but it turned out to be an important teaching. I was directly impacted, and the inability to access the room was frustrating. I remember feeling defeated and wondered how often does this happen? Was it an isolated incident or does it happen often? I felt powerless, but at the same time I knew something could be done. There was no signage about who to report incidents or who to contact after hours. The medicine lodge keeper's information was listed, but when I called the next day I was notified she would not be back in the office until the following week. From my experience, having to deal with the security guard was frustrating because I had to remind myself that the security guards were only performing their duties.

This experience has led me to the question "which urban health care facilities in Northeastern Ontario have smudging policies have in place?" This is an important ceremony that is needed in the healing journey, especially within a health care facility. Many Indigenous People may not engage in their cultural ways, until an incident, illness, or death occurs. So what is the protocol with having accessibility to a ceremony that is an inherent right⁷? Around the same time as my aunt's death, my friend was in a car accident where she went to the Parry Sound hospital for medical services. I asked her

⁷ Inherent rights are the rights that flow from the Creator, which provides the instructions on how the Anishinaabe are to live in and with Creation (Joseph, 2015)

questions about the healing room in the hospital, which then led me to not only question but to obtain answers. It was at this time that I knew that I wanted to do a comparative study on the surrounding health care facilities and compare policies, rooms, and accessibility.

The request and need from the Indigenous populations of Sudbury and Parry Sound was to incorporate traditional rooms dedicated to ceremonies. When sharing my research with family and friends and conferences the most common questions that was raised by these individuals who were either patients or visiting patients at the health care facilities is that they had to ask if they could conduct a ceremony; where it was suitable to do so and it was inconvenient to both staff and families on waiting for an answer. Some people have expressed that it was belittling having to ask, but most families know there is a room that is dedicated for their ceremony. The families that are aware of the room feel that there is a space to call their own especially in time of need.

CHAPTER 2

Literature Review

After reviewing the research on traditional Indigenous practices, such as smudging, cedar baths, teas, that are used for healing in health care settings, it became evident that there is a literature gap on the topic of Indigenous smudging. Many articles were written about the pipe and sweat lodge ceremony, however, only a few articles would briefly touch upon the smudging ceremony. Through the literature review, two main issues became evident; first, the traditional Knowledge Keepers are sharing their experiences primarily by posting personal experiences on social media or websites, but view in academic writings. The second issue is that much of the scholarly knowledge published on Indigenous culture and traditions is written by non-Indigenous scholars, which goes back to the notion that Indigenous People have been the most widely researched groups by non-Indigenous scholars (Smith, 1999). Some of the information that is published on the smudging ceremony is coming from a different worldview such as “New Age” websites and stores, Wikihow (how-to guide website), and psychic websites and books. For example, when non-Indigenous people want to smudge themselves, their home, or objects, these books and stores offer various literature to mini pamphlets. The information written by non-Indigenous People is for the mainstream public who will buy these books. However, when non-Indigenous People want to engage in the First Nation’s smudging ceremony, so non-Indigenous People will take it upon themselves to educate others on Indigenous ceremonies, it becomes a bit more tolerable to hear the information as well as participating within the ceremony. When an Indigenous person does the same thing, it becomes less significant.

This thesis will add to the scholarly body of work on ceremony as well as Indigenous scholarly research practices. The purpose is to increase the body of knowledge on the smudging ceremony, and inform our own Indigenous body of knowledge by creating our own frame of reference (Wilson, 2009; Chilisa, 2012). As I examine the literature, I try to reference those relevant to the Anishinaabek ways of knowing and incorporate the teachings when it is respectful to do so. The literature on the smudging ceremony is divided into five components: Indigenous Ways of Knowing; historical context; contemporary issues; smudging; and urban institutions.

Indigenous Ways of Knowing

“After thousands of years of close interaction, each Indigenous community has developed a close spiritual connection with the land” (Belanger, 2014, p. 10).

It is important that the reader understands an Indigenous perspective, and to do so, the reader must have insight as to why land is connected to ceremony. The relationship to the land is integral to the lives of Indigenous People. Firstly, an Indigenous perspective is to acknowledge our axiology and ontology as it revolves around lived experiences, history that impacts our way of thinking, and understanding our relational aspects to nature (Cajete, 2000; Wilson, 2009; Chilisa, 2012). For example, Cajete (2000) explains that “...land becomes an extension of the Native mind, for it is the place that holds memory...it is the landscape that contains the memories, the bones of the ancestors, the earth, air, fire, water, and spirit from which a Native culture has come and to which it continually returns. It is the land that ultimately defines a Native people.” (p. 204). The physical elements of one’s culture, it is where events, patterns, cycles are observed

(Cajete, 2000). The land reflects traditional knowledge by providing natural resources for Indigenous livelihood. The relationship with land to ceremony influences when and where ceremonies will happen, where medicines are gathered, and how the Nation will offer their gratitude to Mother Earth. Ross describes this as being, "...inherently tied to land, not land in general but to particular landscapes, landforms, and biomes where ceremonies are properly held, stories properly recited, medicines properly gathered, and transfers of knowledge properly authenticated" (2014, p.42). The inextricable connection is created by the environment, geography and seasonal flux because "it is the land that ultimately defines... [Indigenous] People" (Cajete, 2000, p. 205) and Indigenous peoples "celebrate our kinship with the world" (Kimmerer, 2013, p. 31). The land is also known to have sacred spaces (locations) that hold memories, kinship, healing, and purification where ceremonies take place (Cajete, 2000). Space is an important component when having ceremony. Space is somewhere we retreat to reconnect ourselves to the ancestors.

The second primary relationship that shapes Indigenous People of North America worldview is their spiritual heritage (Knudston and Suzuki, 1992; Cajete, 2000; Kimmerer, 2014). We cannot separate space and spirituality because Indigenous communities around the world focus "...on a direct relationship with the Earth as the source of knowledge and meaning for human life and community... Earth is a manifestation of the spiritual center of the universe..." (Cajete, 2000, p. 109). For example plants grow from the Earth and they are honoured because they are seen as the grandparents of humans (Cajete, 2000; Geniusz, 2009). Our stories on the tobacco reveal that we provide this as an offering to take the plants for medicine or for food. Johnston (1982) and Geniusz share many mythical origin stories on the plants and trees on how

significant their role is to Indigenous People in cultural development, health and healing, and the doorway to the spiritual realm. For example, a plant such as peyote has a mind-altering quality and the peyote embodies its own spirit. A plant like peyote must be respected and not abused. Another illustration is when we smudge with sage, cedar, or sweet grass we are using the plants to open the doorway to reach out to the spiritual realm for guidance.

The Importance of Ceremony

“We need to glimpse the old spiritual world that helped, healed, and honored us with its presence and companionship. We need to know to see where we have been before we see where we should go, we need to know how to get there, and we need help on our journey” (Vine Deloria JR., 2006, p. xix).

Ceremony may differ in practice among the various Indigenous populations. Rituals are part of primordial needs to connect to the ancestors, to have a link between the spiritual and physical realms (Knudston and Suzuki, 1992; Cajete 2000; Kimmerer, 2013; Cowan 2014). Ceremonies are the continuum of our traditional and cultural ways of connecting to all life forces within the universe. Kimmerer expands on this with the assertion that, “ceremonies large and small have the power to focus attention to a way of living awake in the world” (2013, p. 36). Ceremonies often occur in the form of a prayer to maintain relationships and could take place within ceremonial structures (lodges), through spiritual acts (dance, quests, rituals), with spiritual tools (pipes, feathers, medicines), and proceed throughout the seasons (Cajete, 2000).

When seeking to increase our knowledge and understanding of Indigenous ceremony, it is important to consider relationships, identity, customs, traditions, and the way ceremony is currently situated in the urban Indigenous worldview and in the Eurocentric worldview. Indigenous People have demonstrated their resilience for centuries as their axiology and ontology have been ignored, attacked and undermined.

The cultural genocide came in various tactics such as the displacing Indigenous People from their original territories, the *Indian Act* that controlled who was Indigenous and dictated different aspects of their lives and Residential Schools which made Indigenous children ashamed of their culture (Ray, 1996; Royal Commission of Aboriginal Peoples, 1996; Alfred, 2009; Simpson, 2011). Despite assimilation efforts, Indigenous People have ensured that the cultural and traditional ways of being are passed down from generation to generation. Anishinaabe teachings on ceremonies demonstrate that the Earth does not belong to humankind, but to every living creature. Together we are united in kinship where our interconnectedness is understood through

... natural elements such as sun, fire, water, air, wind, snow, rain, mountains, lakes, rivers, trees, volcanoes, and a host of other entities played roles symbolically and physically in the expression and understanding of the ways of healing developed by Indigenous People (Cajete, 2000, p. 81).

This highlights how the spirit of community is essential in working together. There is a greater interaction of relationships because, "...the power of ceremony marries the mundane to the sacred" (Kimmerer, 2013, p. 37).

When I spoke to to an Indigenous actress Cherie Maracle about my thesis, she shared her experience and the importance of the smudging ceremony; she said when she first started

acting, they weren't allowed to smudge. After her and other actors pushed to smudge the stage before they performed because they wanted to ensure a safe space, and often when reading Indigenous content it was often heavy subjects, about violence, residential schools, and they would carry that. Some of the actors were still subjected to it so it was good to smudge the ourselves and stage before we began our work so that we had protection.

Exploring Indigenous Spirituality

The key aspect that I interweave throughout my research is spirituality and its connection to ceremonies. There are many ways of understanding spirituality, however, a common thread that unites the concept of spirituality is the understanding that there is sacredness to the interconnectedness of all things (Knudtson & Suzuki, 1992). Consider the spider web, every tenant is dependent on one another and its strength derives from the connections. Indigenous People view every animate or inanimate object to be imbued with spirit. Indigenous Knowledge is a rich foundation, transferred through teachings of fundamental truths and principles, which are further enhanced through spiritual understanding (Knudtson & Suzuki, 1992; Cajete, 2000). For example, Beck, Walters, & Francisco (1977) state; "...rituals mark the significant changing points in the life of an individual – birth, naming, renaming, puberty, marriage, and so on" (p. 35). These types of ceremonies are the conduits of morality and actions of individuals.

The land, ceremony and spirituality are central elements to health and wellbeing. The purpose of this section is to emphasize how Indigenous People have a strong spiritual connection. The Anishinaabek live in accordance to natural laws and reciprocity, this is why they have many sacred rituals from conception, to life celebrations, and to death. In

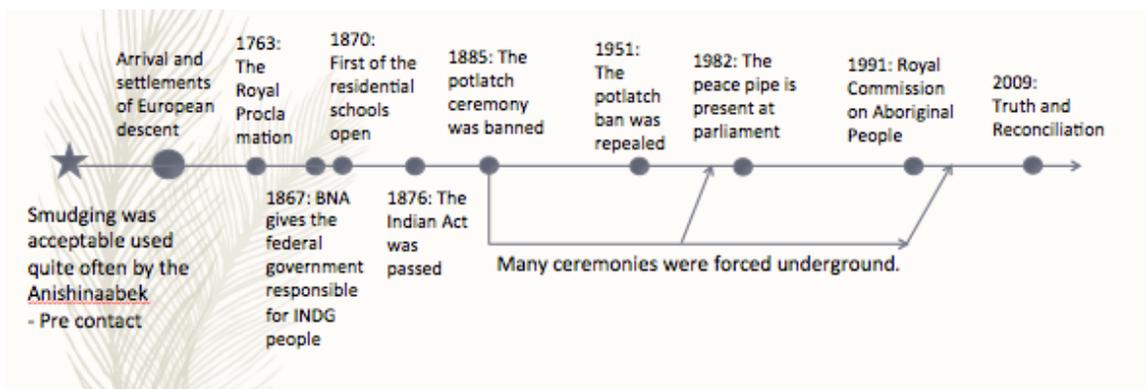
comparison, the holistic lifestyle of Anishinaabek is in disagreement to the European ways (Little Bear, 2000). I want to note that not all Anishinaabek follow this way of life, but there remain some who try to remain in accordance to the ancestral way. I will provide a more detailed account on how ceremony as a way of life was impacted through a historical context through treaties and laws.

Historical Context

This is a brief historical account of the colonial events that took place. This timeline is to provide the understanding of the colonial interference of ceremonies. This timeline illustrates that the many acts, policies, and laws all led to the banishing of ceremonies, which forced these ceremonies into hiding. Certain families carried on the traditions. Once the potlatch banned was repealed the ceremonies were slowly resurfacing to Indigenous ways of life.

Figure 12

Historical timeline of the ceremonies



Note. This timeline is a brief overview which is the show the effects why ceremonies and more specifically the smudging ceremony faces barriers within institutions. We only go in depth to the sections that pertain in detail about the smudging ceremony.

Source: Author.

The Royal Proclamation

I will discuss ceremonial practices since the arrival of Samuel de Champlain. Settlers were assisted by Indigenous Peoples from the time of contact to adjust to the weather, environment, and finding sustenance (Hill, 2009). The First Nations People engaged with settlers in social, economic, and political relations. For example, from a social standpoint, the Métis Nation was the result from mixing the Anishinaabek and European ancestry, which created their own distinct culture, language, and political forums (Gaudry, 2009).

Looking at the economic perspective, it was in these developing years of the Canadian State the settlers participated in the ceremonies as part of the Indigenous protocol in establishing relationships (Miller, 2013). The Anishinaabek assisted in the development of the fur trade by providing the materials such as fur and meat, in exchange for metal and cloth from the settlers (Eccles & Foster, 2013). The fur trade also benefitted the Indigenous People because it “provided Indigenous peoples with European goods that they could use for gift-giving ceremonies, to improve their social status and to go to war” (Eccles & Foster, 2013, para.5). The purpose of these ceremonies is to ensure that they are honouring the ancestors, positive or constructive outcomes, and showing respect for one another. Depending on the meeting and what was being asked of the Indigenous

People, each Indigenous culture varied on the type of ceremony with the settlers, occasionally these ceremonies included drumming, feast, and various dances (Flexner, 1979). For example, long before settlers, First Nations People would meet with one another, they had their own treaty making process, usually began with

...introductions, gift-giving, time spent getting to know each other, negotiations and the formalization of the Treaty through a pipe ceremony. After the pipe ceremony, the Treaty would then be seen as a tri-party agreement between the two parties and the Creator (Treaty Relations Commission of Manitoba, 2017).

Although, the Hudson's Bay Company would engage in ceremonial practices, such as pipe ceremony and gift giving with the First Nations because it benefitted both parties economically (Miller, 2013). These ceremonies would occur on a regular basis when meeting with government agents and various trading posts representatives.

Sir John William Johnson, a British loyalist was appointed the liaison between the Indigenous People, mainly with the Iroquois to fight the French Settlers during King Georges War (Encyclopedia of World Biography, 2016). He was a key player in working with the Indigenous People by participating in ceremonies, establishing those relationships between the two nations, and ensuring settlers participated ceremony before starting transactions (Miller, 2013). For example, Sir William Johnson understood that the Anishinaabek would engage in relations only if they ceremonies took place because he knew that,

...the Ojibwa regarded themselves and the English as being reliant on one another for trade and peace, and... that the British had to fulfil certain obligations, such as the giving of gifts, in order to attain even a state of coexistence with them (Borrows, 1997, p. 158).

Therefore, when approaching any First Nations for exchange for service or goods the settlers had to involve the ceremonial process and understand that "... gift-giving presents [as they] were important to First Nations because they were regarded as a necessary part of diplomacy which involved accepting gifts in return for others sharing their lands" (Borrows, 1997, p. 158). As more settlers arrived there was the continued race for land, the Anishinaabek Nation participated in a on-going treaties with the settlers in which they signed several of the pre-Confederate treaties, this was one of many of the political agreements made by Indigenous and European People (Bishop, 2008). The Royal Proclamation was one of those political transactions made; it is a constitutional framework for treaty negotiations with First Nation's People in North America (Hall, 2006). King George III issued the Royal Proclamation, which is a document that recognizes and affirms Indigenous Rights such as land, title, fishing, and hunting rights but also indicates that only the Crown could negotiate land and title with Indigenous People (Hall, 2006). Sir William Johnson worked with the First Nation's People and was "advocating for the Royal Proclamation and taking copies of the Royal Proclamation to all the indigenous peoples" (Miller J. , 2013, p. 1). The Wampum belts that signified the treaties were part of that ceremonial process, "the wampum belts were recorded history for the Indigenous People both parties made representations and promises through methods other than the written word, such as oral statements and belts of wampum"

(Borrows, 1997, p. 164). As more numbered treaties spread westward of Canada, ceremony was omitted at the start of negotiations (Treaty Relations Commission of Manitoba, 2017).

Prior to the Royal Proclamation, an *Indian Department* was established to oversee the relations between settlers and First Nation's People (Leslie, 1978). This department was a part of the British Army, where Sir William Johnson was the superintendent because of reputation with the First Nation's People (Borrows, 1997; Miller, 2013). Gradually over time and during the formation of Canada, there was a urgency to sign treaties with the Indigenous People (Government of Canada, 2009). The ceremonial ways of the pipe ceremony, gift giving, and feasts were phasing out with the establishment of the Canada (Government of Canada, 2009). Ultimately, this affected the ceremonial protocols when conducting business between settlers and Indigenous People. Why is the Royal Proclamation important to the Anishinaabek? The Royal Proclamation is one of the first to acknowledge and recognize and affirms Indigenous rights and the title to the land (Miller, 2004; Belanger, 2013). Indigenous Rights have included "a range of cultural, social, political, and economic rights including... practice one's own culture" (Hanson, 2017, para. 4), which would also reaffirm the right to ceremony. However, this was disrupted when the Anishinaabek signed treaties and then were forcibly removed from their traditional territories and forced into smaller parcels of land, known as reserves (King, 2012). Relocating the Indigenous People from their traditional lands meant a loss of sacred sites, resources, and routes (Cajete, 2000). The impact on Indigenous People was the onset of segregation from one another and their connection to a ceremonial way of life. The lives of the Indigenous people were now being regulated by pieces of paper,

such as the *Indian Act*, Treaties, and money system, which created further marginalization (King, 2012; Chilsa, 2012).

The Indian Act: Banishing Ceremony and Traditional Culture

The *Indian Act* of 1876 was a temporary legislation that was implemented to control the lives of the Indigenous People until they were assimilated in the Canadian body. This *Act* would determine who was an Indian, how their Nations were governed, and where they would reside. The *Indian Act*'s ultimate goal was the assimilation of Indigenous Peoples throughout Canada and was a strategy to address the "*Indian Problem*". This strategy entailed formalizing structural racism that reinforced discrimination against the Indigenous People of Canada (Loppie, Reading, & de Leeuw, 2014). For example, the fact that the settlers viewed the Indigenous People as primitive and savage, which was a label given by the Church and carried into residential schools to change their heathen ways (King, 2012). Another example is that an *Indian Department* was created because the First Nation's People were seen as unable to take care of themselves, so a department was created to oversee their economic, social, and political structures (King, 2012). The words of Deputy Superintendent of *Indian Affairs*, Duncan Campbell Scott illustrate this sentiment, "our objective is to continue until there is not a single Indian in Canada that has not been absorbed into the body politic and there is no Indian in Question and no Indian Department" (cited in Erasmus, 2004, p. 3). This concept is understood through federal policy as mistaken notions of racial superiority and divine rights to dominations that have existed since first contact (Alfred, 2009). Section 91(24) of the Constitution of 1867 provides exclusive authority to the federal government *Indians* and their lands (Government of Canada, 2016b). The purpose of this Act was

two-fold: enfranchisement and the stipulations to ensure there were results; and to ultimately eliminate the cultural diversity of the Indigenous People and absorb them into Settler society (Miller, 2004). The predominant worldview of settlers was a scientific evidence for belief; the linear time such as clock, weeks, months, years; and plants and animals are seen as resources; human beings are at the top of the hierarchy; and how wealthy someone is puts you up higher on that hierarchy. This European worldview still remains within Canadian society (Knudtson & Suzuki, 1992). Although, not all Canadians feel this way, it remains with those who keep the discrimination and racism alive.

In the process, amendments were made to outlaw spiritual and social ceremonies (Neu & Therrien, 2005). More specifically, in 1881 the *Indian Act* banned potlatch ceremonies and later the sun dance ceremony. Laws were established that would impose jail terms to the Indigenous Nation mainly in the Western provinces for those that participated in traditional ceremonies (Ross, 2014). Jail terms were reduced when potlatch items were surrendered and it was a devastating loss to the communities. This affected Indigenous People and communities in many ways; for example, the transmission of cultural knowledge, identity and language, and regaining the rights to ceremonies. Judge Alfred Scow provides an example:

The Indian Act... has led to almost a total destruction of the foundations of the culture of First Nations' people of this country. The Indian Act did a very destructive thing in outlawing ceremonies. This provision of the Indian Act was in place for close to 75 years and what that did was it prevented the passing down of our oral history. It prevented the passing down of our values. It meant an

interruption of the respected forms of government that we used to have, and we did have forms of government be they oral and not in writing before any of the Europeans came to this country. We had a system that worked for us. We respected each other. We had ways of dealing with disputes. (1992, pp. 344-345)

In addition, Waldram, Herring & Young (2006) explain that, many Indigenous ceremonies and, “traditions went underground, shielded from the watchful eye of government administrators, missionaries, and legal authorities” (p. 127). This can be understood as a means to protect the ontology, epistemology, and axiology of the People. Furthermore, the ability to retain, in part, traditions and ceremony created the opportunity for an amendment to the *Indian Act*, where, eventually, ceremonial ways were reinstated. The *Indian Act* was the tool that ultimately shaped societal perception regarding ceremony by making it illegal. The *Indian Act* has been a major influence on non-indigenous peoples’ misconceptions about Indigenous ceremonies and the resistance to practice Indigenous ceremonies in Western institutions.

Residential Schools

The Indian Residential Schools in Canada were based upon the British Traditional school system (Truth and Reconciliation Commission of Canada, 2015). The European education system focused on trades for boys and home economics for girls. Boys were taught trades through apprenticeship style, which was a more formal education system than what was offered to girls (Gaffield, 2013). In the 17th century, children were taught to read, write, and basic math skills. This education system was implemented in Canada in hopes to undermine their cultural and traditional ways (Gaffield, 2013). The schools began as day schools, but once these schools were deemed ineffective to assimilation

efforts, the schools were moved further away from reserves so that there would be little contact between parents and children. The removal of the children from their territories, communities, and families provided a greater opportunity to forcibly suppress the children's identity, language, and spiritual practices. For example, part of the assimilation tactics was to create a false belief in First Nation's culture especially in their ceremonial way of life that it was witchcraft and devil worshipping. Also, the schools alienated the children by not allowing them to speak their language and to be with their families. The colonialists believed that this was an opportunity to alter their way of living. The Indigenous students "were subjected to a barrage of Christian, Euro-Canadian teachings that denigrated [Indigenous] ways" (Miller, 2004, p. 246). The schools also heavily emphasized that Indigenous traditional ways of living were inferior. Catholic Churches were the predominant caretakers and the principal educators were nuns and priests. The government did not care who took the children as long as the children were assimilated (Truth and Reconciliation Commission of Canada, 2015). Sir John A. MacDonald stated,

...that Indian children should be withdrawn as much as possible from the parental influence, and the only way to do that would be to put them in central training industrial schools where they will acquire the habits and modes of thought of white men (cited in Truth and Reconciliation Commission of Canada, 2015, p. 2).

The government turned assimilation into policy and solicited the removal of Indigenous children. There was a significant loss to ceremonial ways of life as the People have become ashamed to be Indigenous. The history between Indigenous People and Settlers is extensive and it is evident colonialism suppressed ceremony.

Despite the assimilative efforts, ceremony was still practiced by many and eventually became more public. This is illustrated within my own community of Wikwemikong. The elementary and secondary schools I have attended passed down the teachings throughout my education. These teachings were not always explicit but they were interwoven into day-to-day interaction. For example, our librarian Noreen would sit us down and tell us stories about Nanabush; we would sit in the gym and start our events with a smudge ceremony; each classroom incorporated the Anishinaabemowin (Ojibwe language). As I progressed through each grade, the respect for our cultural ways was emphasized, however, with subtle undertones. Another example is when I attended my First Communion (grade 2) and at my Confirmation (grade 8) we were smudged at the beginning of these ceremonies because the Catholic Church incorporated our cultural ways by combining both Catholic and Anishinaabe teachings.

Contemporary Issues: Indigenous Activism

As we move forward, we will make the connection of how the past impacts the current practices and how policies have affected the realities of Indigenous People. As history revealed the land has been a central issue to the Canadian political organization of land, which impacted Indigenous sovereignty to ceremonies. In this section, we look at how Indigenous People used the law to regain their power and assist with restoring the Nation-to-Nation relationship.

At the turn of the millennium Indigenous political awakenings increased as Indigenous Nations started mobilizing against the Canadian federal government as the government continued assimilative policies. Indigenous People have been resilient as

they met the pressures of rhetoric and political machinations because Indigenous People are able to evolve and adapt with the changing times (Neu & Therrien, 2005). The agendas of colonization and assimilation have always surrounded the land and when that relationship is severed, so is the spiritual connection, which is the essence of the Indigenous way of living. I will illustrate, through a review of the past 70 years, that the political agenda of stolen lands and a hegemonic prevailing attitude is still present, which results in the tenuous relationship between Indigenous and non-indigenous people.

During this time period, there were several equal rights movements that were occurring in both Canada and the United States. The Indigenous People were bringing issues of inequality to the attention of the federal government. Prime Minister Pierre Trudeau and the Minister of *Indian Affairs* Jean Chrétien tried to absolve the treaty relationship between Indigenous People and the Canadian State through rhetoric to justify assimilation (Belanger, 2013). The main concept was to eliminate the “*Indian Status*” and remove the department of Indian Affairs; this was known as the White Paper (Turner, 2006). In addition, this piece of legislation would terminate all treaties and the Nation-to-Nation relationship. Indigenous leaders strongly opposed this and began to mobilize politically. This resulted in the creation of Indigenous lobby groups such as Union of B.C. Indian Chiefs and the National Indian Brotherhood was incorporated, which is now the Assembly of First Nations (Miller, 2000). These lobby groups were advocating in the areas of education, health, treaties, language, and culture in a strategic forum (Miller, 2000).

The “Indigenous Peoples whose lands are occupied by the Canadian state are currently engaged in the longest running resistance movement in Canadian history”

(Simpson, 2008, p. 13) and continue the battle through the legal system. These movements and political groups were able to shut down residential schools, amend the *Indian Act* by ending discriminatory practices, and protect cultural and traditional rights (Warry, 2007; Belanger, 2013).

Section 35

Through greater political unity, Indigenous People engaged in social activism with various resurgence movements. After decades of court battles, the Supreme Court of Canada has recognized and affirmed that treaties are sacred from *R. vs. Calder* and *R. vs. Sparrow* (Henderson, 2008). Although those cases pertain to land and fishing it also raised the notion that “Aboriginal rights have been interpreted to include a range of cultural, social, political, and economic rights including the right to land, as well as to fish, to hunt, to practice one’s own culture, and to establish treaties” (Hanson, Constitution Act, 1982 Section 35, 1993, p. para. 4).

There is a fiduciary responsibility to uphold these treaties, as it is a basic tenet of Human Rights; Section 35 of the Constitution Act of 1982 was added to protect Aboriginal Peoples from abuse of government power. This provision within Canada’s Constitution recognizes Aboriginal (First Nation, Metis, and Inuit) and treaty rights of Indigenous People. The section acknowledges, “the existing aboriginal and treaty rights of the Aboriginal Peoples of Canada are hereby recognized and affirmed” (Government of Canada, 2015a). How does smudging pertain to Section 35? As James Youngblood Henderson affirms; “People’s treaties constitute an elaboration of arrangements relating to the political, economic, social, cultural, or spiritual rights and jurisdiction of the

Indigenous Peoples concerned”, therefore, smudging has not only been an inherent right but an inferred treaty right (Henderson, 2008, p. 97). Section 35 provided the legal context for the right to smudge.

UNDRIP

The United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) *Article 11* supports cultural traditions such as smudging as an Indigenous right and practice. In Canada, the UN Declaration reiterates and specifies Section 35 of the Constitution Act as an acknowledgement of cultural traditions as an Aboriginal Right: “Indigenous peoples have the right to practise and revitalize their cultural traditions and customs. This includes the right to maintain, protect and develop the past, present and future manifestations of their cultures, such as... ceremonies...” (United Nations, 2011). Initially, Indigenous populations were not involved in the process of drafting their collective rights, however, after World War II there was an international movement for the United Nations to recognize human rights (Neizen, 2003). The United Nations Declaration on the Rights of Indigenous People was formulated as part of decolonization efforts and it is a pioneering policy supporting the Indigenous right to practice cultural traditions such as smudging. In particular, *Article 24*, provides the validation for the discourse for integrating ceremony in healthcare institutions:

Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access,

without any discrimination, to all social and health services (United Nations, 2011, p. 9).

The purpose of UNDRIP is to have member states accountable for upholding the Rights of Indigenous People. This is accomplished by the United Nations observing and recommending that these international agreements are respectful when upholding Indigenous Rights to the Human Rights standards. Canada endorses the United Nations Declaration of Rights for Indigenous Peoples, but reiterates the fact it has no bearing on Canadian laws (The University of British Columbia, 2009). Canada signed an amended UNDRIP document four years after the original documents were presented. This delayed action contributed to the current relationship between Indigenous People and Canada (Henderson, 2008). For example, medicinal plants are being destroyed by Government regulations, which is in direct conflict with Indigenous Peoples Right to traditional medicines and health practices (White Face & Wobaga, 2013). To explain further, the government has allowed deforestation from the east coast to the west coast of Canada causing a significance loss of trees; the overharvesting on First Nations communities such as sweet grass; the overuse of herbicides and pesticides that are absorbed by the medicines; pollution that stunts growth of plants or causing them not to regrow in their region (Cajete, 2000; Miller, 2000; Belanger, 2013). The United Nations advances the claim that a right should be held without discrimination; but the Canadian State does not uphold UNDRIP without discrimination as it maintains that the rights under UNDRIP conflict with Canadian Rights and Freedoms. When accessing traditional and cultural ways of healing within the Canadian State, Indigenous People have identified systemic barriers (United Nations, 2011). The systemic issues surround the accessibility to a

culturally safe space to conduct the smudging ceremony. For example, The Smoke-Free Ontario Act (SFOA) was enacted in 2006 to protect the health of all Ontarians, but it is up to the institutions to provide a space to accommodate the needs of First Nations People so they could conduct ceremonies (Government of Ontario, 2007). Although, Indigenous People are exempted from the SFOA, the issues of allergies and those with scent sensitivities would still be an issue. Further, the Ontario Human Rights Code states,

Section 1: Every person has a right to equal treatment with respect to services, goods and facilities, without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status or disability” (Ontario Human Rights Code, 1990).

This means an individual could file an application to the Human Rights Tribunal of Ontario if unable to conduct the smudging ceremony. There are many laws and policies that try to protect individual and religious rights. Recently, a shift has occurred within institutions, as institutions are becoming more culturally sensitive and responsive to the health and healing needs of Indigenous People, however, ceremonial needs are not yet fully acknowledged (Royal Commission on Aboriginal Peoples, 1996, p. 76).

Modification

Throughout history, Indigenous People have shown resiliency. They challenged discriminatory policies and advocated for both the health of individuals and for their Nations. The smudging ceremony is no exception. Emberly (2007) discusses the “process of modification” in an educational setting, the need for the “process of modification” within health care facilities is equally important (p.17). For example, the *Indian Act* was amended several times to end discriminatory laws; education of Indigenous People was

modified by the removal of residential schools and situating schools on reserves; also, some land claim agreements today are considered modern day or contemporary treaties, and Nation-to-Nation relations. Indigenous People have developed strategies to overturn colonized structures (Wilson & Yellow Bird, 2005). To illustrate this point, the Anishinaabek Nation have created their own governing structures based on our own customs and traditions, also known as the Union of Ontario Indian, which "...is the oldest political organization in Ontario and can trace its roots back to the Confederacy of Three Fires, which existed long before European contact" (Anishinabek Nation, 2017, para. 1). They have created their own constitutions that filtered into other communities, we are returning to our own ways of governance.

To further explain, the Shkagamik-Kwe Health Centre is a culturally responsive Aboriginal Health Access Centre, a health care facility designed and funded to promote wholistic health care that balances culture and traditional values with western lifestyles (Shkagamik-Kwe Health Centre, 2016). Where appropriate they offer "Culture as Treatment" (Shkagamik-Kwe Health Centre, 2016, para. 1). This was a small facility, but it has been expanding in the Sudbury down town area where there are two different satellite offices. From a cultural perspective, they are providing ceremony within the facility it is also a part of their mandate (Shkagamik-Kwe Health Centre, 2016). However, many other health care facilities could improve the accessibility for ceremonies within the urban settings because of the growing urban Indigenous population. Health care facilities should aim to keep up with the demand of the growing population for more Indigenous practices within their institutions.

Cultural Inclusion

In the past, there has been political resistance to Indigenous sovereignty. There has been a resurgence of Indigenous traditional and cultural ways of life in the past 50 years and is filtering into our mainstream society. We witnessed the intensifying Idle No More (a grassroots movement, which was to teach, rally, and support Indigenous sovereignty and Nation-to-Nation relationships) protest that continues the Indigenous Rights, voice, and presence within the Canadian society. For example, Queens Park in Toronto has modified two rooms within the building, which has a ventilation system that is specialized for the smudging ceremony. It is the first of its kind within a government institution in Ontario (CBC Toronto, 2015). Another example is the Gathering Rooms – they are rooms that have ventilation systems for smudging ceremonies – are being incorporated into Provincial buildings as part of the reconciliation movement that is occurring in Canada (Netnewsledger, 2015). Today, we see more inclusion of Indigenous culture, as the current Prime Minister, The Right Honourable Justin Trudeau, in his swearing in ceremony, included an Indigenous hand drum singer, and he acknowledged the Algonquin territory, followed by Inuit throat singers and Métis jiggers (CBC Aboriginal, 2015). This was a symbolic gesture on Trudeau's part to incorporate and acknowledge the Nation-to-Nation relationship. Since he has been in Parliament, he has been inclusive to Indigenous Ways of Life.

In May 2016, I was visiting the Ontario Legislative building, the MPP France Gélinas was giving me and few others a tour of the building. She was explaining how the federal government is signifying to the public that they want to amend the relationship with Indigenous People by making these changes, even if they are small changes.

Although some individuals may feel this is not the case. However, that is another topic to be explored. In my opinion we are now witnessing the partnership between the federal and provincial governments to incorporate Indigenous ceremonies within these institutions.

Aromatherapy

There is wide-array of literature written on this particular subject of aromatherapy, where there is scientific evidence to prove that scents affect mood and behaviours. Some of these authors include: Buchbauer who has published 283 articles since 1967 about fragrance compounds, aroma analysis, investigation of essential oils of a variety of plants; Heuberger has 65 publications that revolve around aromatherapy effects within the body, for example East Indian sandalwood is relaxing compound, natural odors in a natural setting creates calmness, alertness, and better mood; Van Toller who has numerous publications on scents and biology since 1980s; in addition there is the International journal of aromatherapy that contains 16 volumes and the International journal of clinical aromatherapy.

I want to illustrate the scent that emanates from a lit smudge bundle has a direct pharmacological effect like aromatherapy. The essential oils in aromatherapy are found in the various plants and trees. The oils are extracted from the roots, seeds, stems leaves, bark, and flowers, also known as the essential oils. These oils provide these distinctive scents and each have its own healing properties. For example, lavender is commonly known for its relaxation qualities, citrus such as orange and lemon are energizers, and tea tree is used for its antimicrobial properties (Rhind, 2012). Similarly, the commonly used medicines that are also essential oils are cedarwood is known for its comforting qualities,

clary sage is used for soothing and balancing energies, and sweetgrass is a deodorizing and peace inducing (Rhind, 2012; Coning, 2016). Most of the oils could be blended with others depending on the use. Much like smudging, the medicines could be combined with other medicines within the smudge bowl or within smudging sticks.

The similarity between aromatherapy and the smudging ceremony is that scents trigger memories and assist in healing process. It is important to introduce the smudging ceremony to young children so they understand that this ceremony is multidimensional. As the aroma of these medicines unfold throughout, the sacred space is created like a doorway where our ancestors are invited to protect us, cleanse the area, and we are reminded we are all connected. When the smoke and the scent linger in the air, we are connecting our mind and body (Hongratanaworakit, 2004). The medicines will perform much like essential oils as these medicinal scents will influence our moods and feelings, thereby affecting our body and spirit. The scent of the medicines creates an effect on individuals who utilize it; the smoke is the visual and physical representation of the healing that is taking place.

One Elder states that as we smudge the smoke heals our body inside and outside. When we breathe the medicines in, it removes the toxins out to the exterior, our lungs do not feel the effects of the smoke because our body knows where to take the healing qualities of the smoke and applies it where it is needed. The smell of the Sage gives me a calming feeling, Cedar - I use for the connection within myself, clear my space, and for energy. I was given the teaching that we should listen to the medicines and it will guide us how to use it. Sage for instance is not a bad chemical the natural smoke scares people who do not know its meaning. Sage represents the relationship to self by being honest with

yourself. So when we attach ourselves to something positive like the smell of medicines, we reconnect our emotions to our body, which then affects our behaviours.

Smudging

Considering the prevalence of its use, there is little research conducted on the smudging ceremony itself. As previously stated, many cultures engage in burning of sacred substances. The smudging ceremony occurs in many cultures, but different plant medicines are used, varied forms from incense to candles, and various rituals when cleansing spaces (Alexander, 2009). Skeptics often view this ceremony as witchcraft. This came with years of undermining the Indigenous ceremony by upholding Catholicism (McCampbell, 2003). Research on the smoke ceremony has been emerging in the last decade. Mohagheghzadeh et al's (2006) study was unique because research like this has not been done before; it was then that the researchers conducted this study in over 50 countries, which spanned across five continents that utilized smoke remedies and the various methods used to administered these remedies in a health care setting (p. 163). This study examined how smoke was an

...air purifier, dermatological conditions, febrifuges and disinfectants, gastrointestinal conditions, genitourinary conditions, mood disorders, neurological conditions, orthopaedic conditions, pulmonary conditions, toothache and other problems of the mouth, treatment of the ear, treatment of the eye and other medicinal purposes (Mohagheghzadeh et al, 2006, pp. 162-181).

What was also interesting to note about Mohagheghzadeh et al (2006) is they classified smudging under a social and ambient setting, however it showed that smudging is beneficial to purifying and cleansing the air in confined spaces, which is very similar

what is done in traditional lodges or smudge rooms. This study was intended to be incorporated into western healing methods, because “the advantages of smoke-based remedies are rapid delivery to the brain, more efficient absorption by the body and lower costs of production” (Mohagheghzadeh et al, 2006, p. 161). The highlight of this article was using natural medicinal plants to access the medicinal properties in the smoke form. In 2007, Nautiyala, Chauhana, and Nene conducted a study on smoke therapy to “validate” traditional knowledge. This study proved that

... 1 h treatment of medicinal smoke emanated by burning wood and a mixture of odoriferous and medicinal herbs... on aerial bacterial population caused over 94% reduction of bacterial counts by 60 min and the ability of the smoke to purify or disinfect the air and to make the environment cleaner was maintained up to 24 h in the closed room (Nautiyala et al, 2007, p. 446).

Although, the smudging ceremony that takes place a lit smudge could stay lit for an hour or longer depending on the type of smudging it is being used for such as cleansing, purifying, or healing. These ceremonies could take place in various sharing/healing circles, when a death occurred in a certain location, or accompanied by other ceremonies. This scientific study was conducted because there is little research done on the medicinal smoke and its effects. Although Mohagheghzadeh et al (2006) and Nautiyala et al (2007) proved how smoke cleansing eliminates airborne bacteria, their research approach removed the spiritual component behind the smudging (smoke) ceremony, but it still demonstrated that smoke cleansing has purifying qualities that science still has to uncover.

The smudging ceremony is not a primitive ceremony. It would appear that the ceremony is simplistic, but this is not the case. Smudging is complex as it is used in diverse ways for a variety of purposes. For example, smudging could be used at the beginning of the day to ensure a positive mindset. It is also believed by the Indigenous Nations that participate in the smudging ritual that this ceremony protects you and shields negativity. Think of it as a force field, a person who smudges before starting their work day are less likely to absorb negativity within a toxic environment. When there is tension between two people, for example two co-workers or even family members, sometimes another party will light a smudge to “clear the air” not only for themselves but also to lighten the space that is occupied. Another example is social services, for example the law and justice field and child protection services; these government groups utilize talking circles, which are used between families to mediate conflict. To ensure that the talking circles are productive and there is healing dialogue, a smudge ceremony opens and closes the sacred circles. Before events, meetings, or a gathering commences, a smudge ceremony is conducted for a meaningful outcome. When an individual encounters hardship, chronic illness, or a death within the family the smudging ceremony is used for the individual to feel surrounded and comforted by their ancestors, to ease the pain, and heal their spirit. The belief behind the smudging ceremony is to light the medicines so that smoke shifts through various physical realities to connect to the spiritual realm (Atwood, 1991; Knudston and Suzuki, 1992; Cajete, 2000; Nabigon, 2006; Alexander 2009). Benton-Banai reinforces this through, “the smoke of this Sweetgrass will keep evil away... keep you safe on your travels... carry your thoughts to spirit world... the smoke of this plant can be used to purify your body and keep you in good

health” (1988, pp. 24-25). The stories from Benton-Banai along with others explain why smudging occurs and why smudging is used to amplify our prayers, to protect us, and lift us when we are down. When discussing this research with my friends they gave me insight on their healing journeys.

In conversations with my close friends, they expressed that when they encounter stress they turn to the smudging ceremony, “I smudge when I need strength for something... when I’m overwhelmed, when I’m scared, when I feel heavy and weighed down” and another states that it is “to help settle my inner spirits...the scent of the sage and other medicines travel inside my body and soothe my emotions and cleanse the bad energy outside my body” and lastly “it really helps centre all four parts of myself to give myself that opportunity to get reconnected and remind myself to care for my spirit”. All of my friends conveyed similar views: how it is important to take time for themselves; care for their spirit; and to gain new perspectives on particular situations.

The non-Indigenous perspective on smudging is the detachment of the teachings. In the literature, the non-Indigenous uses of smudging portray a New Age healing. Authors such as Ronngren (2003), McCampbell (2003), Eason (2006), Linn (2007), Alexander (2009), Lembo (2011), Todd (2013), and Dontella (2015) provide “how-to” instructions on the smudging ceremony. I want to highlight that McCampbell in particular is Indigenous to Hoopa Valley Indian Reservation in northern California (McCampbell, 2003). She introduces herself from this area and the teachings she received from her grandmother. Although this may not be from a Anishinaabe perspective it rings very close to why smudge and she also provides information to reclaim healing traditions. I found her book to be “authentic” and I could relate to her teachings.

In addition, there are a variety of smudging kits that include sage, feathers, abalone shells, and a box or a container to store them in. Also, these kits could be purchased on Amazon, eBay, and Etsy online websites. One company, the Urban Outfitters retail store was selling these cleansing kits for \$39.99 (Paradis, 2015). In comparison, in the traditional smudging ceremony there are teachings on the four commonly used medicines: sage, cedar, tobacco, and sweetgrass. Benton-Banai (1988) provides an account of the origin stories of the plant medicines and how it is one of the major tools we use to connect to the Spirit World. In the teachings I have received, many Indigenous Knowledge Keepers will explain and teach to the Indigenous youth the benefits on the use of smudging. For example, the medicines and smudging and tobacco are used as the *911 to the Creator* when we are in need of guidance; also, it could be used to send prayers to those who are going through difficult and trying times. The medicines are the medium used to send our prayers to the Creator. The smoke is the doorway of accessing the spiritual realm. The information received about medicines, smudging ceremony, and other cultural uses primarily come from the Knowledge Keepers to ensure proper use of the medicines. My conversation with my Elders on the smudging ceremony explores this teaching further:

So smudging all the way through, in all stages of life, from pregnancy to death. We celebrate all aspects of life and before any ceremony begins we smudge. For example celebrations occur when a woman is pregnant, to the baby's first steps, to the rites of passage, marriage, and celebrating the life of the person who has passed. Always use the proper protocol in offering tobacco. Always explain yourself why you are there. Tobacco down, and smudge everyday and speak to Creator everyday, as we forget the little things

when we get caught up in everyday life. We underestimate the small things such as the power of prayer and living a positive way of life. The gift is to continue that and a lot of people forget that. A long time ago, we were all in balance with our teachings, we since lost our teachings. Take for example the giveaway ceremony there are certain protocols that need to be followed. Within this ceremony healing takes place either the personal, family, and community levels. Giving is the key and being open to receiving. There are many different ceremonies and each requires a different lodge. There are many teachings involved and each are culturally strong and they have their own way of doing things, there's no such thing as the wrong way.

Smudging Techniques

Often the smudging ceremony is referred to as a pre-ceremonial to other traditional ceremonies to purify the mind, energy, and space to produce a good outcome but it could also be used on its own for a simple energy cleanse. Many of the medicines received are usually given in a trade, and not store bought. We often pick our own medicines because we are creating a relationship between the plant and the receiver. We are asking Mother Earth and the plant for its healing properties. This is to preserve the good intentions behind the use of the medicines. However, there are instances when an individual must buy from a store in instances when the medicines may not grow in the area, they live in an urban setting, or a disability may prevent them from going outdoors etc.

The purpose of the smudging ceremony is to cleanse, purify, bless, revitalize, honour, calm, or provide grounding for the mind, body, spirit, space, and place. Sometimes feathers and abalone shells are used to accompany this sacred ritual, see

Figure 3. There is no right or wrong way to smudge, but rather a teaching that is passed down to you by your Knowledge Keeper. Each First Nation will use a variety of medicines, but the concept behind the smudging are similar and that is to ground a person, dispel negativity, taking our prayers to the Creator, and attracting positivity to the mind, body, spirit or space that one is currently in.

The smudging ceremony is simple but multifaceted. The best teaching I received is described below.

An Anishinaabe Elder provides the analogy of how smudging cleanses spiritual energies with nature. She describes that when a person is hiking through thick bush they may be unaware of the burrs that may latch onto their clothing; the metaphor of the burrs is to represent negative energies, latching onto someone's spirit in our everyday path of life. We don't realize we picked up these 'hitchhikers' and so by smudging ourselves it is similar to picking off the burrs that latched onto our clothing. We are cleansing the energies we may have come across and latched onto us.

Traditional Medicines

"The ancient cultures are known for their systematic collection of information on herbs and their rich and well-defined herbal pharmacopoeias" (Nautiyala, Chauhana, & Nene, 2007, p. 448).

In consultation with my Knowledge Keepers, I was advised that I should not write too much about the spiritual aspect of medicines because I would take away the sacredness. I will highlight the four commonly used medicines – tobacco, sweetgrass, sage, and cedar – used for smudging ceremonies among the Anishinaabek. I refrain from using the term "the four sacred" medicines because it was pointed out by several Elders

that all medicines are sacred. One medicine is not more sacred than the other. It is important to note that, "...not all plants can be used for smudging. It seems that the Great Spirit placed only some plants on Mother Earth for purification process" (Cowan, 2006, p.124). The information I gathered on these medicines were from my own teachings growing up in Wikwemikong; Elders sharing their knowledge on these medicines in a public forum such as conferences, meetings, and sharing circles; and online resources such as YouTube, Twitter, and Facebook that is shared by our Elders and Knowledge Keepers.

Some authors choose to focus on some aspects of ceremonies, smudging or just the medicinal properties of the plants. A caveat to this section is there are variations on the origin stories of these medicines; it is best to seek information from your Knowledge Keeper. However, I wanted to highlight the benefits of smudging and why we do it.

Figure 3

Picture of traditional medicines.



Note. These are the four commonly used medicines. From left to right is a picture is of cedar leaves, two sweetgrass braids, natural tobacco in the first bowl, and white buffalo sage in the bowl on the right. Source: Author.

Semaanh (Tobacco)

The use of tobacco is one of the most widely researched topics and it is considered one of the sacred medicines used by Indigenous People. It is stated “tobacco has a special relationship to other plants: it is said to be the main activator of the plant spirits” (Anishnawbe Health Toronto, 2000, para. 7). Johnston explains, “of all the plants none was more suitable than was tobacco for inducing peace or transporting man’s [sic] thoughts and prayers to Kitche Manitou” (1976, p. 42-43). The symbolic notion of the thoughts and prayers are represented within the smoke (Benton-Banai, 1988). Lastly, tobacco is often given in a reciprocal nature such as an offering to Elders, the picking of medicines and food, and a sign of respect. Tobacco is the representation of reciprocity. Something has to be offered in order to receive.

Wiingashk (Sweetgrass)

The sweetgrass, like tobacco, is one of the earliest gifts to the Anishinaabek. Sweetgrass has its own origin stories and is often referred to as the hair of Mother Earth. The teachings behind this plant are multidimensional; when sweetgrass is braided like hair, you understand that as people we are combining mind, body, and spirit. The sweetgrass is often referred to as a feminine energy because of its softness of the plant. A single stem will grow three strands that also is the symbolic representation of harmony, wisdom, and understanding. It also reminds the user when burning the plant that the three

strands represent gentleness, love, and kindness (Anishnawbe Health Toronto, 2000, para. 19). When you burn sweetgrass, it gives a pleasant aromatic scent, reminding us of our interconnectedness with Mother Earth. The Anishinaabek use sweetgrass for crafts, medicinally, and as perfume (Densmore, 1974).

Giizhkenh (Cedar)

The literature on cedar is predominately on the Northwest Coast Indigenous Nations. It is one of their essential cultural uses for crafts, clothing and weaponry in the past, and medicines. The Anishinaabek use cedar similarly, but medicinally it was used as a tea, for baths, and smudging. It was also used in fasting and for protection in sweat lodges (Anishnawbe Health Toronto, 2000, para. 18). When the leaves of cedar are thrown into a fire, the crackling of the cedar is to call the spirits to deliver them to the Gzhimindoo. Gzhimindoo refers to the Creator, the Great Mystery, or among Anishinaabek Christians it is used to reference God (Benton-Banai, 1988). An Elder shared her teachings about the cedar and this is the condensed version:

The thunderbird is a sacred being. The lightening of the thunder struck the cedar trees and blessed it with the gift for the Anishinaabe to communicate with the spirits. This is why when you throw the cedar in the fire it crackles. The crackles replicate the sound of the tree getting hit with thunder. When we smudge, we call on the spirits to help protect us and hear our prayers.

Mashkodewashk (Sage)

Sage is one of the most commonly used medicines for smudging by Indigenous and non-Indigenous People in North America. There is an abundance of information on this plant, which includes various cleansing and purification techniques. Sage is used before ceremonies “because it is more medicinal and stronger than sweetgrass, it tends to be used more often in ceremonies” (Anishnawbe Health Toronto, 2000, para. 11). From the teachings I have received, I have been told that amongst the Anishinaabek, sage is an *all-purpose* cleanser. It is highly recommended for women to use this medicine especially on their most powerful time – their moon time (women’s menstruating time). It is a teaching given to women that they are closest with their grandmothers.

My First Exposure to Smudging Within an Institution

I want to share my first exposure to a medicine lodge within a health care facility. In Wikwemikong, the Nahndahweh Tchgegamig Wikwemikong Health Centre, which dates back to 1988, is one of the earliest health care facilities to have traditional healing and western health care within the same building. I am privileged to have had throughout my life both types of healing practices offered to me. The Manitoulin Health Centre (Little Current Hospital, on Manitoulin Island) also allowed smudging. The hospital is surrounded by four First Nations reserves and it was not uncommon for smudging to take place at these facilities.

In Northeastern Ontario, many institutions have incorporated the smudging ceremony in varying degrees. Some have made accommodations by having sacred ceremonial spaces. For instance, education institutions like Laurentian University have a

room that provides ceremonial space (Laurentian University, 2011). Lakehead University in Thunder Bay currently has a policy in place where it permits on-campus smudging (Lakehead University, 2013). On the other hand, Nipissing University in North Bay does not have a smudging policy approved by the Nipissing University Aboriginal Council (Nipissing University, 2015). In my own observation at Cambrian (Sudbury) and Canadore College (North Bay), there are designated spaces where the smudging ceremony is supported. Some Southern Ontario establishments recognize the need to provide space for smudging such as the Hilton Hotel in Toronto. Although the Hilton does not have a policy in place, signs are located throughout the floor where the smudging ceremony is permitted. Since Canada's Aboriginal People are migrating to urban centres there is a need to accommodate the healing traditions because "in cities, Aboriginal people from different cultural traditions live side by side with Euro-Canadians and residents from other parts of the world" (Waldram, Herring, & Young, 2012, p. 247). Indigenous migration to urban centres has been occurring, which feeds the need for urban institutions to create and adopt policies that acknowledges the diversity and acceptance of Indigenous ceremonies. Many Canadian cities attract Indigenous people for several reasons such as access health, education, employment, and to escape living conditions on First Nations (Travato, Abada, & Price, 2011). This is why it is important for policies to include ceremonies since Indigenous People are the first to live on the land, but they also use the same non-Indigenous services.

Health Care Practices

In this section, I will highlight a few limitations to the smudging ceremony that occur within health care institutions. Waldram et al, (2006) discuss the re-emergence of Indigenous healing within health care facilities, but they also identify that “the simple act of the sweet grass ceremony tended to violate hospital regulations” (p. 238). From smoke, medical devices, Elders, and policies, many health care facilities have made accommodations and compromises to implement rooms for ceremonies (Waldram et al, 2012). The Truth and Reconciliation of Canada (TRC) has made their own recommendations for the purposes of reconciliation and rebuilding the Indigenous Nations. As previously stated, the TRC reported on the loss of Indigenous culture and traditions that were stripped away since contact and the devastating impact of residential schools. Conversely, the TRC has made recommendations that address health care issues and it states:

We call upon those who can effect change within the Canadian health-care system to recognize the value of Aboriginal healing practices and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients (Truth and Reconciliation Commission of Canada, 2015, p. 3).

Indigenous communities recognize that Western and Indigenous ways of healing complement one another (Waldram et al, 2012). Through an Indigenous perspective they recognize that no belief, service, or system is more dominant than the other. Indigenous healers discuss medical treatments with their patients and promote both types of healing

(Bassett, 2012). Since medicines and healing treatments affect everyone differently, the healers will encourage patients to take both healing methods (Bassett, 2012). In the past I sat with a cancer patient and she was discussing her treatment. We discussed our traditional healing methods and the Elders state that if one treatment is working better then they should continue doing that treatment. This is why if a patient is participating in any ceremony, they make the Elder or traditional Knowledge Keeper aware of their ailments so that they can be more accommodating for that patient. When having ceremonies within hospitals, the Elder, Knowledge Keeper, or lodge keeper will adjust the healing ceremony that best suits the patient.

Moreover, the issues listed above raised my own question: Do Indigenous ceremonies have a place within western health care institutions? In my own observations, many families will participate in ceremonies in time of need especially when an illness has fallen onto a loved one. The diverging methods of treatment often create tension between the practitioners and the treatment of illnesses. For example, we saw this publicly with Makayla Sault (child cancer patient) who opted for traditional ways of healing over chemotherapy. Makayla refused chemotherapy treatment for acute lymphoblastic leukemia and wanted traditional healing (Frketich, 2014). In this case, the doctors were questioning traditional healing effectiveness of Indigenous ceremonies. However, the courts ruled that it was not a question of efficacy but rather the patients should have the option to utilize traditional healing as per their Indigenous Rights because if they ruled against traditional healing there would not be reconciliation and undermine Indigenous cultures (Frketich, 2014). Waldram et al, (2012) also discuss that a “patient may be consulting within two different medical systems, without the knowledge

of either, may empower the patient, but may also lead to contradictions in treatment and possible medical complications” (p. 247). Western health care practitioners scrutinized Sault’s right to her Indigenous method of healing. Though this is a sensitive issue, this patient along with her parents who were one of the first of few outspoken about utilizing Indigenous healing methods. It is important to note that Mikayla was using several healing methods and it would seem that there are limitations of traditional healing but there are limitations to Western health practices, not all patients with cancer survive using chemotherapy.

Institutional Accommodations of Smudging

Historically, institutions did not hold policies supporting the smudging ceremony (Paper, 2007). Before the arrival of settlers, Anishinaabek had their own medical and healing traditions to regulate health issues (Densmore, 1970). Between 1900 -1930’s hospitals were developing throughout the country to address the old ailments along with the new strains of viruses and bacteria that began to plague the Indigenous populations (Waldram, Herring, & Young, 2006). I have addressed in previous sections how the Indigenous ways of healing were undermined and Indigenous patients were forced to seek health care through church-run medical care services. One Elder shares

A long time ago, we didn’t have clinics or hospitals. We would have our own medicines bundles. We knew which medicines to use when we were sick, toothaches, sore throats, wounds, and things like that. Sickness would indicate something in our lives were off balance on a personal or community level. Our bodies reacted to our stress, anger, and sadness and we would become susceptible to various illnesses. It was finding the true

source of that ailment and the right medicines to treat it. If we still could not find the source, we would seek out medicine people that could assist in finding the problem.

To further illustrate this point, I was sitting in the doctor's office shortly after the birth of my son. There was an H1N1 virus outbreak in 2009. I was pressured by the doctor to take the vaccination but I kept refusing to take it. I told her I would seek out traditional medicines first then I went for a visit to my traditional healer where I was given a traditional medicine prescription of various medicines and instructed to consume these medicines in a tea. It was important to breastfeed so the antibodies could be passed down to my baby. I followed my traditional healer's recommendations. A few years later I was in a teaching circle and one medicine keeper spoke about how she attended a ceremony when the ancestors came to them to prepare for this upcoming outbreak. They were instructed to gather special medicines and share with those seeking it out. These traditional healers and medicine keepers did not have time to research healing methods to address of foreign strains, they often receive messages in dreams or ceremonies. These are our traditional healing methods before the arrival of settlers. We trust that our ancestors would guide us in addressing foreign strains, community ailments, and individual concerns on health. The concept of heading to a sterile institution was a foreign idea when we would reach out to our neighbor for medicines.

Institutional Context: Limitations

There are many barriers that surround the smudging ceremony. These policies that are in place tend to be restrictive. For example, if someone is living in an apartment building they may not be allowed to perform the smudging ceremony in their home. Some locations do not want smudging to occur on the property because it is a fire hazard

and it may set off the fire alarms. In other areas, the smudging ceremony may need to take place outside, if this is the case, there may be lit cigarettes outdoors (smoking) by-laws that may prevent the ceremony. For instance, the City of Sudbury enforces a no smoking by-law around entrances and exits and a person with a lit cigarette must be 9 meters away from the doors when smoking outside (City of Greater Sudbury, 2002). The smudge ceremony emanates smoke and would “violate” the no smoking by-law and could further be conceived as smoke from a lit cigarette, fire, or someone smoking marijuana.

The purpose of the smoke is to create an aura around the individual, but if there is no shelter during a winter storm or rainfall, then the smoke dissipates too quickly and the purpose of a smudge ceremony is less effective. Another concern is that to the uninformed, the scent of the smudging ceremony may be associated with the smell of marijuana. In my own experience, those that are unfamiliar with the scent will not mistake it for marijuana. In addition, I conducted a Google search to see if this was a common experience with my experience: the following phrases were used “smudge ceremony smells like...pot, weed, and marijuana” and “Sage smells like... weed.” There were a number of websites published by non-Indigenous and Indigenous People that had stated sage is the plant that is associated with the marijuana scent. Thirdly, there are individuals that have allergies to the medicines and smoke. Lastly, there is no coherent understanding of the ceremony, creating the tension on the Indigenous right to ceremony. For example, the province of British Columbia brought an Elder to conduct the smudging ceremony and offered the students to participate and expose them to Indigenous culture within one school (CBC British Columbia, 2016). However, the mother of two students

that attended the school filed a complaint for several reasons, one for the lack of understanding of the Indigenous ceremony. On the radio station CKNW (British Columbia) discussed on banning all religious practices, again it takes it a step backwards to Residential Schools (CKNW News, 2016). This would put pressure on that provincial government especially with the Truth and Reconciliation calls to action. Further, the individuals who are unfamiliar with the smudging ceremony have filed complaints within institutions because they were not exposed and unfamiliar to Indigenous traditions.

To my knowledge, there appears to be scant academic research conducted in this area to help further develop the cultural and traditional significance of the smudging ceremony. My research will examine the integration of policies within health care facilities, which allow for smudging and to examine the impact of smudging ceremonies within the health care facility.

CHAPTER 3

Methodology

In this section I explain the Indigenous research paradigm framework that forms the basis of my research methodology. An Indigenous research paradigm follows the Western research methods but infuses traditional knowledge through an Indigenous lens. It is a way to open up knowledge systems and give a voice to Indigenous People and their matters, such as ceremony (Smith, 2008). Since there is a dichotomy of knowledge systems between Western and Indigenous ways of knowing, the institutional ethnography (social research) complements both of these methods and the “use of experience as data in this approach holds the analysis accountable to everyday/everynight actualities in a lived world” (Campbell, 1998, p. 55). Also, it reinforces the relational aspect of Indigenous research because it permits the storytelling characteristic as qualitative data. This structure was selected to depict the social and systemic realities that Indigenous People face (Chilisa 2012). The Aboriginal Cultural Safety Initiative model was incorporated into the methodology because it discusses the cultural awareness, safety, sensitivity, and competence. This model reflects the decolonization approach. The Anishnawbe Health Toronto used this model to demonstrate the improved Aboriginal health outcomes by following the four themes. Similarly, my research supports that model, but it used to improve cultural and spiritual access within health care facilities. In addition, I will discuss the relevancy of how institutional ethnography takes situations of everyday experience, professional practice, policies and emphasizes the connection of each of the site’s reality and how it is a decolonizing method through the Anishnawbe

Health model. This way it combines the theory and the method that occurs within social organizations (D. Smith, 2006).

Decolonizing Methodology

When conducting research for this thesis the focus was on the *decolonization* process. Decolonizing is to consciously liberate the “captive mind” from colonizing ideologies that oppress marginalized people; not only is it to recognize the injustice, but to empower the worldview, knowledge, and languages of Indigenous People (Wilson, 2009; Chilisa, 2012; Smith 2012). When there is a history of oppression, decolonization will combat “imperialism and colonization at multiple levels” (Smith, 2012, p. 21). It is important to recover and tell the history from the Indigenous point of view to transform our lives and reclaim our traditional and cultural ways, languages and identities (Chilisa, 2012; Wilson & Yellow Bird, 2014) and this occurs as,

Decolonization is the intelligent, calculated, and active resistance to the forces of colonialism that perpetuate the subjugation and/or exploitation of our minds, bodies, and lands, and it is engaged for the ultimate purpose of overturning the colonial structure and realizing Indigenous liberation (Wilson & Yellow Bird, 2014, p. 2).

The decolonization process occurs when Indigenous People empower their Nations and resist further colonialism by rediscovering their ancestral, cultural and traditional Ways of Living (Alfred 2009; Geniusz, 2009; Wilson & Yellow Bird, 2014). The decolonizing approach uses the same institutions (Western education systems) that were built to oppress Indigenous Peoples and uses the mechanisms (thesis) within the systems as opportunities of redress and “the challenge for today is not how to restore ancient

societies, but how to regenerate our culture and revitalize our People as warriors” (Alfred, 2005, p. 85). The process in which decolonization takes place in Indigenous Peoples relied upon the complex interconnectedness and interdependent ways of knowing and recognizes their place within the web of life:

As more and more Aboriginal Peoples look to their traditions and to their knowledge for the strength and courage to meet the demands of contemporary society, the process of cultural revitalization will be recorded in our oral traditions and will become part of our Indigenous knowledge, just as our experiences with the process of colonization, assimilation, and colonialism is part of our body of knowledge (Simpson, 2001 p. 143).

Many Indigenous scholars, researchers, and policy makers are advocating for indigenizing institutions through policies.

Aboriginal Cultural Safety Initiative

In my research I found this model called the “Aboriginal Cultural Safety Initiative” produced by the Anishnawbe Health Toronto. The purpose of this model was to ensure that there are improved health outcomes through cultural safety perspective for First Nation, Metis, and Inuit People. This model was to provide an understanding of the connection between the “...historical and current government practices and policies... and the related impacts on their social determinants of health, access to health services and intergenerational health outcomes” (Anishinawbe Health Toronto, 2011, p. 7).

Further, to illustrate how this model is utilized, the Anishinawbe Health Toronto selected the medicine wheel, as it represents wholistic health and it is sectioned off into four

quadrants: mental, emotional, physical, and spiritual. Although there are many teachings on the medicine wheel, I will explain how and why I selected this model as a part of my methodology.

The Anishinawbe Health Toronto used the medicine wheel as a guide to section off four interrelated themes: cultural awareness, cultural sensitivity, cultural competence and cultural safety. Each of these themes presents the information on the cultural safety initiative. Each theme discusses the historical and current context on why First Nation, Metis, and Inuit health is impacted by colonial policies, and how health practitioners could transform the quality of care by understanding each of the information in the cultural safety initiative. These themes made sense to incorporate within this research. The format of the Anishinawbe health model provides the same issues historical and current context of the smudging ceremony in health care facilities.

Each theme provided the definition and how historically it impacted First Nations, Metis, and Inuit People and how current policies need to be changed in order for Indigenous People to have better health outcomes. This is the same for the smudging ceremony. As previously mentioned, ceremonies were suppressed and the smudging ceremony has emerged in health care facilities relates to these four themes. However, in my model, I included cultural continuity because Anishinaabe People are trying to ensure their inherent right to ceremony is upheld no matter where they reside and choose to have ceremony. I tweaked this model to present the information in overarching themes with subthemes.

Institutional Ethnography

The method I used is institutional ethnography (I.E) Smith (2006) states institutional ethnography shows us a place to start in the everyday as people experience it and way to go in exploring the relevant dimensions of the institutions, which include the institutional discourse (p. 8). Before each of the interviews were conducted I visited each site for observational research. Observing the dynamics of how the staff interacted with the medicines and with another was also very important aspect to I.E. is considered a decolonization approach as it examines institutional power relations; the approach analyzes how policies are established; and the social interactions that take place within institutions (D. Smith, 2006). Decolonization is defined as rejecting “...colonial authority and (re)establish freedom, recognized self-determining governing systems, and self-determined existence on their territories” (Cannon and Sunseri, 2011, p.276). I chose this theory because of the relevancy on how IE takes situations of everyday experience, professional practice, and policies and emphasizes the connection of the site’s reality. I.E. uses the individual standpoint and as a First Nations individual conducting research we have to be connected to what we are exploring. When discussing this approach with Dr. M. Hankard (2016), he explains the importance of situating myself in the beginning of the thesis.

Also, it is one of many examples how the Indigenous ways of knowing and I.E. complement each other. By utilizing the storytelling approach I am able to use this as a starting point in my research. For example, Hankard (2016) explains this approach as ball of string being unravelled and following the path. This way it combines the theory and the method that occurs within social organizations (Smith, 2006). Initially, Smith used this

theory to examine feminist theories. However, it could be applied to various topics, such as health care and Indigenous ceremonies. Institutional ethnography is sensitive to discursive elements when dealing with political contexts of research. For example, Campbell & Gregors (2002) explain the approach that the person using the IE must “see herself as a knower located in the everyday world and finding meaning there, in contrast to reliance on library research and the application of theories — what we would see as remaining “in the discourse”. This is a relevant approach to decolonization because I have situated myself within the research instead of having that disconnect. I am able to relate and see the power relations and structures that affect Indigenous People when utilizing the Medicine Lodge rooms.

Within this research methodology I examine the documents of current smudging policies and one-on-one interviews. The purpose was to understand how smudging policies affect the people who utilize the smudging ceremony within health care facilities. This method will also explore the relationships between the institution and the reality of Indigenous Peoples. The praxis of institutional ethnography is to set respectful parameters for discussion that will support cultural and traditional protocols, values, and behaviours within urban health care facilities.

The decolonization approach will reflect my Anishinaabe epistemology for research as a principle to “reclaim Anishinaabe gikendaasowin (knowledge)” (Geniusz, 2009, p. 10). By reflecting my own experience, I am identifying how colonization has impacted my view and implementing my traditional teachings into my research. The trajectory of decolonization through Anishinaabe epistemology will be utilized through the *biskaabiiyang* approach. Simpson describes *biskaabiiyang* as a collective effort by

supporting and working together in the process “...to stitch our cultures and life-ways back together... both an individual and collective process that we must continually replicate” (2011, p. 51). In my research model I use the sweat lodge ceremony as a metaphor to reaffirm the importance of ceremony. The *Smudge Ceremony* and *Sweat lodge Ceremony* are both spiritual aspects that will be used as a building block to discuss research findings.

Sweat Lodge Research Metaphor

In this section I will describe the approach and methods of the study. In the Biskaabiiyaang research approach I replicated the Sweat lodge research methodology similar to that of Kovach, Carriere, Montgomery, Barrett, & Gilles (2015) and Michell (2012). This is to demonstrate the research visions, planning, implementation, final report, and dissemination (Michell, 2012, p. 2). I use the sweat lodge ceremony metaphorically in search of knowledge, as one would when participating in the ceremony. The purpose of ceremonies is to, “...connect us to a particular tradition or community, they connect us to the earth and to our true natural existences as human beings” (Alfred, 2005, p. 250). In turn this illustrates how this particular ceremony will provide cultural revitalization, respectful research process, and symbolism as a way of indigenizing research methods. Cultural revitalization is the movement to restore Indigenous traditions and culture through education or policy (Cannon and Sunseri, 2011).

1) Gathering materials, selecting sacred site, and the conductor

The building of the sweat lodge is to select the topic, assess literature reviews, selecting the thesis supervisor, committee, and Elders.

My thesis supervisor (Shkaabewis) provided the guidance to conduct the research to substantiate Indigenous cultural and traditional ways. Those within the lodge are represented as the research committee as they guided the researcher to stay on task when employing the research methods and tools and when I interacted with the interviewees from all participating health care facilities. The Elders assisted me as an urban advisory committee who provided feedback on the results. While the province of Ontario has many diverse Indigenous nations within its borders, I have chosen to focus my research within the traditional territory of Atikameksheng Anishinawbek. Although there are many Anishinaabek First Nations that reside within the specific urban areas where my research was conducted, I was respectful of any differences in the teachings of the use of the smudging ceremony. Also, the medicine lodge rooms are open for those individuals that may want to perform other ceremonies. It is not exclusive to the smudging ceremony.

2) Constructing the frame, applying materials for the dome, and medicines

The building of the Sweat lodge will represent the research process: Participant recruitment, data collection techniques and sampling techniques.

The research was a qualitative study. Smudging policies were provided by the institution administrators. I recruited through a *snowball* method and had interviews with medicine lodge keepers, chaplains, health care administrators, and Elders. This process entailed recruitment letters, which indicated that participation in this research was

voluntary. As I recorded the interviews, I provided the transcripts of interviews and narratives and returned them to the participants. *See Appendix A.*

Participant Recruitment

Key informants assisted in accessing interviews within their facility. Most of the smudging policies were found online. The initial interviews started with those working directly with the clients of their health care facility such as Traditional Knowledge Keepers and Chaplains. They in turn directed me toward another person as per the *snowball* interviewing for data collection. I interviewed 2-3 key informants from each health care facility. No informant was identified throughout the research process, and to protect individuals, acronyms are used to ensure the anonymity of the research participants.

Table 1

Participant summary table

Health Care Facility	Gender Male/Female	Indigenous
Health Sciences North	Male	Non-Indigenous
	Male	Non-Indigenous
	Female	Non-Indigenous
	Female	Indigenous
West Parry Sound	Male	Non-Indigenous
	Male	Non-Indigenous
Shkagamik-Kwe	Female	Indigenous
	Male	Indigenous
	Male	Indigenous
	Female	Indigenous

Table 1 is a summary of interviewees at each health care facility, gender, and Indigenous identity. The purpose of identifying their background is to illustrate that I did not seek out only Indigenous interviewees. I wanted to try to have a balance of my

participants. Out of all the health care facilities, the five Indigenous interviewees participated in the smudging ceremony on a regular basis. The other four were non-Indigenous and had little to no exposure to the ceremony. In the interview process, tobacco was given except for three interviews because the participants did not know what it was for and what to do with it and we had a short discussion about it. For example, before starting the interview I explained the tobacco and they were not sure what to do with the tobacco tie so I explained that they did not have to accept it. In lieu of the tobacco tied, I offered a beverage of their choice but they declined. Each interview began with an offering of tobacco or beverage, followed by reviewing and explaining informed consent. My interviews were one-on-one and had open-ended questions.

Data collection

I requested participation from Timmins, North Bay, Sudbury, and Parry Sound. The participating areas included Sudbury and Parry Sound. The documents that pertain to the smudging policies are from the Shkagamik-Kwe Health Centre and Sudbury and Parry Sound hospitals. I have completed a comparative analysis on the health care facilities. At the start of the interviews, it is customary to have an offering for the participants. Depending on the participant, tobacco and/or tea/coffee was offered before the interview process. After the interviews, thank-you cards and a small token was gifted to the participants for taking part in my study. I have kept all information confidential. The interviews varied in length, my shortest interview was 20 minutes and my longest was 60 minutes. They were all conducted in the offices of the participants as I asked them where they wanted to conduct the interview. I had a list of questions that I asked and provided the participant the questions before hand.

Sampling Techniques

I only interviewed those that do not administer medical care to patients. This was to assist in navigating the policies and understanding the issues surrounding the smudging ceremony. The secondary approach was to draw out the barriers that Indigenous People encountered when utilizing the smudging ceremony as perceived by the actual Indigenous patients in the hospital.

3) The Ceremony

Within the Sweat lodge participants are instructed to maintain confidentiality. This is where we are taught confidentiality, informed consent, and counseling takes place.

Confidentiality

The healing that takes place within the sweat lodge is sacred. When in ceremony, I held the highest regard to ensure that there is an ethical framework in place that protects the participants. The participants selected their location to conduct the interview to ensure that they were comfortable.

Informed Consent

Each participant involved was given a consent form. I explained the nature of the research, confidentiality, and that the participant could withdraw their information at any time.

Counseling and additional information

The information collected was returned to the participant to ensure proper context before using it in the research. This also gave the participant control of the information that is

being used. There was minimal risk of the information that was collected as the participants were not exposed to emotional harm. This process identified key issues and questions from the emerging themes, and explored any existing dichotomies and how the ceremonial space was utilized.

4) Provision of debriefing

This is the “check-in” that occurs after each ceremonial round embedded within the Sweat lodge ceremony.

Data Analysis

When we are sharing stories with people, there are moments when their story takes you to a place – where you go – aha! A place of personal revelations and reciprocity; where you can give back your own story. I reflected upon the stories that were emerging from that space of revelation and I tied together the stories with my own personal insights and reflections. From there, I gathered emerging themes.

Thematic analysis

I will be modifying the Anishnawbe Health Toronto *Cultural Sensitivity* model to demonstrate how the similar themes correspond within my own research. This model is teach those who have very little cultural understanding on First Nations, Metis, and Inuit People, which hinders Aboriginal People to accessing health care services (Anishnawbe Health Toronto, 2011). Most health care facilities demonstrated that they were working collaboratively with Indigenous communities to increase cultural awareness, cultural safety, cultural competence, cultural sensitivity, and cultural continuity. I found this to be

very similar to measure taken by health care facilities to incorporate the smudging ceremony. I revised the themes to illustrate how the ceremony is reflected in each theme. The information extracted is composed into five interdependent themes, as they are overlapping issues. This cultural framework integrates Indigenous knowledge and healing practices from the Anishinaabek alongside western health care practices.

5) The Feast

The feast represents the celebration of the journey as all participants (researcher, conductor, interviewees) emerge revitalized. This research closed with a feast to honour the research, co-researchers, participants, and contribution to urban indigeneity and ceremonies.

The distance between Sudbury and Parry Sound proved difficult to conduct a feast, however, I have prepared a traditional care package where the chaplain could have conversations about the research, teachings, and knowledge gained. The purpose is to reflect on the information that was gathered within the lodge and in research. In each ceremony we give our thanks and honour the ancestors. The final feast closes with the thesis defence which will conclude the journey.

Dissimination

I prepared a report of the research findings and included a one-page summary. I have hard copies and PDF copies available for each health care facility.

Assumptions

In my experience, I want to acknowledge that discrimination and biases that occur within urban institutions. I spoke with Elders to ensure that the research had a balanced perspective. I wanted to have dialogue on Indigenous healing ceremonies within each mainstream health care facility.

Limitations

One of the limitations I experienced is the accessibility to reliable key informants due to the lack of close proximity to Parry Sound. The limitation of institutional ethnography is within the interviews itself, that the information extracted could be interpreted in numerous ways. Institutional ethnography is also limited to an analysis of the institution, though my research had incorporated a question on history and how the implementation of a policy affects the Indigenous populations.

I would have liked to include Timmins, North Bay, Manitoulin Island, and Sault Ste. Marie, and Thunder Bay health care facilities. These areas have a high Anishinaabe population and represent the Northern region that could also give a greater view of policies, rooms, and the utilization of these medicine lodge rooms. In addition, it was a bit difficult finding Indigenous hospital employees to participate in the study.

CHAPTER 4

Analysis, Findings and Discussion

In this section I will discuss the analysis the data, provide a description of the findings through a thematic headings, and present a discussion on the importance of the evidence of the categories and relationships.

This research method I used was the institutional ethnography and the Anishnawbe Cultural Safety model. Smith (2006) utilizes institutional ethnography, which I use as a decolonization point for research. In chapter 3, I reflect on using Dr. Hankard's analogy of this theory of unraveling a ball of yarn for my research. I found it hard to separate research from storytelling as my form to "validate" my research, especially the ceremonial aspect of it. Beginning the research I followed the Sweat Lodge research protocols and this is where interviews are used as storytelling method to explain the results in depth. After getting ethics approved I went to each facility for my own observations. I spent about twenty minutes at each facility monitoring staff and patients before and after interviews.

The Sweat Lodge ceremony research metaphor was a great opening to discuss with the participants what my research process would look like. During my research I came across the Anishinaabe Cultural Safety Model. When using my experience as the start of the string of the institutional ethnography, I questioned myself wondering if this is a common occurrence accessing ceremonial space within an institution? As I began to unravel the yarn I went to each health care facility on my own before setting up any interviews. Parry Sound volunteers were not quite sure where to direct me when asking where there medicine lodge room was, however they call it a healing lodge. It was not

to balance western ways of knowing. I will start in the east (yellow sphere) and go clockwise and ending with the green sphere.

Cultural Awareness

We begin in the East (yellow sphere) and move in a clock-wise manner. The *Cultural Awareness* not only acknowledges the differences of cultures it also requires the individual or institution to be knowledgeable of the cultural values, beliefs, and perceptions of another individual's culture (Anishnawbe Health Toronto, 2012).

Hospital Policy Review

In urban areas, hospitals offer a wide array of services that target multiple aspects of healing, “Indigenous practices related to health and wellness simultaneously occupied the same space” (Meijer Dees, 2013, p. xxxviii). However, in contemporary times more and more places, especially, “in urban areas with large Native populations, Native health centers offer, both modern science and traditional religion support each other” (Paper, 2007, p. 53). In this section, I will provide examples and gaps smudging policies in hospitals.

Health Sciences North

Health Sciences North (HSN) is a health care facility that serves a wide geographical location in Northeastern Ontario by offering regional access to a variety of programs and services (Health Sciences North, 2016). The City of Greater Sudbury had three local hospitals located in various areas throughout the area: the St. Joseph's hospital, Memorial hospital, and the Laurentian hospital (Ontario Abandoned Places, 2016). These buildings were built in the 1950's and needed updating and the community

amalgamated the three hospitals under one roof (Ontario Abandoned Places, 2016). This is now known as HSN, and it opened its doors in 2010. At Health Sciences North Regional Hospital there is a Medicine Lodge room (Health Sciences North, 2016). The hospital administrators and architects worked with the Indigenous communities and Elders in the construction of this room (Health Sciences North, 2016). This was done through consultations with the “*Aboriginal community members in Sudbury as well as Méti [Peoples]... [and] formed a group[because] they wanted to approach the hospital board with some recommendations that they had. They wanted to have more... cultural safety in the hospital also a space to perform ceremonies*” (Participant Debwewin).

At the time of the beginning of the research, the Medicine Lodge room had an outdated policy and procedures in place that was brought over from the St. Joseph’s Hospital. This old policy that was transferred would dictate the use of the smudging ceremony within a new building, these policies would not necessarily apply. The Health Sciences North built a Medicine Lodge room to “incorporate culturally significant elements required for traditional healing and ceremonies, such as a fire pit and ventilation for smudging... [and it] is designed to be respectful of the traditions and spiritual requirements of the Aboriginal patient population” (Health Sciences North Regional Hospital, 2015). This policy was written in 2007 and it is currently under revision. If a patient wanted to conduct a smudging ceremony, the policy on the smudging ceremony must comply with fire regulations, request permission, and then wait for that request to be assessed for approval. Overall, this is an example of hegemonic institutional relationship with smudging since a patient must request permission and seek approval in order to have

a smudging ceremony. Once the request has been approved, the individual is able to conduct a smudging ceremony.

West Parry Sound Health Centre

The West Parry Sound Health Centre combined two former hospitals into one health facility. They are a middle ground for northern and southern Ontario and it is smaller in population size. The services they provide are aimed at the smaller communities in the region. There are a few First Nations that utilize this hospital over Health Sciences North for specialized services. However, they worked with the surrounding community Elders to build the Healing Room. Outside they planted four cedar trees and plaques beside each tree to commemorate the partnership between the Hospital and the Indigenous communities. This health centre built a room specifically to accommodate the smudging ceremony. This Healing Centre is open 24 hours a day and 7 days a week (West Parry Sound Health Centre, 2015) to those patients who are in need of it. Again, this hospital recognizes the needs and wants of the Indigenous population therefore making it a progressive health care facility. However, to access the room one must contact someone to unlock the doors.

There is a document that shares history of the healing lodge room of the West Parry Sound health care facility: it began in 1988 with a complaint letter written to the Chief of Shawanga First Nation, stating that his First Nation's member was treated inadequately during their visit in the emergency department. The Chief set a meeting with the CEO to review the letter and it became obvious that the staff were not culturally competent to address the needs of the Indigenous patient. In this meeting the CEO asked the Chief about the Indigenous symbols on his jacket. This conversation led to the

explanation of Indigenous values, beliefs, traditions, and culture, which led the CEO to inquire further information. The CEO was enthralled by the knowledge and understanding that he wanted to set up a training session for the employees to have the same capacity. The staff was informed on the various ceremonies and it has become a regular occurrence within the hospital. These teachings have been important to incorporate First Nation's Healing Room within the new Parry Sound Health Centre. The lodge was officially opened on June 21, 2007. Trees were planted outside the hospital to commemorate the collaboration between First Nation communities and the West Parry Sound Hospital (West Parry Sound Health Centre, 2016). This was a significant shift to incorporate a healing lodge within the health care facility because it took one person who did not know much about the culture to have his staff trained for Indigenous cultural training. When First Nations People come to a health care facility there is a general feeling of intimidation of western practices because it is cold and sterile (Richmond & Ross, 2009). Many First Nations People will refrain from attending health care services because of fear of stereotypes and racism. I have sat with friends and families because family members were afraid to attend the hospital by themselves, just like what happened at the West Parry Sound Hospital and even in my own experience.

Timmins and District Hospital

This health care facility is slightly older than the newer hospitals. They united two other hospitals, the St. Mary's General and Porcupine General hospitals in 1996 to form the Timmins and District Hospital. The Indigenous communities that the hospital services are the Ojibway, Oji-Cree, Cree, and Métis populations. There was a demand to have a room for the Indigenous patients for use in their time of healing. They constructed this

room "...in order to provide them the opportunity to participate in healing ceremonies and a place for meditation" (Timmins and District Hospital, 2016).

Shkagamike-Kwe Health Centre

The Shkagamik-Kwe Health Centre was completed in 1998 but had its grand opening on June 14th, 1999 (Shkagamik-Kwe Health Centre, 2016). It has been opened for nearly 20 years and it continues to operate with its mandate to "Services will be offered in a culturally safe way that welcomes, accepts and represents all Aboriginal peoples, utilizing an approach that combines Western and Traditional practices" (Shkagamik-Kwe Health Centre, 2016). The staff, programs, and services at the Shkagamik-Kwe had to open up three other locations to meet the demand of the growing Indigenous community in Sudbury because the main site is becoming too small. These health care facilities are within a walking distance from the main site. I have visited all three locations. It is an Aboriginal Health Access Centre is an Indigenous community led health care facility that blends cultural and traditional healing with western healing methods which is very different from a hospital.

Thunder Bay Regional Health Sciences Centre

As Sudbury is the health hub to Northeastern Ontario, Thunder Bay Regional Health Sciences Centre is the central hub for Northwestern Ontario. This facility combined two hospitals the McKeller General Hospital and Port Arthur General Hospital into one health care facility and it services a large community. The region has a high Indigenous (Ojibway, Oji-Cree, and Cree) population that frequents this location to access medical care. The hospital focuses on providing and working with the Indigenous

communities within their region. This hospital wanted to display the culture in a culturally sensitive way, but also have cultural awareness for staff and patients by providing Indigenous artwork throughout their building. The architecture of the building reflects this Indigenous inclusion. The hospital has identified that Indigenous People will utilize two types of healing practices and they ensure the patients have access to spiritual health (Thunder Bay Regional Health Sciences Foundation, 2015). Although there is no specific ceremonial space for smudging, the smudging ceremony occurs in the multi-faith spiritual centre. The “spiritual care provider” has a scheduled smudging, which occurs regularly on Tuesdays and Thursdays in a ventilated Chapel, on request, or scheduled sessions (Thunder Bay Regional Health Sciences Foundation, 2015).

Thunder Bay was considered for my original study, however they are situated in Northwestern Ontario. It was removed from the study because it would be too large of a study represent Northern Ontario’s major health centres. I wanted to include them in the study because they also have a high Anishinaabe and Cree population that they need to provide health care services to. I have obtained this information when looking at their website, reading the smudging policies online, and how their hospital incorporates Indigenous content throughout the hospital. For example the hospital itself is designed with wood to be inclusive of Indigenous culture; the hospital has a wide range of Indigenous resources and services to better serve the Indigenous populations. This document also explains terminology, ceremonial protocols, and provides a ceremonial flowchart for patients and staff. It also allows for better communication between the patients who want to smudge.

Excluded from the study

Before moving further into the research, it is important to discuss the original study, which included four hospitals and one Indigenous health care facility. The purpose was to see how many Northeastern Ontario health care facilities have implemented smudging policies, what barriers have occurred and remained, as well as what the process of implementing such policies. More specifically, I was interested in how the policies were implemented; and what impacts the smudging ceremonies had within institutions.

The two hospitals that did not participate in the study were Timmins and North Bay. Although I only cover Sudbury and Parry Sound, I added Shkagamik-Kwe health care facility because this organization has ceremony implemented smudging within a small facility without ventilation systems but still meeting the fire code expectations. I do this because this health care facility exceeded my expectations because they do not have a ventilation system and the clinic smells of medicines wafting through the air. Parry Sound health care facility was also responsive and seemed eager to participate. For example, when I called to speak to the Chaplain, he wasn't available at that time, but he returned my phone call that same day and emailed me a copy their smudging policy. Therefore I will illustrate areas the Sudbury/Parry Sound region could implements some areas for improvements.

Timmins

I would like to start off Timmins health care site and why they were considered. In 2009, Timmins and District Regional Hospital included an Aboriginal Healing Room in the structural design (Timmins and District Hospital, 2016). This hospital was selected

because the aim is to support Indigenous patients, families, and communities to meet the needs of the Indigenous population as the room was constructed to correspond to the medicine wheel teachings. I had difficulty trying to reach the Timmins and District Regional Hospital Native Patient Services via e-mail, telephone, and by letter. I called several times, aiming for different times of the day and different weekdays and left messages. When I did not receive any phone calls I went onto the website to send an email to the Native Patient services. I did not get a response back, even after several follow-up emails. I decided that I would try mailing a letter and used the address provided on the website. However, the letter was returned back to me. The information on the envelope indicated that the recipient had moved or address was unknown. After the letter was returned, I tried several times to contact the Native Patient Services employee by telephone but to no avail. Due to the time constraint I had to remove this health care facility from the study. There could be several reasons that the Native Patient Service Coordinator may have been busy, transitioning new workers, wrong address on the website, but whichever the case, I do not think it was intentional.

North Bay

The North Bay Regional Health Centre showed interest in participating in the study. My first visit to the North Bay Regional Hospital was to introduce myself and to meet with an individual who is knowledgeable in the policies such as a medicine lodge keeper, Indigenous administrative employee or Chaplain to discuss my study. However, the volunteers did not know where to direct me or who the contact person would be for my research. Through my own resources I contacted a staff member of the Mental Health

Services. The individual demonstrated enthusiasm with the research, but their schedule did not coordinate with mine. They did mention that their policy required an update because the policies were transferred over from the old hospital. Also, in the new location, there is a room dedicated for smudging within the mental health center, which supports cultural and spiritual practices. However, like other health care facilities the room must adhere to policies regarding smoke alarms. In addition, the information on this room or the policy was not accessible online. Therefore, it made it difficult to find the policies and a contact person. I decided that I had to remove this location from the study because it was difficult to meet with this person.

Location: Treaties and First Nations

The two urban areas Sudbury and Parry Sound are situated under the Robinson-Huron Treaty (Surtees, 2013). It would have been interesting to see how the treaties also played a role in the development between all the health care facilities. For example, Wikwemikong is under two different treaties the Robinson-Huron and the Manitoulin Island, but it was one of the first health care facilities to implement a healing lodge within its site. If Timmins participated this would have been covered within Treaty 9. However, the two areas that participated in the study were the Sudbury and Parry Sound health centres.

Although the City of Greater Sudbury is far larger than Parry Sound in mass and population, it is interesting to note that the Sudbury & District Health Unit Service includes its services to the Manitoulin District, which encompasses 7 additional First Nations. Finally, the First Nations surrounding Parry Sound would normally attend the

Parry Sound Health centre. However, there is the exception where patients may need specialized services so they would travel to Sudbury’s Health Sciences North (Health Sciences North Regional Hospital, 2015; West Parry Sound Health Centre, 2015).

Table 2

Indigenous population in urban areas

City	Area	Population	Indigenous Population	First Nations within the cities districts
Sudbury	3,200km ²	160,274	13,410	2
Parry Sound	13.36km ²	6,191	429	1

Source: Statistics Canada, 2016

Websites

Before I began my research, I had difficulty with navigating websites. I did preliminary research on each of the sites that I had in mind for potential site locations. However, these websites were difficult because I could not find easy accessible information on the medicine lodge and where it was located within the health care facility. The hospitals that were the focus of this study do not have information available on their homepages for Indigenous Health or Healing practices. The Sudbury and Parry Sound hospital have no explicit content for Indigenous Health on their web pages, and I used key word searches such as “Aboriginal”, “Indigenous”, “Native”, “First Nations”, “Healing Room”, and “Medicine Lodge” to see what was available for accessing information on the smudging ceremony. However, no specific information was identified in these searches. If I were a patient and unfamiliar with a health care facility and went online to see they had a medicine lodge or healing room, I would have a difficult time

locating that information. I would need to have prior knowledge of these rooms and where they are located within the hospital in order to access the smudging ceremony. I was thinking of families that are out of town or unfamiliar with the area due to emergencies and these families may need these rooms. On the Health Sciences North website under the “Patient and Family Services” webpage, the information to the Medicine Lodge Room was located at very bottom. The general location of the room was provided but no room number was identified. The Parry Sound and District Hospital website was similar, under the “Patients and Family” webpage, a PDF file is provided.

Figure 14

The Parry Sound and District Health Centre webpage on the Healing Room.

Hours of operation:

Available 24 hours a day, 7 days per week.

Noojimowin Bimaadziwin Gamik – The Healing Room

West Parry Sound Health Centre
6 Albert Street, Parry Sound, ON P2A 3A4

Location

On the first level of WPSHC right next to the Rehabilitation Reception area and main entrance to Lakeland Long Term Care.

The Healing Room – Noojimowin Bimaadziwin Gamik

Noojimowin Bimaadziwin Gamik = English translation from Ojibway: "Healing Life Room". The following individuals were involved in the naming the First nation Healing Room:

- ▶ Ed Williams – Moose Deer Point First Nation
- ▶ Wanda Skead – Henvey Inlet First Nation
- ▶ Ken Pegahmagabow – Wasauksing First Nation
- ▶ Isabel Cada – Henvey Inlet First Nation
- ▶ Lila Jones – Shawanaga First Nation

Purpose

The Healing Room – Noojimowin Bimaadziwin Gamik – is a location for First Nation community members to come and meet with family, health care patients, and residents of Lakeland Long Term Care. It is also a place:

- To come and relax while waiting within the Health Centre.
- To perform smudging or other ceremonies for a patient or resident.
- That can be reserved for First Nation-related workshops, training sessions and seminars.
 - o To book the room for an event, please contact the Chaplain at extension 3438 or pager 530.

WE CARE FOR PEOPLE

Note. This is a public document and it is the first page of two, located under the “First Nation Healing Centre” in the “Patient Education” tab.

<https://www.wpshec.com/index.php/component/attachments/download/2115>

The information on their healing room is found on page seven and provides more information on where to locate the room. In my first visit at the Parry Sound Hospital the volunteers walked me right to the room, and asked if they needed someone to open it for me but I declined because I was interested on the location to the room.

When I reflect on my study and researching the other two potential hospitals – North Bay and Timmins – had contrasting information. The North Bay Hospital had no other mention of Indigenous healing other than the Mental Health services team, it did not specify where I could access a healing room or who to contact for a healing room. Correspondingly, Timmins had “Native Patient Services” listed on their homepage and it immediately provided information on their healing room within the hospital and who to contact if I should have any information.

When I was gathering data, the websites were a little tricky to navigate. When I navigated the Parry Sound Hospital, I had to search the links to find the specific information. Although once located, there was a document to download or print, if needed.

Figure 15

Health Sciences North webpage on the Medicine Lodge.

Sacred Space Locations

Ramsey Lake Health Centre: Oasis Chapel Level 1 and the Medicine Lodge Main Floor

Sudbury Outpatient Centre: Main Floor

Kirkwood Place: Basement

Aboriginal Medicine Lodge

The Aboriginal Medicine Lodge located on Level 2 of the Centre Tower is unique in Canada. It incorporates culturally significant elements required for traditional healing and ceremonies, such as a fire pit and ventilation for smudging, a circular shape, incorporation of the four colours and seven grandfather posts, and space for traditional medicines and healers. The Medicine Lodge is designed to be respectful of the traditions and spiritual requirements of the Aboriginal patient population.

Note. This is a small space at the bottom of the page to find this information. This webpage provides brief information on where to find the Medicine Lodge within the hospital. I had found this under “Patient and Visitors” tab and then selecting “Patient and family services” once you scroll at the very bottom this information is found.

<https://www.hsnsudbury.ca/portalen/Patients-and-Visitors/Patient-Family-Services>

In comparison, the Thunder Bay Regional Hospital has a link “Indigenous Health Services” that is easily identifiable for Indigenous Patients. On this web page, an Indigenous woman is holding an abalone shell and feather and the smoke from the smudging ceremony is pictured on this webpage. I had found many useful links on this website and when I selected the link “Information for Indigenous patients, families, and communities” I found that the Spiritual Care is welcomed and this information is located.

Figure 16

Thunder Bay Indigenous Health Services Website Comparison

Sweat Lodges

The following is a list of sweat lodges in the city, along with contact names and numbers:

Ka Na chi Hih Marlene Orr (☎ 626-1692/☎ 626-8350)

Note. This information is found near the top of the page under “Indigenous Health Services”, where additional contact information is found when accessing traditional healing methods (Thunder Bay Regional Health Sciences Centre, 2016). This is where the sweat lodge information is found near the top of the page, where additional contact information is found when accessing traditional healing methods (Thunder Bay Regional Health Sciences Centre, 2016).

I provide Figures 8 and 9 because this website is organized relevant information for patients and families on what to expect on their visit, patient navigation, support services, and government services, which also includes government assistance.

Figure 17

Accessibility to Spiritual Care

If you need spiritual care:

Call ☎ (807) 684-6236 from 8:30am to 11:00pm and leave a message. Inpatients can also talk to their nurse about contacting Spiritual Care. Bundles for smudging ceremonies are also available through the Spiritual Care office.

For general information:

Visit the Information Desk across from the Main Entrance, or call the Switchboard at (807) 684-6000.

For other Indigenous support and information:

Carmen Blais, Indigenous Engagement Lead
Hours: 8:30am – 4:30pm weekdays except holidays.
Phone: ☎ (807) 684-6764
Email: ✉ blaisc@tbh.net

Note. Demonstrates the services availability, traditional healers, locations, and contact information. This one website that provided easy access to information (Thunder Bay Regional Health Sciences Centre, 2016). <http://www.tbrhsc.net/home/indigenous-health-services/information-indigenous-patients-families-communities/>

Figure 18

Traditional Healing

Traditional Healing

There are several traditional healers in Thunder Bay. For a list of current healers and available dates, please contact the Spiritual Care office at ☎ (807) 684-6236.

Healing Garden

The Healing Garden is located in the main courtyard on Level 1 across from Paediatrics, and is open to all patients and family members. The four sacred medicines are planted there: sage, sweet grass, cedar, and tobacco. For more information, please contact the Spiritual Care office at ☎ (807) 684-6236.

Smudging

A smudging bundle is available for public use 24/7 and can be found in the reception area of the Spiritual Care office. Smudging can be conducted in the Multi-faith Spiritual Centre, which is open 24/7 and can be found next to the Spiritual Care office on Level 2. Smudging can also be conducted seasonally in the Healing Garden on Level 1, across from Paediatrics. For more information, please call the Spiritual Care office at ☎ (807) 684-6236.

Note. Figures 8 and 9 demonstrate that this is a very informative website. It provides extensive information on where to find various services or how to access them.

<http://www.tbrhsc.net/home/indigenous-health-services/information-indigenous-patients-families-communities/>

This information is not found on the Sudbury or Parry Sound Health care sites. This website is thorough ensuring that their Indigenous patients are welcomed in their health care facility and know how to access their services and information.

The Shkagmik-Kwe Health Centre weaves traditional healing methods and adopting the western healing methods into their holistic care approach. Their website is

easy to navigate and states that they respect traditional values through cultural integration into the western health care system.

Figure 19

Shkagamik-Kwe Health Centre Website

BUILDING HEALTHY COMMUNITIES | RESPECTING TRADITIONAL VALUES



Traditional Programs

In our efforts for cultural revitalization we are honoured to promote Culture as Treatment. Our traditional program is the heart of the centre celebrating our maintenance and evolution in traditional healing practices.



Community Programs

The Centre offers an array of community programs tailored to our growing population. Our community programs are delivered in a culturally safe environment, free of judgement. Make SKHC your home away from home.



Primary Care

SKHC encompasses a diverse inter-professional Primary Care team with a wide range of services. The Primary Care team works in partnership with the Traditional Program team. This unique relationship enables the team to offer our clients high quality primary care while encompassing traditional healing practices.

Note. This information is below the testimonials on the home page. This is an easy website to access and the culture is very obvious throughout the webpage. Each webpage is easy to navigate. The only information I had a difficulty obtaining was when it was built. I had to conduct a Google search to obtain that information.

The websites from Sudbury and Parry Sound were a bit frustrating to find information whereas the Thunder Bay website was easier to navigate. The Shkagamik-Kwe Health Centre website had the most Indigenous visibility. All three health centres could be improved to have similar content like Thunder Bay, but add the visual aspect like Shkagamik-Kwe Health Centre.

Interviews

This study was made possible through the snowball effect, and many referred great participants. Before each interview I asked who would be best to answer different areas of my interview but it was best to interview the same at each facility such as a Director, Maintenance, and a cultural person.

At the beginning of the interviews, I asked all participants to share their understanding of the smudging ceremony. The purpose of doing so was to assess the knowledge they had, if any, of Indigenous ceremony. Participants from each health care facility understood that there are various medicines with various healing properties while also having specific protocols. At Health Sciences North, the staff are knowledgeable on the smudging ceremony, as one participant understood that smudging occurs when “*we burn plant medicines... it’s a purification ceremony so we use the smoke from when we light those medicines and sweep it over ourselves, so we’re cleansing ourselves with that smoke*” (Participant Gwekwaadziwin). Another participant adds further that the smudging ceremony “*...could be conducted by an elder but than people can also do their smudging ceremonies, it’s not just always in a group, I know people who smudge on a daily basis... its to keep them grounded*” (Participant Mnaadendimowin). This sentiment is the same at West Parry Sound hospital and it is further reiterated “*...it is a cleansing ceremony, it is used to prepare a person for that which is to follow – whether that is a discussion or their journey in life or death*” (Participant Debwewin). I noticed that front line workers at the two major health care facilities were provided with an Indigenous perspective. This is very important in building relationships between First Nation’s and non-Indigenous communities. These common threads of knowledge included that there are four central

medicines used in the smudging ceremony, which are sage, sweet grass, cedar, and sometimes tobacco. Much of the Indigenous Spirituality encompasses our Ways of Knowing, traditions and culture, and the ability to conduct a sacred ceremony at any given locale.

While at Shkagamik-kwe Health Centre the smudging ceremony has significant teachings and meaning, for instance, one participant stated:

...the smudge is just more than just what some people do just as a formality it's much deeper than that. There are other ways to smudge but that's sort of a simple way that there are a lot of deep meanings to it and a really important purpose and that's why when you smudge... you don't violate it afterwards (Participant Nbwaakaawin).

Nbwaakaawin discusses that after the smudge is lit, we do not violate the sacred space, or the people within it. For example, a smudge is lit to connect all the spirits within that space. The ceremonial process is understood to be “...very inclusive, so you do not have to be from the First Nation's culture to receive... the ceremony.... It's for holistic health.... To honour the Creator... it connects the person with the Creator and honours that Spirit” (Mnaadendimowin).

At the Shkagamik-kwe Health Centre, most ceremonies are welcomed and it is at the heart of the centre that sets the tone. When I say most, some that do not require sacred lodges or occur at specific sites, such as the sun dance, rain dance, sweat lodge, fasting, etc. This health facility welcomes traditional ways of living and have less restrictions when it comes to the Indigenous healing methods. It was important to see if each health care facility was culturally aware of their Indigenous smudging ceremonial practices.

The hospitals are continuing to reduce the gaps in accessing traditional healing ceremonies by reducing barriers for the patients, families, and communities. Some of these gaps are narrowing as stakeholders are making an effort to educate all employees, as one participant shares their experience at the hospital, *Debwewin* at the West Parry Sound health care facility recalls that “...senior leadership had a great big meeting [to explain traditional ceremonies] ... I don't remember the whole gist of it but I understand it.” At Health Sciences North they were in the process of educating all their employees on Indigenous traditions and culture, the participants shared this information at the start of the interview. Some of the non-Indigenous participants have a base knowledge of what the smudging ceremony is, the purpose of the medicine lodge rooms, and they expressed interest in expanding their knowledge on Indigenous traditions and culture. This is in contrast to other Indigenous participants who described their experiences within institutions:

...other agencies are very restrictive, other colleges have to go to a particular room to smudge and had to laugh when I was working in my own [First Nation] community... I was smudging and part of my work was working with clients and I was smudging and I got complaints that people were smelling the smudge in other offices and stuff. And so they created this room for me to go, I didn't like it but I went into it, and then they wanted to put in a vent to take the smoke out and uh that's where I said no, you know I am going to go in this room, the smudge is meant to seep into the whole place and to cleanse bring good things to the whole building and to everyone there. I understand about not having it in the their face, but just because they could smell a little bit of it you know is no reason to push it

outside, cause it's not meant to go, it's meant to go where's to go, you know and it'll go where it knows where its meant to be... (Nbwaakaawin).

This participant illustrates the reality of Indigenous cultural practices within an institution and the continual resistance to ceremonies. On one hand, participants indicated that many institutions have been restrictive because of the limited understanding of the ceremony and hide behind the guise of smoke alarms, sprinklers, and ventilation systems. On the other hand, the point of view was inconveniencing the hospital maintenance staff. This is not to be viewed in a negative way, as one participant recalls that First Nations individuals should have a right to access their ceremonies without the hegemonic experience,

...but like I said we would take two maintenance men to shut down a certain section of the hospital, depending on where it was, if it was in a patient's room, so when we shut down or bypass the fire panel we have to have a fire watch. So when we're doing the ceremony we would have two maintenance men standing out in the hall waiting for the smudge ceremony to be done then we would put things back to normal...(Participant Gwayakwaadiziwin).

This participant is happy to see that Indigenous patients and clients are able to utilize their ceremonies within the healing lodge when they want to and not having to wait on maintenance people to finish their duties to assist in the fire watch. Although the staff understood there is a small risk of setting off the alarms, they have also indicated that most First Nations individuals that utilize the ceremonies were mindful of the smoke that is generating from their smudging ceremony. The alternative is to install fans and vents into rooms where the smudging ceremony takes place or have individuals go to a back

room within the organization to reduce the contact with the smoke. *Gwayakwaadiziwin* further explains that having a separate room doesn't affect the rest of the building when having a separate alarm and ventilation system,

...the only difference is that it is separate from our alarm system like the fan and smokes will affect our building coz it's a separate exhaust so that's how we get away from having to standby so it's a separate little room so it doesn't affect our systems. Other than that it's been working well. We've been getting good discussions and people asking about it all the time.

In the architectural design of a healing room is to install fans, ventilation system, and fire system. It is both a big and small because it is financially expensive to build a separate space with its own system, but needed to be culturally inclusive. Although this is a positive step forward for health centres having a room dedicated for the smudging ceremony to take place, there is still an area of improvement until Indigenous people could have their healing methods practiced within patient's rooms.

Cultural Competence

In the southern, red sphere we move to the *Cultural Competence*, which is defined as an “ongoing process in which the health care provider continuously strives to achieve the ability to effectively work with the cultural context of the client (individual, family, community)” (Campinha-Bacote, 2002, p. 181-184). As noted above, the history of the West Parry Sound, Health Sciences North, and Shkagamik-Kwe Health Centres had commonalities of that there were discussions and the implementation of lodges within health care facilities; many of these organizations illustrate that there was a growing need

to accommodate the Indigenous populations. The common thread was there was need for education, which lead to discussions, to the implementation, locating funds, and ensuring that the Indigenous patients are included in health care.

We discussed senior management was educating their employees on Indigenous cultures and traditions. Health Sciences North collaborates with other hospitals and health care facilities to address the needs of the Indigenous People when it comes to policy development. The three surrounding Aboriginal Health Access Centers (AHACs) that HSN collaborates with are Shkagamik-Kwe Health Centre, Noojmowin Teg Health Access Centre (services the seven First Nations in the District of Manitoulin Island), and N’Mninoeyaa Health Access Centre (services the seven First Nations North of Lake Huron). These centres are Indigenous operated and “...provide a combination of traditional healing, primary care, cultural programs, health promotion programs, community development initiatives, and social support services to First Nations, Métis and Inuit communities” (Association of Ontario Health Centres, 2016, para. 1). The purpose of these AHAC’s is to apply an Indigenous framework to the health and wellbeing of individuals that reside on-reserve, off-reserve, and northern locations. This is one of many examples of how non-Indigenous organizations will incorporate partnerships with First Nations. In personal communication with Elders and community member, they have stated the Indigenous communities have Elders and their community members participate to work collaboratively with health centre administrators in drafting policies regarding Indigenous content within the hospitals. The development of each health care facility’s policy regarding the smudging ceremony was similar because it held several community meetings and continuous input to achieve the medicine lodge in

Sudbury. One of the participants at Shkagamik-Kwe explains how combining two perspectives is respectful of western and traditional medicines,

...we are here for the Anishinaabek, the Cree, the Haudenasaunee, people in Sudbury, but we also understand the value of the western medicine and practitioners and ... zhaganaash (non-Indigenous people) who come here for healing as well we also respect the way, but this is an Aboriginal centre so and we want to promote the culture as the cure – part of the cure – and so smudging is right at the center of that” (Nbwaakaawin).

When health care facilities in Sudbury, Parry Sound, and Timmins were updating the structures there was an opportunity to incorporate rooms specifically for ceremony and some called them the medicine lodge rooms or healing lodge rooms, as one participant at the West Parry Sound Health Centre stated, “...I know there was a lot of discussion that was put in and planned with the architects” (Aakwa'ode'ewin). Again, this was the case for the Sudbury Health Sciences North where there were many discussions between consulting Elders from different communities however it was the late Ron Wakegijig who “...played a really instrumental role in the medicine lodge” (Mnaadendimowin). At the Shkagamik-Kwe Health Centre, the space was brought forth by the Knowledge Keepers, because they were ones that were “...dreaming of the space and wanted to bring health care to our Indigenous People who live in this urban setting knowing the importance of it that we have our medicines and our teachings...” (Zaagidwin).

In addition, it provided the opportunity to educate the employees about the use of ceremonies and the utilization of the room and

...Having this room available, and the ability to do smudging, has greatly enhanced the overall spirit of our First Nation patients. This room is accessible 24/7 and is configured in such a way that we can take a bed into the room (if needed). As far as the effect upon staff, I find that most are curious about what these practices are and are eager to learn more (Aakwa'ode'ewin).

The commonality between each medicine lodge and healing room was the collaborative vision of the Elders, community members, and the hospital administrators. The existing policies on smudging ceremony were transferred over to the new hospital. This was to continue the commitment between Indigenous communities and the health care facilities. The Shkagamik-Kwe Health Centre was built with a focus on blending two healing concepts.

Comparing sites

The differences between Parry Sound health care facility, Sudbury Health Science North, and Shkagamik-Kwe health centre are the size of the staff and health care facilities. After conducting one interview in Health Science North, I contacted the Chaplain in Parry Sound and asked if I could have an interview in the afternoon, he agreed. The Parry Sound health care facility was the quickest to get back to me and provided me with non-Indigenous interviewees, I was able to get two males from this site location. Once I arrived my interview with the Chaplain it was rich with information while we toured the Healing Lodge Room. This then led me to interviewing the Building Services Manager, we conducted that interview in the staff lunchroom, even though he was not expecting me he was more than happy to sit down and do the interview. It was

interesting to note that they made time for me to conduct the interviews on such short notice. They were knowledgeable in the culture and very understanding and supportive of my research. At the Health Sciences North with high number of employees, I had to make appointments to get an interview. At this location I interviewed two males and two females, with one only as a self-declared Indigenous Person. There was a disparity between information given. The Director at HSN presented me with a detailed history about the hospital, brief history of the Medicine Lodge room, and why the Medicine Lodge was created. Of all the interviews, I felt very uncomfortable in this one because I felt as though the Director was reading off of a script and seemed not in touch with what is going on in the Medicine Lodge room. However, the Medicine Lodge Keeper gave me more insight with the patient's stories and usage of the room. We both discussed having liquid smudge available for the rooms where the smoke ceremony is not permissible. This interview ended with a tour of the Medicine Lodge Room.

The next interview I conducted a joint interview with the Building Services department. They both wanted to sit in on the interview together in case one could offer further insight. This interview was conducted in the manager's office. They were very informal yet informative and entertaining throughout the interview. We discussed the architectural design and all the planning that went into it. We ended this interview with a tour of the Medicine Lodge Room and we discussed the architectural design and planning of the lodge. They talked about how the ventilation system was set-up and routed to the outside of the building. At the end of the interview, I gave a few teachings that I had about medicines and we parted ways. We got off topic several times discussing other things that pertained to Indigenous traditions and cultures. When conducting interviews at

Shkagamik-Kwe Health Centre, I interviewed the Director of Traditional Programs, Cultural Assistant, Elder and the Elder's helper (shkwaabis). These interviews were conducted at Shkagamik-Kwe's Healing Room except for one where it was conducted downstairs of building in one of the community spaces. We opened and closed each of the interviews with the smudging ceremony. These interviews were storytelling and teachings wrapped into one. I left each interview with so many teachings about each of the medicines, the ceremony, and adapting our culture to 21st century living. The difference between non-Indigenous and Indigenous interviewees was the comfort level and formality of interviews.

Accessing the traditional rooms

The difference between the two hospitals is Parry Sound's traditional room is locked and requires contacting a hospital employee to gain access but at Health Sciences North. At HSN when a patient is unable to attend the traditional rooms, a request is made for that patient to have smudging in their room. They refer to the old policy in these cases

“...we still sometimes use this when were going to smudge in a different area of the hospital if they allow us to so what happens is the request is made and then we have to call, first we have to know when the family wants to have the smudge... we have to know exactly when they're going to start ... because then they call building services to let them know what time we are going to start so building services will bypass the fire alarms during that time. So we have to know when we are going to start and when we are going to finish” (Aakwa'ode'ewin).

Although this is a small compromise, the patient still has access to the smudging ceremony. Health Sciences North institution is moving towards having easy access to the medicine lodge room and that it remains open 24 hours a day, 7 days a week.

Both of the hospital's employees genuinely showed respect for the culture and wanting to gain more knowledge about the smudging ceremony. In addition, both hospitals take the time to educate their staff members through presentations and provide them the opportunities to ask questions on traditional and cultural aspects of the Indigenous People. For example, according to one interviewee in Sudbury at the Health Sciences North,

...traditional healing in a sense of ceremony and... the spiritual side and why people go to the medicine lodge but there's a lot of education that happens in the medicine lodge and that is really to create a culture and an environment to the inherent rights, in terms of they were here first and to understand the tradition of First Nations people and so we talk about cultural safety and sensitivity in the delivery of care and you know we now have to work at making sure that the staff and the physicians and the volunteers and whoever comes through our doors are sensitive to that and that is sort of the focus of the education component... and you know there are talking circles that happen on lunch hour that people go to and register for and its to talk about the traditions and you know reconciliation and all of those factors. So that would happen through the education the piece that I talk to you about where you know where we help frame is with the access... (Participant Mnaadendimowin).

In addition to this, HSN employee recalls that ceremony was not always accessible. Even if staff were not aware of what the ceremony was and why it was used, she shares that the nurse was compassionate to allow the smudging of a patient who was about to pass on:

...a lot of people love it. Indigenous and non-Indigenous like I've had um... I remember when I first started working here a nurse came up to me and she was crying cause she was so happy cause we had this space where we could smudge because she's been a nurse here for over 20 years and she remembers working at old memorial hospital and a family wanted to have a smudge with their grandmother before she passed away and they put in a request and this was before this policy came into effect and they were told they could smudge outside in the parking lot and so she felt bad for them and she asked them how much smoke does it create like really... they were like it doesn't create that much smoke and its not going to take that long she told them to go ahead and do it and that she would keep an eye on the door and she didn't have permission... she just went ahead and did it for them because she felt like it was important to them so she wanted to help them and so she was happy that we had the space that we could do it here without... so if somebody wants to come down here and smudge, they could come down here to smudge to bypass fire alarms just when its outside the medicine lodge..." (Aakwa'ode'ewin).

In Parry Sound, Debwewin shares the same statement of how staff and patients appreciate the room that they could come and have their healing space. However, this participant discusses that the Healing room could be utilized more but because of underfunding, it is not optimal to First Nations and employees of the health centre,

I believe the various First Nation communities are appreciative of the space, although it doesn't get used a great deal at this point. We have in the past had some First Nation youth interns to help coordinate and be available in the Healing Room, but finding funding to have a permanent coordinator has been harder to find. For a while we did have a Healing Room Committee (made of both representatives from the First Nation communities as well as some Health Centre Staff), but when our lead person retired, this has sort of fallen on hard times. Formal meetings are not held regularly at this time. Various First Nation groups do utilize the Healing Room for educational purposes, and it does get used when a First Nation individual is in the Health Centre (as a gathering place for family to take a break, to do smudging etc.). In the past we have held various educational events for staff (language learning, cultural awareness sessions, etc.) These seem to have gone over fairly well with staff. There is no question lots more could be done with this Room, but a driving force and funding are what is likely required. The key is it is there when needed, and is appreciated by those who utilize it.

The Shkagamik-Kwe Health Centre was selected because of its strong focus on traditional and cultural ways and it is one of few Aboriginal Health Access Centre (AHAC) that aims to have “...culturally-based wholistic health [approaches]...” (Shkagamik-Kwe Health Centre, 2016). The staff at this location focuses on Indigenous ways of healing because culture is part of the healing process while it still incorporates the western ways of healing. Upon entering this Health Centre, the smell of aromatic medicines lingers throughout the building. There is no policy in place that prevents the

use of burning medicines. The employees have stated that it should be obvious that there would be no policy on regulating the use of cultural and traditional ways because they promote Indigenous Ways of Healing. The staff at Shkagamik-Kwe is mindful that some clients may have allergies, individuals with scent sensitivities, and those with health conditions such as lung conditions and in these cases; they limit the use of the smudging ceremony. When asked about policies in regards to the smudging ceremony, culture and traditional ways Zaagidwin stated, “...*I think of our policies in place um culture and tradition is very much at the core of what we do... that’s written right in our policy*”. This health centre positions Indigenous healing practices for they ensure cultural needs are being met and Indigenous patients feel welcomed. When patients attend the health centre they know they will be receiving care not only for an Indigenous health practitioner, but also in a culturally safe space. However, if a child needs vaccinations it is administered at this location, diabetes care, or other services that may require western medicines and methods that are provided at this location. I asked one participant if there is need to integrate Indigenous healing in our urban centres and the response was:

... when we think about how ...we are being so connected in creation, a lot of our history and what we have been through um there’s that disconnect and coming into an urban setting there’s that disconnect and so having places like that is where we are able to learn about our roots, learn about our history, learn about who we are, and learning about those connections to creation, to all of creation and how they are very much a part of us and so having a place to help us reconnecting to creation (Zaagidwin).

When the healing lodges were in the early stages of being built, the hospital administrators consulted First Nations, Elders, having a policy that works for the institution and First Nations People, so that the room was structurally designed to be round so it accompany the Anishinaabe teachings. The accommodations occurred through consultation, policies that meet the fire code standards, fire regulations, and fire safety. Which I think was a bit over zealous, but cautions must be taken. When the rooms were built and installed fans, the rooms were better to meet the Ontario fire regulations and work for First Nations. With places that do not have ventilation systems, there is usually a private space where smudging could occur.

There is room for improvement in these health centres. From websites to on-site locations, these health care facilities could make information to both Indigenous and non-Indigenous patients information easily accessible.

Cultural Sensitivity

Moving into the western, black sphere, *Cultural Sensitivity* is to know the differences between cultures and to understand, appreciate, and respecting those differences without assigning a value (Anishinawbe Health Toronto, 2011). One participant indicated that culture is part of the cure and the significance of having a space to perform ceremony. All health care facilities have been respectful when collaborating with Indigenous communities to provide culturally relevant support and implement traditional health care practices. Many health issues have been arising, such as scent allergies, asthma, and other sensitivities to traditional medicines. In these cases there is an alternative way to perform the smudge ceremony. Essential oils are removed from plants

and medicines through boiling or soaking the plants and carefully extracting the oils from the water. Sage, cedar, sweet grass, and sometimes tobacco is used individually or blended to create a smokeless *liquid smudge*. The development of liquid smudge demonstrates how ceremonial rituals go through a *process of modification* when barriers are set in place such as fire code practices or scent sensitivities. For those that have scent allergies and asthma, the liquid smudge provides a lighter scent than the smoke emanating throughout the room. In addition, liquid smudge provides a cultural sensitivity to western medical practices, as it is able to continue the smudge ceremony within institutions. To provide an example, one participant demonstrates through storytelling how various ceremonies are resilient and create a new strategy to conduct ceremonies within institutions. He discusses how his wife created an alternative form of smudging to avoid policies where smudging is not allowed. He also discusses the sacredness of the culture and how Indigenous People will bring traditions back within a western paradigm through a few examples:

...my wife actually developed this liquid smudge, it's called, and uh its taking the essential oils out of the cedar, the sage, the tobacco, and the sweet grass and putting it into a little spray with a carrier oil of some kind and spring water and uh so you would spray and you would do that same uh smudging but just with the spray instead of with the smoke. Now you have to be careful not to um depend on that too much where we get away from burning the medicines because there's value in continuing to do that. ...in places where you really can't for whatever reason um there's alternatives to it to still um still be able to do a smudge of some sort will help with in the event and you know there's a teaching, this comes from a

teaching from along time ago from one of my teachers: an eagle has come into my possession that had been killed and so I brought the eagle to my teacher and I asked what do I do? Do I bury it? And he took it for a bit and brought it back and said “no,” he says it’s okay to use the feathers, the eagle and I said now this eagle is in the possession of this guy who I’m bringing it to you but still he’s the one who brought it to me but he wants money and all this stuff so what do I do? And he just said, ‘find a way’ and that’s all he told me what to do. So I had to come up with a way to do it that was respectful so I wasn’t buying the eagle and so I came up with this thing – I’m an artist so I knew he liked my artwork so I brought artwork to him and he was a fisherman and I needed fish and berries for part of the feasting of that eagle- so what I ended up doing was uh I went to him and he wasn’t a cultural person at all... I like to do is that he wanted \$500 or something. I said okay I’ll make you a deal I said uh you fish, I need 5 pickerel, I’m gonna buy those 5 pickerel off you for \$250 and I’m gonna give you another \$250 in trade for my artwork, I had some paintings and some hats and different things and he said okay and I said “but I’m gonna do this but the deal is I wanna trade you this tobacco for this eagle but I’m buying this fish, it’s all together, but it’s separate” and he said “okay,” he didn’t care and so I was able to separate them and so I wasn’t buying the eagle. But I needed fish, so I’d buy that for a ridiculous amount but still I was able to find a way to do it where I felt okay and I felt better instead of giving him money for the eagle and I didn’t really wanna do that so and he was fine, he didn’t care he got his money, got some artwork, the eagle was out of his possession and I was able to get it and proceed with it. So

coming back to the smudging um and preparing um our people are incarcerated so we need find ways to get ceremony to them uh (name of ceremony conductor) for instance does sweat lodges in institutions along with other people as well and they will find a way to do a sweat, they can't build a fire so they bring in a kiln and they heat the rocks in the kiln you know and you know and they can't dig the holes in for the sweat but they build a platform and then drill holes in the platform and build a lodge it's different from the outside but at the same time you find a way, it's better to find a way to do it. Smudging is much the same way when there is a barrier you find a way to continue to do what you can but you continue push the old way and make sure that's always the first option and then when that cannot be then fought the good fight you still find a way to proceed so uh smudging is so important because it is a part of the initial preparation for anything, for anything you do and it helps, it helps grounds – whether its one-on-one counseling it kind of grounds you and it gets you focus on your task at hand whether its is spiritual, physical, mental or emotional it helps you prepare for that so to speak. Its essential to do, to do something in a good way and to start it's always good to do that (Nbwaakaawin).

This participant explains how we modify our ceremonies so that we are able to still have our culture with us. He does place emphasis on the fact we should use the traditional way of smudging and that is to use the smoke. So this is why when smudging is unavailable to patients in the health care facility, this liquid smudge could be the alternative. Liquid smudge shows the resiliency and adaptability of this ceremony because it is the modified to extract the essential medicinal oils where smoke, scent, and fire are issues. Liquid

smudge is portable, many Elders have brought it within institutions. Therefore, this smudge could be used in rooms where patients are unable to access it, such as those connected to respirators or for a final farewell. Knowing that the medicines are still present is comforting.

Each Northeastern Ontario health care facility had a policy regarding the smudging ceremony. At the time of this research, most places indicated that there was a need to update the policies. The hospitals are aware that they are operating with outdated terminology and policies, but they are looking at rectifying the situation. Within the old policy at Health Sciences North, the emergency planning committee created the policy and procedures for the smudging ceremony in 2007. The Chaplain and Building Services Manager/Supervisor/lead had to be notified and approve the ceremony and take precaution of fires in any part of the hospital. When the ceremony has been completed, there is a full procedure by building services and security. Most of the policies that were outdated revolved around the fire code practices, notifying fire departments, properly handling fire extinguishers, and informing and retrieving approval from various departments.

Since this research has been conducted, Health Sciences North recently updated their policy. The Medicine Lodge keeper and the Manager, Emergency Preparedness and Security Services updated the policy as of January 2016. If the ceremony is to take place outside of the Medicine Lodge room the building services manager or supervisor has to be notified and receive approval to proceed with the ceremony. One policy that was consistent is that the ceremony must comply with the fire safety practices. However, at Shkagamik-Kwe Health Centre there is no formal policy on ceremonies within their

facility. The employees are mindful of how much smoke is emanating within the room, which may filter throughout the building.

Cultural Safety

The northern white sphere represents *Cultural Safety*, it is to produce:

An environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning together (Williams, 1999, p.213).

There is an ongoing partnership and collaboration between the administrators who have education on Indigenous cultural and traditions and imparting that knowledge to those who do not. This is to bridge the gap to those employees who do not have the information about Indigenous People. Non-Indigenous staff acquired knowledge through participation in workshops about Indigenous traditions and culture with the intent to facilitate trust, respect, and continually increase cultural knowledge. It was important to ask the participants the level of knowledge they had of the smudging ceremony to determine if the staff members are educated on Indigenous Rights to ceremony. It was comforting to know that all health care facilities are ensuring that their staff receive training on Indigenous issues as one participant states before this training had taken place there was a compassionate nurse;

...another time we had a patient come from ICU but she was more stable and she was able to come down in a wheel chair but a nurse came with her as well her

and the family comfortable with the nurse staying in the room during the ceremony and yeah so... it was a good experience for that nurse too because she was in awe of the whole thing and they were like wow look at her vitals they were like... just like getting really good right now and they were just in awe of the whole thing and so when we do things like that here we include staff if we can that it promotes um cultural safety cause they can see the benefits of smudging and ceremonial in the patients” (Gwekwaadziwin)

This sentiment is indicative of the rest of the facilities. Many of the health centre employees at HSN and West Parry Sound health centre are getting First Nation, Metis, and Inuit cultural training so that they are more aware of why these ceremonies take place.

Each facility is accommodating and supportive to those who are accessing Indigenous spirituality. This is evident through recognition of the importance to have Indigenous input on the vision for the rooms. These rooms had to comply with the Ontario fire codes, ventilation systems, a safety procedure for extinguishing the flames and disposing the ashes from the smudge ceremony. At HSN they recognize that the Medicine lodge space needs to be respected and preserve the original intent of the room. In addition they are currently working on a comparative report on the use of the medicine lodge rooms in order to ensure the sacredness of the space. In each facility, the Medicine Lodge room keepers educate anyone who is unsure how to use the room and when they are away, protocols are posted on how the space is to be respected. For example, at one facility a patient was using the room one late night and observed small parts of cigarettes left in the room, the room was clearly marked with non-smoking signs. The patient was

saddened by the disrespect but the patient also knew that the room was used like that because of the lack of education. To continue accommodating and supporting the use of the room in Parry Sound, a traditional person is needed to help facilitate the function of the room. The Chaplain is knowledgeable in assisting both non-Indigenous and Indigenous users of the room but if this facility could use a full-time Healing Room as explained earlier. At Shkagamik-Kwe health centre the room is primarily used for healing sessions such as massage therapy, cleansing ceremonies, variety of healing ceremonies, and traditional healing visits with the Knowledge Keepers. The room is at the center of the main site, so when any ceremony is conducted, you could hear the drums beating, smell the sage burning, taste the cedar brewing, and it is a comforting to all the senses that you are home away from home.

Cultural Continuity

Within the medicine wheel, the central green sphere is *Cultural Continuity* is to maintain core elements of the culture while adapting to changes overtime. This was ongoing emerging theme throughout the research and how the smudge ceremony was modified to continue in assisting in the healing process, have productive dialogue, and conducting meaningful work between generations. The cultural continuity aspect was fitting to the four components above because we as Indigenous People are modifying our ceremonies and bringing them within urban institutions, which then leads to the question: Has the implementation of the smudging ceremony into these health care facilities encouraged any other integration of Indigenous knowledge, culture, and traditions? For example, Shkagamik-Kwe Health Centre takes an interdisciplinary approach to

traditional and western healing practices. The interdisciplinary approach incorporates both Indigenous and Western healing methods as a holistic approach by focusing on mental, emotional, physical, and spiritual aspects by working with other practitioners. Shkagamik-Kwe incorporates traditional healing with western healing methods. For example, one health practitioner explains she had one patient overwhelmed and crying in her room, this health practitioner was trying to think of how to diagnose this patient and immediately thought, “*Duh, I could prescribe smudging,*” so the patient was asked if she would like to smudge and agreed. The patient was taken to the cultural team and an Elder performed the ceremony. For clients that have allergies or scent sensitivities, the Shkagamik-Kwe Health Centre take those issues and concerns into considerations by having the ceremonies in the morning, by the afternoon the scent dissipates. It would be ideal if all health care facilities could imitate these practices. This organization continues to strive towards a balanced approach on Indigenous ways of healing.

Room Use

At West Parry Sound Health Centre some of the staff are knowledgeable in assisting both non-Indigenous and Indigenous users of the room but if this facility could use a full-time Healing Room as explained earlier this space has been used for various activities and ceremonies such as

...used for a variety of First Nation activities. We have hosted Elders luncheons, educational programs, counselling sessions, healing circles, a place for family members to gather when a loved one is a patient, a place to hold ceremonies for

the deceased. I also conduct a brief Orientation session with new staff in this area to make them aware of it's purpose and significance” (Aakwa'ode'ewin).

At HSN the rooms are used for similar purposes two participants share that is has been used for

pipe ceremonies...Sharing circles, we've had naming ceremonies, we've had end of life ceremonies, we might start the ceremony here and go like see the patient in their rooms and come back and finish the ceremony if that's needed” (Gwekwaadziwin).

Further, another participant shares that even though the room is used for education purposes but,

its been used for education but in a respectful way, only if it incorporates the education of First Nations people because what we found is that is that were more and more requests to utilize the medicine lodge (Mnaadendimowin)

At Shkagamik-Kwe health centre the room is primarily used for healing sessions such as massage therapy, cleansing ceremonies, variety of healing ceremonies, and traditional healing visits with the Knowledge Keepers. The room is at the center of the main site, so when any ceremony is conducted, you could hear the drums beating, smell the sage burning, taste the cedar brewing, and it is a comforting to all the senses that you are home away from home.

Cross-Cultural Teachings

Both Sudbury and Parry Sound hospitals are integrating traditional healing practices, but require additional funding in order to support cross-cultural teachings. It

would be ideal with the hospitals operated like Shkagamik-Kwe Health Centre (SKHC) because it makes it more welcoming for Indigenous patients and clients to use the services. SKHC is smaller in comparison, but it has been expanding their organization to meet the needs of the community. It could be argued that it may take away services from SKHC, however I could see patients still seeking out services from this Indigenous health care facilities because they are unique in programs that you could not get at the hospitals. In larger health institutions, it would bring great value to the organization to have more Indigenous employees to facilitate traditional and cultural events, programs, and ceremonies into the hospitals because recognizing Indigenous People within a facility, as a patient it may assist in making them feel less intimidated. For example, as a client walking into SKHC, I imagine feeling welcomed because of the scents of medicines that lingers in the air and the culturally oriented services. Whereas if I walk into the Parry Sound and HSN health facilities, it does not feel welcoming for me as an Indigenous person because the culture is not as visible neither is the language. For example, if the foyers of the building could enhance the Anishinaabe cultural vibrancy to signify that the First Nation's People culture and traditions are welcomed. This may lead to those questioning about where smudging ceremonies take place. Despite my initial negative experience, HSN has now exceeded my expectations on advocating ceremonial use for Indigenous People. Moreover, Parry Sound Health Centre would like to incorporate more traditional healing practices within their facilities but lack the resources.

Overall, the smudging ceremony has healing properties, spiritual connection, and calming effects. When constructing the new hospital buildings, the healing rooms at each health care facility encounter different and unique challenges when implementing the

smudging ceremony. One of these challenges is funding and time. The funding barrier is having a traditional healer on site after-hours for the individuals, families, or employees. Elders/Knowledge Keepers are selected to work within institutions must possess enough life experience to assist with patients at the health care facilities (Stiegelbauer, 1996). Also they are selected because they are often sought out by individuals or by the community for spiritual and cultural leadership (Stiegelbauer, 1996). Sometimes, those patients that are non-traditional will turn to their culture for spirituality especially during those times of healing. The Elders have a gentle way of putting those individuals into contact with the culture, traditional beliefs, and ceremonies (Stiegelbauer, 1996). These are the individuals who are affected, as one interviewee shares the story at Health Sciences North in the following:

We don't have a budget for Elders, so what happens is so... the hospital provides the space its up to the families to have the Elders come in. So what I have found is that most families that are traditional and practice that way will have someone in their family that could do that for them and then but sometimes some people might need help usually when someone's dying or usually really, really sick that's when people want to be spiritual and they will start looking for that and they might not have been traditional before and now they're like seeking out different options and so... I can recommend people that they could call that could come in that live in this area, so that its not a financial burden to come in. Sometimes there are people who are out of town from Timmins or somewhere their people are to far to come in I might give them a list of names and they could call someone to come in and help. So when people do come in its um... out of the goodness of their own

heart because we don't have the funds to give them an honorarium to pay them and a lot of times the families are under financial stress at that time too. So they don't have the money to give them... occasionally they do it might be a gift, but we could help with things like tobacco and that type of thing, but the rest is up to the family. It doesn't happen that often but occasionally it does. The Elder's usually do it out of the kindness of their heart (Gwekwaadziwin).

This is an issue I found throughout the hospitals. Most Elders are working away from home communities, employed by other organizations, and others are living off a limited income or pension to offer services to their urban community. Despite that Knowledge Keepers will tell you that money is not an issue, when breaking down their expenses such as gas, parking, food, and so on to conduct a ceremony for a family in need, the costs get expensive. So having a small replenishing fund for Elder's to access would greatly help those families that are in a financial strain and the Elder's that are offering their time to help a family. When budgets are reviewed at the end of the year, it could be placed into the finances or these organizations could apply for grants. When parking needs to be paid and an Elder is on request, their parking expenses should be covered as well. If they need to track expenses for financial reasons, gift cards for gas stations in various denominations could be given out. I would first and foremost try to access local Elders/Knowledge Keepers before branching out to outside First Nations.

I am going to address that when an individual is accessing Knowledge Keepers, that tobacco needs to be present when requesting for a ceremony from an Elder. Once the tobacco is accepted, there are things that need to be considered. First, their time to assist in ceremonies at health care facilities should be compensated because they have been

working on the traditional path and they have “specialized knowledge” that cannot be taken from books. Therefore, Elders have spent years living and breathing our ancestral ways so a small compensation of any amount is greatly appreciated. Tobacco itself cannot pay the parking fees, gas, mileage, and time spent at the hospital. This is why I think it is important to have a separate funding system for them. Another aspect is movement. Several Elders are on the spiritual trail attending ceremonies, pow-wows, gatherings, and are visiting with their families on their spare time. Some Elders will travel great distances to attend teaching lodges and ceremonies, so having a few Elders on a list after hours is important because they are constantly travelling. Aside from these issues, Sudbury is fortunate to have 20 surrounding First Nations communities to access various trusted Knowledge Keepers. Parry Sound is no different with another two surrounding First Nations that are able to come into the hospital to assist with ceremonies. One participant did point out that he would like to see the room utilized more but “...*funding is what is likely required*” (Debwewin).

When speaking to the Elders, it is important that they are recognized healers within their communities in order to bring them to assist families who may not be able to access their regular healer, or to families who are turning to Indigenous Spirituality in time of need.

These are some issues that emerged on the topic of Elders that needs to be addressed. When these smudging rooms were built, Elders were consulted. They were guiding the layout and design of each these rooms because it important to have First Nation’s input within each phase. It is our traditional Elders that have the advocated for these types of changes and it is not an easy battle. Some of these Elders have healed from

Residential Schools, and returning to institutions to change policies to ensure that all Indigenous People do not feel discrimination.

CHAPTER 5

Summary Of Findings

In investigating the institutional practices surrounding the inclusion of the Anishnaabe smudging ceremony into the delivery of Health services, this research contributes to an important gap in the literature on Indigenous – Settler Health relations and reconciliation studies in Canada. There is information on the smudging ceremony, but nothing that is written specifically like this. I was informed not to give away all our teachings to our medicines because it would take away the meaning of our culture and from the ceremony. It was a great honour to work with the medicines and learn the teachings and origin stories, some of which I could write and I respected the Elders who asked me not to write it about just to understand the teachings behind it. The reason this was shared with me because the Elders felt that they could trust me with that information and that they wanted the teachings to be passed down, not through written material, but in our original languages. As an Indigenous researcher, I am privileged to have such information. This ceremony is sacred and to discuss our teachings through an Anishinaabe perspective is such an honour to have permission to write about it. I will state that different Nations with various medicines conduct this ceremony differently.

With careful consideration of the process I aimed to have a balance of male and female as per my teachings, this also included to have a balance of Indigenous and non-Indigenous participants. In addition, the Elders I was consulting with I ensured that I had a balance of the male and female perspective because our medicines have female and male energies. Some of the teachings on the medicines and ceremonies could only be told by male or females because these teachings hold the sacred component of why certain

medicines and ceremonies are done a specific way. It was carefully done so that the teachings and medicines were respected throughout the research.

What was unique about this research is utilizing the “Sweat Lodge research metaphor” to conduct the study. This was used before any ceremony begins this is the beginning step. This study explored which health care facilities had made policies for the smudging ceremony and which facility was dedicated to ensuring that this ceremony could be conducted within its building. The Anishnawbe health model was applied to my research analysis after discovering the model while researching medicines. I decided to apply my themes into the main themes because each of these sub categories touched upon each of the cultural awareness, cultural competence, cultural sensitivity, cultural safety, and then by adding cultural continuity. I felt that these were all important and overlapping issues that needed to be addressed for the smudging ceremony.

Limitations

I want to address the limitation in my study. First of all, I have my personal bias that I want to acknowledge and that is with my experience I did not hold it against HSN, but rather I wanted an apology to my family who wanted to access the room. Although I got a better understanding as to why the room was not opened and was not accessible in that point in time. I think an apology would be an important step to reconciliation especially where we are in this point in time and this is acknowledging the injustices that are now being documented by Indigenous People. Secondly, I would like to acknowledge I do have personal bias as an Anishinaabe Kwe, Smith (1999) reiterates my frustration and determination of this research when she states “when Indigenous peoples become the

researchers and not merely the research, the activity of research is transformed. Questions are framed differently, priorities are ranked differently, problems are defined differently, and people participate on different terms” (p. 193). Due to my own personal experience I had a specific agenda to understand the history, policies, and implementation of these healing rooms. I have gained a new perspective on healing rooms, but do understand we also have a long way to go to ensure all health care facilities have healing rooms, accessibility to the rooms, address funding issues, and ensure employees have cultural sensitivity for patients when they are trying to access these rooms.

Another limitation I want to address is geography. Since site locations in Northern Ontario are spread out it requires at least an hour drive to get to each health care facility. For example, I had to exclude Timmins, North Bay, and many other surrounding cities. In addition, this was limiting to my research and was only able to do a small region. With the distances being so far to travel to each location would get expensive over time. I was able to frequently stop at Parry Sound because it is on the way towards Toronto, which gave me the advantage to stop in on route down south.

One of my goals in this research was to seek out patient perspectives, however due to Laurentian ethics I was unable to get their insights and it may interfere with patient confidentiality at the health care facilities. However, it would have been interesting to see if there were any conflicts at Shkagamik-Kwe health centre in terms of smudging, if any. It was also different working with Shkagamik-Kwe employees because I feel they were more forthcoming in the information, teachings, and reality of the site’s smudging policy. Although this would have framed the research slight differently because it would have

portrayed the patients perspective on what works rather than an administrative point of view.

Lastly, my research was very broad. I had too many questions when I began my research and had to keep in mind I could broaden it with a PhD work. Also, I later thought I could have focused strictly on health care websites that had information on healing lodges and what were their policies across Northern Ontario. However, despite how broad my research was, it was intended to have a comparison with various hospitals, but only had two participate in the study.

Future Research

There is the potential for future research to further explore the patients perspectives at various hospitals, how other organizations/government institutions incorporate this ceremony, what kind of policies are in place, who is implementing these policies and whether non-Indigenous staff been receptive to learning about the culture. For future research on the smudging ceremony I would like have a larger scope and continue the comparative research. I was thinking of doing a comparison on Northern and Southern Ontario health care facilities or look at the provinces across Canada. Discussing my thesis with other Indigenous People across Canada, there is still a need to make room for smudging within institutions, not just health centres. So the issue we are facing here in Ontario are issues they are facing in every provinces. Furthermore, it would be interesting to see what the needs and challenges are for the smudging ceremony. This is leading into my PhD work and exploring the possibilities to take this ceremony.

Significant outcomes of the study

There were two significant outcomes of this research at HSN. The first is that the smudging policy was updated January 2016. The incident that I experienced at HSN occurred in March 2015, so to see change occur within one year is was rather quick progress. In addition, the same time the management at HSN ensured that the room has more accessibility and this included have signage on the door, ensuring that it is a welcoming space and all patients could access no matter what time it is. I thought these were two very important outcomes from this study.

Conclusion

All the health care facilities supported and accommodated the smudging ceremony and had policies within the institutions. The exception was Shkagamik-Kwe Health Centre because they are AHAC so it is written into their policy to have access cultural and traditional practices because it is part of their mandate. Smudging could happen in any room, at any time and they often smudge the main building. On the other hand, there were some challenges in updating policies within the hospitals. Many policies that were in place were from the old hospitals that did not have dedicated rooms. An example would be from the St. Joseph's hospital in Sudbury, which needed to get permission from the proper sources, then get a fire extinguisher and can to empty the ashes.

These healing/medicine lodge rooms where the smudging ceremony takes place have many activities going on within it. Some have quilt making, paintings, story sharing, talking circles, and presentations to name a few. This helps in generating knowledge

about the room. However, if patients need to come in and smudge, that should always be made available first and foremost because the room was built for that purpose.

The smudging ceremony had an impact within the health care facility. The first impact on the institution is building a separate room within the new hospital. This created a space for the smudging ceremony to take place and made some staff curious about the room and what takes place within it. The second effect illustrates that this simple ceremony requires non-Indigenous institutions to eventually incorporate the smudging ceremony in any part of the hospital. These hospitals have incorporated the rooms in northern Ontario for Indigenous People to gather that allow for ceremonies before the Truth and Reconciliation provided the recommendations. However, when talking to friends in the southern Ontario region they have indicated that the hospitals do not have that option, and they would have to go into a chapel and need to seek permission to smudge within it.

My research has contributed in expanding policies to be more receptive to Indigenous healing ceremonies. Many Indigenous people working within institutions are finding it difficult to bring the smudging ceremony within the buildings. For example, in the Sudbury Catholic School Board I have noticed some secondary schools will allow smudging to occur right in the classroom whereas another school will only accommodate it outdoors. However, a co-worker has been working on a policy to ensure that it is incorporate across the board. In addition, in June 2016 I was at the Canadian Indigenous/Native Studies Association Conference where I was able to network amongst many health providers across Canada and they are also working on putting a smudging

policy into place at their health care facilities. The smudging ceremony is still making its way into institutions.

Not only do Indigenous People have their own health centre that successfully blends two methods of healing but the whole health centre itself is dedicated to the reclamation of Indigenous healing. This was made possible by the late Ron Wakegijig and Dr. Bailey, who had the vision that the two healing methods would coincide within one building. This research will not only contribute to literary works but it will contribute to ensuring all health care facilities not only have a room for the smudging ceremony and contribute to decolonization and reconciliation. As previously stated, many of the health care providers are already looking at implementing the smudging ceremony within their work places and health care facilities. By having this room not only will staff and employees understand the importance of this room, they will know the smudging purpose, process, and significance.

The medical staff that is employed in Northeastern Ontario health care facilities may not be aware how high the Indigenous population and this population is roughly around 12,960 people, which is 8.21% of Sudbury's population (Greater Sudbury, 2011). Based on many research studies and my own experience, the non-Indigenous population is still carrying misconceptions and racism about Indigenous people. There is a need for education on First Nations, Metis, and Inuit People. This will assist with the changing the conversation on Indigenous peoples and cultures and building relationships between non-Indigenous and Indigenous People.

The aim was to further build that knowledge on smudging ceremony, medicines, Indigenous spirituality and recognizing the Anishinaabe culture. In my own experience

when my aunt had passed away, the question that often arose was why I did not report the incident. I would reply, that there should be a notification of the process on how to file a complaint as most Indigenous patients or families are at the hospital due to an illness, death in the family, cancer, etc, but having the information of how and who to report any incidents could help rectify the situations. To date, there still no procedure in place. This will also improve the quality of care that Indigenous patients need. This could also lead to improving other services around the hospital. AHACs were funded in the mid 1990's to do exactly that...what could we learn from this then? Aboriginal Health Access Centres have a focus on Aboriginal healing methods and blending western practices, it is possible that hospitals could be doing the same. As First Peoples to Canada, our health care facilities should be open to accommodating smudging ceremonies within the hospitals. There are smudging ceremonies that take place during birth of the child and post-partum care, where smudging could be utilized in most areas of the hospitals.

Recommendations

Each hospital implemented a room designated for smudging that included a ventilation system with the input from their Knowledge Keepers. There are several recommendations for the hospitals to consider:

- **Liquid Smudge:** this should be made available at the medicine/healing lodge rooms so that it is portable to take into any room within the hospital. The scent that comes from these are not overpowering.
- **Websites:** the second recommendation is having a website that is dedicated to Indigenous People to read the information on the health

centres website. There should be a tab on the website's homepage to easily access information on Elders/Knowledge Keepers, ceremonies, Shkagamik-Kwe Health Centre for resources, where to file complaints, patient navigation services and protocols when the Medicine Lodge room.

- **Continuing education:** In addition, each staff member from the custodians to nurses to security guards should have knowledge of the smudging ceremony. There should be a policy on learning about Indigenous culture just like we have to learn about workplace safety. This will help break down barriers.
- **Elders/Knowledge Keepers:** should be available onsite, after hours or on-call for patients. The purpose is that some turn to their indigenous ways of healing in times of crisis and not every Indigenous person follows their culture until a time of crisis.
- **Visibility:** I think the final recommendation that is needed in all Northern Ontario hospitals is to have signs throughout each level of the hospital, who and where to access the medicine lodge room. The hospitals will appear to be Indigenous friendly, it will be a part of the reconciliation process. This means there should be more Indigenous content throughout the health care facilities, as Indigenous People are visual people and having a welcoming visual board will have out-of-town patients a little more at ease. All employees that work with Indigenous clients directly or indirectly should have knowledge on the culture and traditions.

- **Suggestion Box:** In my experience it would great to hear from the patients and clients from each of the health care facilities

The more we bring our culture into institutions we are decolonizing the systems that were set-up to change us, to assimilate us. Ceremony is no exception, we have already brought the sweat lodge ceremony into prisons, smudging within health care facilities, and territorial acknowledgement within schools; we are continuing along the path of our ancestors in our resistance and decolonization efforts . The smudging ceremony has been accommodated, but to improve the accessibility of the smudging ceremony, the liquid smudge could be made available, access to Elders/knowledge keepers, improving websites, and increasing the Indigenous visibility on all floors of each hospital.

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