

Tapping into Anishinaabe Wellbeing: Illuminating a journey in Shebahonaning (Killarney)
through Principles of Autoethnography.

by

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Abstract

Reviewing the colonial history of Canada, and particularly that of the province of Ontario, serves to provide a greater understanding of the health inequities that impact Anishinaabe communities and people today. After the Robinson Huron Treaty of 1850 in Ontario, policies have continued to be developed and implemented with the intent to displace and assimilate Anishinaabe people into the Euro-Canadian culture. The Integrated Life Course and Social Determinants of Aboriginal Health Model defines policies and legislation such as the Civilization Act, Enfranchisement Act, and Indian Act as examples of distal determinants of health, with historical, political, social, economic, and holistic health impacts on Indigenous people and entire communities. There is a need for further research on health inequities and dispossession of culture and land in Indigenous communities in Canada. My major paper focuses specifically on the historical colonial events and policies that have impacted the holistic health of the Anishinaabe people and community of Shebahonaning (now widely known as Killarney), Ontario, Canada. The approach weaves a health and history literature review with principals of autoethnographic research as I include reflections and storytelling through the historical conversations I have had with my maternal Grandparents at their Sugarbush. Tapping into this visceral knowledge and lived experience through oral tradition serves to illuminate a better understanding of the Anishinaabe well-being for myself and families with similar experience. The wider implications of colonialism and policy on Anishinaabe identity is addressed and shared, with specific recommendations to improve holistic health outcomes in the community of Shebahonaning; and with consideration of the implications for other Indigenous communities in Canada.

Acknowledgments

My inspiration for embarking on this incredible journey traces back to a deeply personal moment—the passing of my grandfather in late 2018. This profound event, coupled with a transformative Anishinaabe community meeting in Shebahonaning (Killarney), where I gained access to valuable historical information, ignited a flame within me. In 2019, I embarked on my thesis, which eventually evolved into a major paper. Over the years that followed, I encountered numerous complexities, but today, after four years, I stand triumphant at the completion of my Master's journey.

In this moment of accomplishment, I wish to express my heartfelt appreciation and acknowledgement to the individuals who have played pivotal roles in my life. Firstly, I want to honor my grandparents and ancestors who have passed on, for they have laid the foundation that allowed me and my family the opportunity to pursue education and embrace the freedom to grow. Additionally, I extend my deepest gratitude to my family members who left this world during my time as a Master's student. Their departure prompted profound reflections on how they shaped my identity and understanding of health and well-being. My mother, a constant source of encouragement, nurtured my passion and instilled in me a sense of pride in our Anishinabek ways of life. I must also acknowledge my father, whose patience and unwavering commitment to spending time outdoors nurtured my love for nature and our Earth.

Beyond my family, I am eternally grateful to my husband, Brad Pagnutti, who has stood by my side, supporting me through every step of this educational journey. During the emotionally challenging times, he ensured I nourished myself with sustenance, caffeine, and leisure time amidst nature. Without his assistance and unwavering support, I could not have achieved what I have accomplished. His presence kept my spirits high and my head above water, and for that, I am forever grateful.

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As previously mentioned, a particular historical meeting in Shebahonaning (Killarney) became a wellspring of inspiration for me. It is with deep respect and admiration that I acknowledge the individuals who have contributed significantly to my research. Adele Loosemore's decades of diligent research provided the foundation upon which I built my work. Without her tireless efforts, I would not have attained the intricate details and insights that enrich my paper. Additionally, I wish to recognize emerging scholars like Sarah Proulx, whose unwavering support throughout my journey has been invaluable. Through the collective dedication of researchers like Adele and Sarah, we can honor the past, learn from it, and shape a

balanced future.

In conclusion, my journey from inception to conclusion has been a profound and transformative experience, and I am humbled by the individuals who have touched my life along the way. Their unwavering support, guidance, and belief in my abilities have propelled me to overcome obstacles and achieve this milestone. To all those I have acknowledged, I offer my sincerest gratitude and appreciation. Your impact on my life will forever resonate, and I am excited to embrace what lies ahead, armed with the knowledge and inspiration gained from this remarkable journey.

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Preface

Plunk, plunk, plunk, drip, drip, drip.... these are the sounds you will hear among the maple tree nation on the north shore of Georgian Bay, Northern Ontario, during the early days of spring. The maple trunks are tapped with metal spels, and the sweet water drips into a silver metal bucket that hangs from the tree, with a metal top to stop the snow and rain from getting in. On warm days when the temperature is above zero, yet the evenings fall below, you will see, smell, and hear the drops hit the bucket, and you'll inevitably find yourself licking your lips in anticipation of the sweet sap to come. You can't help but want to taste the sugar water running off that first tap! The sweet sap feels like drinking medicine from a tree. Making maple syrup is a common practice in my maternal family, and it has been done for many generations in the community of Shebahonaning. The stories that my grandparents shared during the sugarbush season were always my favourite because I felt like I was –and am –a part of a rich history of generations of people that have lived closely with the land, relying heavily on the reciprocal relationship and gifts that it so freely shares. Bringing my Anishinaabe traditions forward, the same principles of gathering, preparation, and dissemination apply to this research paper. Like preparing for the sugar bush season, we gathered the materials: spels; bucket; wood; and bottles, gearing up for the golden experience. As such, with a review of background literature, I gathered relevant resources and materials to help share a story that was simmered down like sap. Then, through storytelling, I sifted through memories like foam and served the lessons and understandings –filled with the wisdom of generations – and finally shared the liquid gold with the hopes of informing further research and policy to come.

Introduction

In the last few centuries, the Anishinaabe of Georgian Bay have been significantly impacted by dispossession of land and culture through the arrival of European trappers, logging and mining developments, and political activities in the development of Canada. Dispossession is defined as: “*the action of a person or group of people losing land, culture, and other property and not having a choice in the act*” (Merriam Webster, n.d; Brown et al., 2012). This can happen through mechanisms such as land treaties, legislation or other forms of possession that undermine Indigenous land rights. Today, in Ontario, Canada, there are over 133 First Nation communities (Indigenous Services Canada, 2022); some are registered under the Indian Act, and others, because of historic events and policy, have not been recognized through federal legislation. Shebahonaning, widely known as Killarney, is one such community in Ontario, located on the north shores of Georgian Bay. Used as a water travel route for centuries, the traditional Anishnabemowin name was Zhiibaawnaaning, or Shebahonaning, which means narrow water route. The spelling of these names varies depending on who was writing the accounts and how it was pronounced. When reviewing historical documents, the different spellings of Shebahonaning were noted; Cha’ba’bou’an’ing, Shabahnahning, Shebawnaning, Zhiibaanaaning, among many other slightly different spellings. Although slightly different, they are referencing the same community and geological area on the north shores of Georgian Bay.

For the purpose of this paper, I will use the current and most familiar term Shebahonaning, as referenced on the website and locals unless quoting an article. Furthermore, in Canada, the terms Indian, Aboriginal, First Nation, and Anishinaabe are used to refer to distinct groups of people with different historical backgrounds: The term Indian was historically used to refer to the Indigenous peoples in Canada. However, it is now considered outdated and inappropriate due to its colonial origins. The Canadian government officially replaced it with the

term First Nations. The term Aboriginal or Indigenous is a broader term that encompasses First Nations, Inuit, and Métis. It is used to recognize the diverse cultures and identities of the Indigenous populations as a whole. First Nation refers specifically to Indigenous peoples in Canada who are not Inuit or Métis. It recognizes their distinct cultural and political identities and is often used to describe individual nations. Anishinaabe is one of the many Indigenous nations or groups within the broader category of First Nations. The Anishinaabe people are a part of the three fires confederacy (Odawa, Ojibway and Pottawatomi). It is important to note that these terms have evolved over time and can have different connotations and meanings depending on the context and the preferences of the individuals and communities using them. Thus, I will be respectful and culturally appropriate when using these terms in my paper and utilize Anishinaabe as frequent as possible when not referencing quotes or Canadian legislation.

Oral histories and archaeological records demonstrate that the territory of Shebahonaning has been occupied by Anishinaabe people long before Europeans came to settle in the area (Johnson, 2006). This history of ongoing occupation by Anishinaabe in the Shebahonaning area, is misled and often leads to a one-sided history. Historical colonial pressures related to the settlers' desire for more land has had dire consequences for First Nations' well-being (Richmond, 2018). These colonial pressures include, but are not limited to, broken treaty promises, legislation such as the Indian Act, increasing European encroachment resulting in the dispossession of land, loss of access to hunting or fishing areas, and the loss of connection to family identity and culture through forced assimilation (Richmond, 2018).

As a result of complex historical trauma, generations of Anishinaabe have often been labeled and scrutinized due to their identity. Only recently with increasing social awareness and focus on reconciliation has it been more acceptable and less stigmatized to identify as an Anishinaabe person. Generations of Anishinaabe who have resided in Shebahonaning over the

last 150 years have experienced significant impacts from colonial policy, land restrictions, and assimilation policies, to the extent that language, Anishinaabe history and ceremonial practices were no longer practiced and passed on. However, the impacts of the policies, restrictions, and assimilation practices are beginning to be understood, and research has shown the extensive and far-reaching health implications that arise from these losses (Greenwood et al., 2018; Reading & Wein 2009).

The aim of this paper is to identify the effects of settler colonialism, dispossession, and historical events on the wellness of my Anishinaabe family and community that resided in Shebahonaning. I will approach this through a reflective analysis and storytelling using the principals of autoethnography. Thus, I will use a sugarbush metaphor to help guide these topics and self-reflect on conversations I had with my grandparents, while at the sugarbush over the past decade. The literature review is presented through three sections. First, assessing historical data and literature on Indigenous wellness, to better understand the trends of inequity as well as gaps related to what wellness means to Indigenous people versus western health systems. The second section reviews historical and current settler colonial and assimilative policies and their generational impact on identity and culture. With colonial policy came labels, classifications, and dispossession of land and culture that interconnects and impacts Indigenous health. Finally, in the Shebahonaning History section in order to truly understand how the changing political environment shaped the identity of the community and the families living there, it is important to understand how Shebahonaning was originally an Anishinaabe community and consider the impacts of colonial policy and actions such as the Indian Act, Enfranchisement and the establishment of a provincial park.

With the current state of First Nations, and more specifically Anishinaabe, health inequities there is a need to address the gap using culturally sensitive research. With this

approach I hope to share what is needed to mitigate the effects of colonial assimilation and policies, and to revitalize cultural knowledge, Anishinaabe history and culturally sensitive healthcare. This is important to improve health outcomes for Anishinaabe people today and for future generations to come.

My Story: An Autoethnographic Approach

Once the maple water fills the buckets and is collected, you can imagine that it's quite the sight...barrels full of sweet sugar water. The act of gathering, as well as the time and patience required, are just as critical to the process as the theory and methods used to boil it down from sugar water to maple syrup. Within the sugar shack, we set up the long metal vat that sits on the towering fireplace that was lovingly built by my grandparents; once it's prepared, we set up a cloth filter on the front face to catch the loose debris that may have fallen in the buckets during the gathering process. After many buckets were poured through the filter and into the vat, my grandfather would then measure the remaining space between the liquid gold to the top of the vat to ensure no excess could boil over. All remaining leftover sap would be saved in barrels outside the boiling shack for the next gather and boil. To maintain the process, the fire must be constantly stoked, and wood must be continuously added. Over time, the first foam accumulates as it begins to boil. It's then cleared off with a screen on a handle to ensure a clean boil. This clearing of the foam is done several times throughout the boil. Through this process, the shack would fill to the brim with steam, with only the ceiling vents to let it out. Sweet smelling steam, and at times, so thick you couldn't see your hand in front of you! Once it has boiled enough, you begin to see a dramatic drop in the sap level. Then, when my grandfather was satisfied, it was time to attach the vat

lift and raise the maple syrup off the fire to help it cool. A feat of design, my grandfather had a rail lift installed to attach all four sides of the vat by chain to a motor lift, allowing the vat to be easily lifted and moved. It would then be placed to the side where it would rest on the stand my grandfather also built to hold the vat, and the goods would be allowed to cool.

Next, we set up the filter in a large metal milk canister and placed it under the vat spout. We would then open the spout, and the maple syrup would pour through a filter into the milk canister. Once complete, we would bring it into the cabin for the final boil. Working as a team, while my grandfather began the outside cleanup of the vat and filters, my grandma would complete the boil on the stove inside. As the maple syrup undergoes its final boil, foam develops again, but this time it is sweet like candy, and this is taken off and put into a bowl as a tasteful by-product of the boil. Then, when the bubbles look right, grandma's time-tested consistency test is completed to see if it is ready to bottle. Finally, some maple syrup is taken off with a spoon and placed in a bowl; then, the bowl is placed on the snow. After a few minutes, grandma moves the spoon, and if there is a particular wrinkle across the maple syrup, it is ready to take off and bottle! This method is tried and true.

Ultimately, just like the delicate and refined process of maple syrup-making, I hoped to bring the same patience, diligence, and devotion to my research: to gather the sap (collect knowledge); then simmer it down (through reflexivity and principles of autoethnography); then filter out the foam (queries and unneeded information); and prepare to bottle what we call liquid gold (findings and conclusion). My hopes and dreams were to add to the research needed to

further serve the Anishinaabe community of Shebahonaning and improve wholistic health outcomes.

For the purposes of this paper, principles of autoethnography were used. The reasons for the use of this approach were twofold: (1) to inform research through direct experience and cultural understanding of the subject matter, and (2) to become a literal embodiment of the necessary change required in the field of research. Thus, through my experiences and voice, an Anishinaabe narrative can begin to emerge about my own history in the broader context of the history of my grandparent's community. My hope is that this knowledge can then help begin the process to influence government health policies to improve health outcomes for Anishinaabe in the Shebahonaning area.

I employed the principles of autoethnography and reflexivity to tell my story and place the self at the center of cultural analysis to ground my research in experience. In using traditional Indigenous methodologies like storytelling, I ensured that my experience, as well as that of my maternal family, is shared. My hope is that the impacts of historical colonial policies and processes like the Indian Act; the dispossession of land and culture; and the effects of these on identity, community, family, and my understanding of culture and health – and my ultimate cultural reclamation as a result– are all discussed and applied through my research approach. Indigenous methodologies that are culturally relevant, such as storytelling, not only serve to provide knowledge, but they contribute to the process of decolonization, helping to bring balance to power in research (Drawson, Toombs & Mushquash, 2017).

This paper is an embodied step towards incorporating Indigenous knowledge in health policy, and balancing the power in research through raising Anishinaabe voices, like my own. MacDougall (2015) described how *narrative storytelling* can be the foundation upon which to develop the process of rebuilding community and relationships, and that the application of this

knowledge can be understood as a determinant of Indigenous peoples' overall health and well-being. Thus, through using principles of autoethnography and storytelling, I engaged the self in cultural analysis, supported by a range of data and historical records, and used my personal recollections and interviews with others to draw conclusions relevant to creating social change and improving the quality of culturally-informed health care available to the Anishinaabe people of Shebahonaning.

Principles of Autoethnography

In order to incorporate principles of autoethnography and storytelling in my research, it was important that I explored their various characteristics. Bochner and Ellis (2000) defined autoethnography as an:

"autobiographical genre of writing and research that displays multiple layers of consciousness, connecting the personal to the cultural. Back and forth autoethnography gaze, first through an ethnographic wide-angle lens, focusing outward on social and cultural aspects of the personal experience; then they look inward, exposing a vulnerable self that is moved by and may move through, refracting and resisting cultural interpretations" (p. 739).

From an Indigenous perspective, McIvor (2010) further explained how:

"the method of autoethnography is also largely about telling stories, in this case, one's own. As a research methodology, it extends beyond the realm of storytelling for entertainment but, not unlike much Indigenous storytelling, it holds the greater purpose of teaching, learning and at times creating new knowledge" (McIvor, 2010, p.140).

Making use of autoethnographic principles within my research required more than just self-reflection, it required me to culturally position and situate myself, and my family experiences, within current and historical issues in order to fully address my research question.

Autoethnography as a method has increasingly become popular to use within health and Indigenous research, and it has been considered a suitable approach for Indigenous health research because of the use of self-reflectivity and the incorporation of storytelling (Smithers-Graeme, 2013). Thus, incorporating the principles of a *story of self*, it's an appropriate guide to help address my research aims, and through the use of storytelling, my personal journey helped better inform the interrelationships between health, culture, and colonialism in the community of Shebahonaning.

The terms, *insider/outsider* were described by Smith (1999) as complex in their approach to understanding how we view ourselves in relation to a community. As more of an insider than an outsider, I needed to be particularly reflexive and think critically about the relationships and research I developed. Informed by this perspective, further consideration for my role as an insider involved acknowledging the risk of having my views and beliefs about the community challenged by research. Throughout my research journey, I continued to be reflexive and talk about my experiences while simultaneously striving to have the highest respect for others' knowledge and echoing the Indigenous voices that otherwise might not be heard.

In research, several authors describe Indigenous storywork as relying heavily on creating respectful relationships with the Indigenous community and people (McGregor, Restoule, & Johnston, 2018; Christensen, 2012). This approach is a way to understand experiences and empower the connection between places, people, and Indigenous knowledge; and this viewpoint can help enhance and promulgate the incorporation of an Indigenous worldview that aligns with a community's values in research (McGregor, Restoule, & Johnston, 2018). When considering myself and my life experiences and stories, I wanted to reflect the truth and did this using Indigenous storytelling. A further benefit of Indigenous storywork is that it can also draw other essential elements into the data collection process (i.e., pictures, articles, maps, etc.), and it can

become a useful method in the reflection, translation, and dissemination of knowledge (Drawson, Toombs & Mushquash, 2017). These areas of consideration were considered and my discussion was approached through this lens, with an exploration of my identity and my family story, as well as colonialism and wholistic health impacts, informed by my own experiences and perceptions, including conversations with my grandparents.

My Identity and My Family Story

Marnie diznakaaz (My name is Marnie.). Mukwa (bear) dodem (my clan is bear.). Wahanapitae miinwa N'swakamok dopnjava (I am from Wahnapiatae First Nation and Sudbury). Nimkii Beneshi Kwe diznakaaz (Thunderbird Woman is my spirit name). It was not until 2011 that I began to learn about Anishinaabe spiritual teachings and to develop the confidence to learn more about it. In 2013 I approached an Elder, provided tobacco as an offering, and requested their help to find my spirit name, which I received the following day. Then, in 2016, I approached a different Elder, with the same process of providing tobacco and requested help to find my clan. It wasn't until months later that I received the knowledge that my clan is mukwa. The more I have continued learning about Anishinaabe ways of being, the prouder I have become of who I am and where I am from. I am an incredibly proud Anishinaabe Kwe (woman) and Mixed European woman. My maternal ancestors are Ojibway, Odawa and French. My paternal family is British, Swedish, French, and German. I am what is referred to as *white passing*, which allows me the privileges that come with being fair skinned, and I recognize that this has significantly impacted the way I experience overt racism and discrimination, and the ways in which I have been protected from that experience.

Along with most of my family I was raised in N'swakamok (Sudbury), Ontario, which is also Robinson Huron Territory, and is situated on the traditional territory of the Atikameksheng Anishinabek. Like those with similar Indigenous ancestry, my maternal grandparents, Ken and

Elva (nee Roque) Burke, lived in Shebahonaning, and their ancestors were heavily affected by colonial policies and practices like the Indian Act. My maternal grandparents' relatives and ancestors were also affected and experienced the government's implementation of policies to assimilate Indigenous people in Canada.

Knowing the importance of language, this reminds me of the stories of Anishinaabe ancestors in our family who would translate English, French, and Anishnabemowin. Recorded in *La Famille Robert de la Morandier 1668-1986*, it was written that Charles De Le Morandier was an Indian interpreter along with his brothers. My grandmother remembers her grandparents speaking Ojibway to others coming to Shebahonaning looking for the best spots to pick blueberries. When sitting at the sugarbush I would ask my grandmother why she thought the language was not passed on. She replied, "I don't think it was allowed. You didn't want to be seen or heard as an Indian". Unfortunately, my ancestors did not pass on the language to their children, but my grandparents picked up a few words they enjoyed learning. Waboose (rabbit) and Aanii (hello) are just two examples. After a few generations, fluency in Anishinaabe language was lost in my family.

In 2008, I attended Cambrian College, and after meeting other Anishinaabe students, I started to learn more about Anishinaabe culture through the delivery of college workshops facilitated by Elders and community knowledge keepers. Most recently, in 2022-2023, I began participating in language education opportunities and attending language classes to learn the Anishinaabe language. Now, more than ever before, there are abundant opportunities to learn the language before the fluent speakers are gone. Through my own identity journey, I have developed a profound desire to break the cycle of assimilation and cultural loss, and I hope to continue to learn more about Anishinaabe practices and living in harmony with Mother Earth.

Beyond that, I have a great sense of resistance against all European efforts to assimilate, and to take back something that my grandparents and parents could not access and learn.

My grandparents were born and raised in Shebahonaning with a family of eight children. Following the construction of Highway 637, they moved to Sudbury for some time while my grandfather worked for the Ministry of Transportation. They always returned to the Shebahonaning and Point Grondine area for trapping, hunting, fishing, maple syrup making, visiting, and camping after establishing their camp and, following that, their homestead in 1985. As mentioned previously, I have eight aunts and uncles and I would like to mention those who have passed. My Uncle Raymond died by suicide in 1999, my uncle Brant was murdered in 2020, and my mother passed in 2022 from intense year-long health complications following her brother's death. These experiences are profound because trying to understand the intergenerational layers that led to these traumatic situations, left me wondering 'what if they knew more about their identity and culture?' I was not wondering with regret but with the drive to prevent further heartbreak within my family and the community of Shebahonaning.

Since my grandparents have a connection to Shebahonaning, I also have extended relatives in the community, and I experienced a direct working relationship with the Municipality of Killarney and Herbert Fisheries from 2004-2007. Thus, I would consider myself in academia as a *partial insider* when doing my research, even though I don't currently live in the community now. Reflecting on Indigenous peoples' health and the impacts of settler colonialism, I wanted to capture my relationship with my culture and conversations with my grandparents to see how these interact and intersect with my health and the health of the community of Shebahonaning. I also wanted to reflect on my own experiences and identity as an Anishinaabe from Wahnapiatae First Nation with mixed European descent, as I deemed it would help me better understand my research while simultaneously embracing more of my Anishinaabe identity.

More widely discussed in today's culture, and as mentioned previously, I am what is referred to as mixed-race and am *white passing*. I hoped to reflexively situate myself in this space to ensure I was respectful and aware of my own privilege. It is essential to be self-aware and possess an understanding of one's self, identity, and place within the culture one is a part of. This is especially true when attempting to provide a voice which serves to help inform one's ability to comprehend, value, and respect another's culture and point of view in research (Chilisa, 2012).

In the sections to follow the literature review, I use storywork to reflect on conversations I had with my grandparents, and this leads to considerations of the health implications around the necessity for spiritual health and learning more about Anishinaabe culture. My culture was once revered during fur trade, then assaulted and despised to the point of aggressive assimilation, and now it is being reclaimed and acknowledged through a process of reconciliation and resurgence.

I look back at my maternal grandparents' ancestry, and if we were to consider the Anishinaabe ancestors all the way through inter-marriages with Europeans, and which continued through generations, there is a vast lineage. Métis is another term used to reference a mixed race; however, I do not identify with this term due to the confusion and consideration that my ancestors were Ojibway and Odawa. The term Métis has become widely used to include all mixed Indigenous people, but I believe that it tends to pan-Indigenize people into a broad category for the sake of counting and fiscal responsibilities. Thus, when I introduce myself, I am Ojibway, Odawa, and mixed-European, and I am someone who has, and will continue to reclaim the Anishinaabe language, culture, and land, and then share this knowledge to help others. Reclamation will look different for everyone. As for myself; I need to continue this journey for self-identity, but this journey goes far beyond my own self. I want to honour my ancestors that came before me, and especially my mother and uncle who recently passed away during the

walk and learn for myself, and for them, and together we will keep on walking, learning, and healing.

Literature Review

Wellness of Indigenous People

According to the World Health Organization, health can be defined as, “*a state of complete physical, mental, and social well-being and not merely the absence of disease*” (World Health Organization, 2023). The issue, however, is that Western concepts of health are rooted in Western science where the approach to health involves evaluating and observing people through a physical, mental, emotional, and social lens but this does not include spiritual health. This framework dominates health research, evaluation, and practice in Canada. However, First Nations wellness has a broader scope, encompassing physical, mental, emotional, and spiritual health. Wellness also includes individual, community, and connections with Mother Earth as being vital for health and for the sustainability of future generations (Fiedeldey-Van Dijk, 2016; Roy & Campbell, 2015). Interconnectedness is central to First Nations' wellness: one's connection to language, culture, land, community, family, and ancestors can have a powerful impact on health (Fiedeldey-Van Dijk, 2016; Roy & Campbell, 2015). Ultimately, an Indigenous perspective sees that to achieve wellness one seeks a balance among all these aspects of health. The National Collaborating Centre (2019) defines Indigenous health and well-being as including “*a balance between mind, body, spirit, and emotion; as well as living a good life in harmony, reciprocity, and relationship with other human beings and the natural world*” (p. 8).

The importance of balance in health is highlighted in a discussion created by the Mental Health Working Group (2002) about appropriate mental health services for First Nations and Inuit communities. They define: “[*a*] *lifelong journey to achieve wellness and balance of body,*

connectedness in the presence of a harmonious physical, emotional, mental, and spiritual wellness" (Mental Health Working Group, 2002).

The main difference between how wellbeing is perceived in mainstream society and First Nations is that spiritual health and the health of Mother Earth are usually overlooked in mainstream conceptions of health. This creates gaps when attempting to align healthcare solutions to the wholistic needs of Indigenous people. Sickness begins with the spirit; if the spirit is wounded—because of the principle of interconnectedness—then the physical, mental, and emotional being becomes sick (Lavallee & Poole, 2009).

In Ontario, Canada, there are over 133 First Nations and this includes 406,590 people both on and off-reserve in urban, rural, and remote communities (Statistics Canada, 2022). Although improvements have been made to make healthcare accessible (e.g., telehealth) and care is increasingly more culturally appropriate within healthcare settings (i.e., Indigenous Health Access Centre's, cultural safety training, etc.), there are still inequities in appropriate and accessible health services for Indigenous people compared to the non-Indigenous population (Reading & Wien, 2009). A recent study found that Indigenous people in Canada have higher rates of adverse events, barriers to accessing surgery, and death after surgery (McVicar et al., 2021). This reality is further compounded by a discriminatory health system focused on the biomedical model, which rarely accounts for broader determinants of health, and neglects Indigenous conceptions of health and their broader knowledge sources and ways of being.

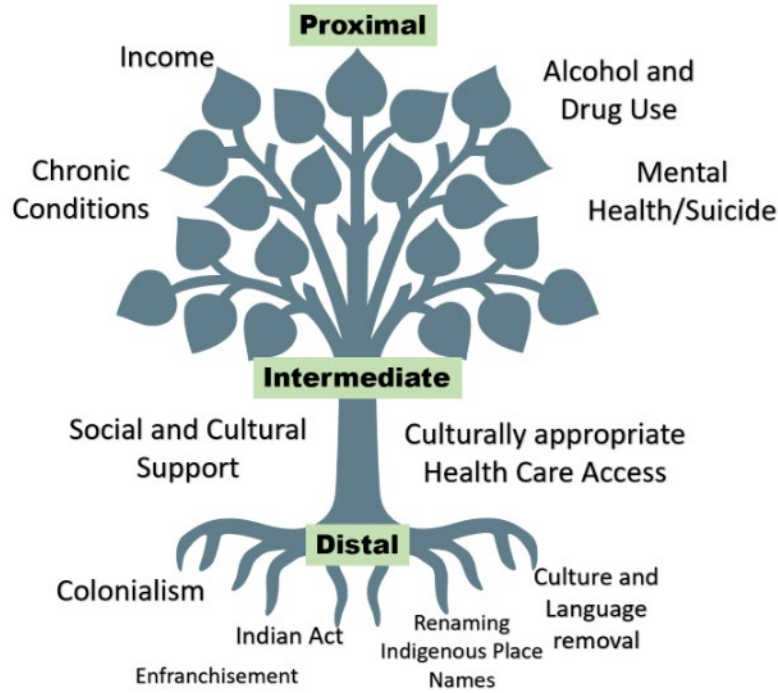
Further evidence of health inequities is that First Nations people in Canada have a shorter life expectancy by 15 years, and a diabetes rate four times higher than the non-Indigenous population (Statistics Canada, 2019). Suicide is also more prevalent in Indigenous populations and in a 2012 study it was noted that up to 21% of First Nations that live off reserve have

suicidal thoughts, compared to the non-Indigenous population at 10% (Statistics Canada, 2012).

The Indigenous population in Ontario has a higher incidence of lung (female), colorectal, kidney, cervical, and liver cancer than the non-Indigenous population (Chiefs of Ontario, 2017).

Moreover, the mortality rate of Indigenous population in Canada is higher than that of the non-Indigenous population (Statistics Canada, 2019). Colonialism and the link between disease and early death for Indigenous people presents as a social inequality with longstanding consequences (Reading & Wein, 2009; Kelm, 1998). These health disparities need to be further understood as they relate to historical and current colonialism in Canada. (Reading & Wein, 2009; Kelm, 1998; Leeuw et al., 2012).

Colonialism has had a profound impact on First Nations peoples' health, identity, and culture. Colonization has wounded the spiritual health of Indigenous peoples, and is one of the reasons for high rates of poor health among Indigenous peoples (Lavallee & Poole, 2009). One approach to consider the impacts of Canada's colonial history and its effects on the social determinants of health is the Integrated Life Course and the Social Determinants Model of Aboriginal Health (ILCSD)(Reading & Wein, 2009). This model has been used to understand the socio-political determinants of Indigenous peoples' health, including those related to colonialism, and the implications for health policy (Shahram et al., 2017). This framework is unique in that it considers the *wholeness* of health which consists of spiritual, mental, physical, and emotional components, and sets forth the relationships between several dimensional constructs of health. In the ILCSD model, determinants can be grouped into three interconnected layers (proximal, intermediate, and distal) and has been represented by concentric circles as well as a tree (see Figure 1).

Figure 1*Integrated Life Course and the Social Determinants Model of Aboriginal Health*

Note: Adapted from Health Inequalities and Social Determinants of Aboriginal Peoples' Health.

By C.L., Reading, & F. Wien, 2009, *National Collaborating Centre for Aboriginal Health*. P. 1-

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The proximal layer is represented by the leaves on the tree (i.e., physical environment like overcrowding, unhealthy behaviors that lead to chronic conditions and coping behaviors such as addictions, etc.); the trunk is the intermediate layer (i.e., community resources, systems, and capacity); and the distal layer is represented by the roots (i.e., policies like the Indian Act, dispossession, colonialism) (Reading & Wein, 2009). When health is viewed through a social determinants' lens, the problem *presented* is not necessarily the root problem that is *causing* the inequities and it is necessary to dig deeper. Greenwood et al. (2018) describe this using the tree analogy, “*Just as maladies observed in the leaves are generally not the cause of unhealthy trees,*

critical root system” (p. 5). Therefore, causes that lie in the roots (i.e., distal dimensions), such as colonialism, the Indian Act, and land dispossession, can have a trickle effect, through several generations, on a community’s well-being and on the health behaviors of the people living there.

The level of health inequities experienced by First Nations peoples points to the need for research to include both the historical and contemporary understanding of colonial motives to civilize and assimilate First Nation people, as well as to consider how environmental wellness affects the health and well-being of Indigenous people (Mitchell et al., 2019). Failure to recognize the injustice of colonial trauma when considering Indigenous peoples' health will result in misunderstandings and missed solutions critical to policymakers for advancing Indigenous health (Mitchell et al., 2019). Thus, failure to consider Anishinaabe history and culture in the Shebahonaning area, and how it has been affected by colonialism, could be detrimental to the health of the people today and for future generations to come.

In the last decade, reports into the deaths of Indigenous patients like Brian Sinclair and Joyce Echequan, have highlighted these health inequalities with recommendations to improve Indigenous health outcomes. Other reports such as those from British Columbia’s, *In Plain Sight Report* (Turpel-Lafond, 2020), the *First People’s Second-Class Treatment Report* (Allan & Smylie, 2015) describe the role of racism in healthcare for First Nation people. Finally, several of the Calls to Action issued by the Truth and Reconciliation Commission (TRC) in 2017, specifically address the health outcomes and inequitable health care services for First Nations people in Canada (Truth and Reconciliation Commission of Canada. 2015). Despite these reports and recommendations, inequities persist within First Nation communities and among urban Indigenous people when it comes to accessing culturally safe medical services (Browne, 2017; Cameron et al., 2014; Greenwood et al., 2015). In Canada, healthcare is currently delivered

through federal and provincial governments, and these services often focus only on physical health (i.e., doctors, physiotherapists), cognitive health (i.e., psychologists, therapists), and most recently, emotional/mental health (i.e., mental health workers).

A recent example of how health care delivery funding via federal and provincial governments for on- and off-reserve First Nation people adds complexity to accessing appropriate healthcare and support services can be highlighted in the story of Jordan River Anderson (First Nations Child and Family Caring Society, 2023). Jordan was born with significant health problems and although he could have lived at home with health supports he died in the hospital waiting for the dispute resolution between federal and provincial governments on who would pay for his healthcare services (First Nations Child and Family Caring Society, 2023). Since then, a new policy called *Jordan's Principal* was developed so that First Nations children would not suffer from these inequities (First Nations Child and Family Caring Society, 2023). Tragedies experienced by the families of Jordan River Anderson, Brian Sinclair, and Joyce Echequan, along with the drastic post-contact challenges like access to land, food, and water; dispossession, restriction of language and culture, and exposure to disease; as well as the effects of assimilation and residential schools, have all been shown to negatively affect the health and well-being of First Nations (Reading, & Wien, 2009; Manitowabi, & Maar, 2018; Tobias, & Richmond, 2014; Greenwood et al 2018). This points to the vital need to reevaluate current institutional healthcare approaches that consider the experiences, history, and cultural needs of First Nations people and to address inequities at the proximal, intermediate, and distal levels of health determinants to regain an equitable state of well-being and identity (Reading & Wein, 2009).

When land or language is dispossessed, it threatens the health and well-being of Indigenous people, and this creates space for exclusion (Brown et al., 2012). The article entitled,

Our Land, Our Language: Connecting Dispossession and Health Equity in an Indigenous

Context, identifies two primary forms of recognized dispossession: 1) the dispossession of language and uncertain identity; and, 2) displaced connections with land. Each of these forms of dispossession can have negative impact on well-being and health equity (Brown et al., 2012). Dispossession has been experienced in its various forms by First Nations and more specifically Anishinaabe across Ontario. The appropriately titled article, 'That Land Means Everything to Us as Anishinaabe...': Environmental Dispossession and Resilience on the North Shore of Lake Superior', presents the perspective of First Nations Elders with regards to the ongoing environmental dispossession where loss of land has occurred and which continues to be a prevalent health-related issue (Tobias & Richmond, 2014). Tobias and 'Richmond's (2014) work provides evidence of the impacts of the historic and ongoing processes of environmental dispossession on the lives of Anishinaabe Elders. They outline how processes of environmental dispossession have led to emotional and spiritual harm, and the ability to transfer Indigenous knowledge to younger generations has been compromised resulting in an erosion of cultural pride (Tobias & Richmond, 2014). When dispossession from accessing land occurs, First Nations people might experience a loss of identity with negative consequences for overall health (Greenwood et.al, 2018, p.168). This special relationship with land and identity is often overlooked when developing health solutions for First Nations people. The wholistic and comprehensive understanding of the local, interconnected relationships among history, land, dispossession, and colonial assimilation policies is needed to better understand the impact these have on health outcomes for First Nation people in Shebahonaning.

Identity, Indian Act, Enfranchisement

The impact of settler colonialism on Indigenous identity in Canada has been profound, with many systematic attempts to eradicate culture, language, self-determination, and traditional practices. For Anishinaabe people in Ontario, identity is deeply rooted in their distinct cultural, historical, and ancestral ties to the land and language. However, colonial pressures and policies, including the Indian Act and enfranchisement, have disrupted, and eroded this identity. Although there have been amendments to the Indian Act, the very foundations of these policies are rooted in colonialism and assimilation. Furthermore, the emergence of Métis identity, and the complexities surrounding it, highlight the challenges and discrimination faced by mixed-race individuals. The impacts of assimilation on identity have far-reaching consequences, affecting not only cultural practices but also mental health and overall well-being.

Identity

“While the techniques of settler governmentality may also include managerial forms, they represent a management towards elimination, where traces of indigeneity – culture, language, self-determination, traditional behaviors and practices – are coded as security threats to the health and prosperity of the settler state.” (Crosby & Monaghan 2012, p. 427)

Identity, in the context of settler colonialism, involves the systematic management and elimination of indigenous traces, including culture, language, self-determination, traditional behaviors, and practices. These aspects are perceived as security threats to the settler state's well-being and prosperity (Crosby & Monaghan, 2012, p. 427).

For Indigenous people in Canada, identity is deeply rooted in their distinct cultural, historical, and ancestral ties to the land and language. This understanding, as emphasized by the Thunderbird Foundation (2021) and Wilson (2000), particularly regarding Anishinaabe identity,

also encompasses spirituality and a worldview where the land is integral to shaping one's identity (Wilson, 2000, p. 131). However, it is crucial to acknowledge that Anishinaabe identity has evolved over time due to colonialism, Christianity, and historical events. Despite colonial pressures and labels, Indigenous identity has exhibited resilience throughout the past century.

The diverse terms used to describe Indigenous peoples, such as Indian, Aboriginal, Native, Indigenous, First Nation, Inuit, and Métis, encompass overarching groups and have been incorporated into legislation. However, within specific regions like the north shore of Georgian Bay, specific terms like Anishinaabe (including Odawa, Ojibway, and Pottawatomi) are utilized. Terms like Amicouis have been found in historical documents, such as the 1837 map of Upper Canada, which identified the Beaver Nation as the territory on the North Shore of Georgian Bay with the name Amicouis. Regrettably, derogatory terms like savage, redskins, half-breed, and mixed-blood were historically used but are now considered inappropriate due to their ignorant colonial connotations in post-contact North America.

Over time, various Indigenous terms have been imposed and stereotypes have shifted, influenced by settler colonialism and the logic of elimination, and these have guided historical policies in Canada (Wolf, 2006). The logic of elimination refers to the ideological and structural framework of settler colonialism, that aims to displace and erase Indigenous peoples from their land. This framework supports deliberate acts of violence, dispossession, forced assimilation, and cultural suppression, seeking settler dominance and control over the land (Wolf, 2006). Building upon this theme of elimination, Crosby and Monaghan (2006) argue that strategies to assimilate and address the so-called Indian problem were implemented with the primary objective of eradicating indigeneity. These strategies involved the forced removal of culture and language through assimilative legislation and policies intended to erase Indigenous cultures.

Indian Act and Enfranchisement

The Indian Act and assimilative policies have had a negative effect on Indigenous identity over time. Impacts on identity, culture, and health from the Indian Act and government policies continue to this day (Lavallee & Poole, 2009). Greenwood et al. (2018) explains how the goodwill of Indigenous people was exploited:

“The generosity and tolerance of early Indigenous peoples... was reconstructed... into racialized stereotypes of apathy and submissiveness, thus providing a rationale for discriminatory policies, appropriation of lands, generalized violence, and the exploitation of Indigenous women. These groundless stereotypes also provided the ideological foundation upon which the Indian Act was written into Canadian law” (p. 10).

Canadian laws, both past and present, reflect the belief that European culture was superior to Indigenous culture and assimilation was beneficial. Examples include the enfranchisement process in the *Gradual Civilization Act* of 1857, the *Enfranchisement Act* of 1869, and the Indian Act of 1876 (Moffatt & Cook, 2005). Enfranchisement is the legal process whereby First Nations people who were registered under the Indian Act, relinquished their Indian status and then acquired Canadian citizenship. Following the *British North America Act* of 1867, the *Enfranchisement Act* was introduced in 1869 (Joseph, 2018). However, due to low uptake by First Nations people, enfranchisement was incorporated into the Indian Act of 1876 and became both a voluntary and involuntary process (McCardle, 2016). This perceived dominance by colonial governments through legislation was contrary to previous interactions and historical documentation on relationship protocols that reflected mutual respect for differing nations. Early nation-to-nation relationships between Indigenous peoples and the Crown were established through wampum belts and treaties that symbolized co-existence among nations and allies

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(Corbier, 2022). These 19th century Acts that included enfranchisement do not reflect a mutually respectful relationship.

Morrison (1996) described that, over time, the relationship between the colonial government and Indigenous people began to change as the settler population increased. In Canada, the non-Indigenous population went from 158,000 in 1825, to 952,000 in 1851 (Morrison, 1996. p. 11). This exponential growth in the settler population of over 500% resulted in the need for more land and resources. The colonial governments realized that treaties would not be sufficient to get enough land. Canada's first Prime Minister, Sir John A. Macdonald, deemed that, "*the great aim of our legislation is to do away with the tribal system and assimilate the Indian people in all respects with the inhabitants of the Dominion as speedily as they are fit to change*" (Parliament of the Dominion of Canada, 1887). The government not only enforced enfranchisement, but this also led to the creation of reserves which segregated First Nations people; replaced First Nation government systems; established residential schools; banned cultural practices; and limited basic human rights (Joseph, 2018). The Indian Act determined how the government would interact with First Nations bands and their members and segregated people to reserves (Henderson, 2018). By legislating who is considered an 'Indian' and forcing enfranchisement, the colonial government anticipated that, over time, there would be fewer First Nation people due to loss of status and assimilation (Moffatt & Cook, 2005; Dussault, 1996). However, First Nation populations persisted despite the fact that this policy has had a detrimental impact on Indigenous identity and land title, leaving the First Nations in a disadvantaged state, resulting in health disparities (Moffatt & Cook, 2005; Dussault, 1996).

Who is Indian?

The term, Indian, was defined by the colonial government in the Act for the better protection of lands and property of the Indians in Lower Canada (1850) as: "*all persons of Indian*

blood, reputed to belong to the particular body or tribe of Indians interested in Lower Canada lands, and their descendants, all persons married to such Indians and residing amongst them, and their descendants, all persons residing among such Indians, whose parents on either side were or are Indians of such body or tribe or entitled to be considered as such, all persons adopted in infancy by any such Indians and residing in the village or upon the lands of such body or tribe of Indians, and their descendants” (Government of Canada, 2018).

Then when the Indian Act was introduced in 1876 losing one’s status as an Indian could be involuntary:

“any male person of Indian blood reputed to belong to a particular band, any child of such person, any woman who is or was lawfully married to such person, involuntary enfranchisement for Indians who obtained a university degree or religious orders is introduced, wives and children are automatically enfranchised along with their husband or father; bands are eligible for enfranchisement as a whole, voluntary enfranchisement is first introduced, allowing an individual to not be considered an Indian and removed from their band, an Indian who lived outside of Canada for a period in excess of five years without the permission of the department was enfranchised” (Government of Canada, 2018).

This definition reflects the European perspective that women were viewed as inferior and enfranchisement was introduced whereby ‘Indians’ could voluntarily or involuntarily relinquish their status (Assembly of First Nations, 2019). The Indian Act impacts all Anishinaabe in that it determines who is considered Indian by the government. It was developed to provide a legal framework to aid in the assimilation of First Nations and Inuit into Euro-Canadian Society (Henderson, 2018). Starting in 1869, the definition of Indian was no longer based on ancestry but instead on whether a man had status. Subsequent amendments between 1876 and 1985 continued

to focus on assimilative and sex based criteria. In 1951, a centralized Indian registry was created to determine who was categorized as Indian under federal legislation (Government of Canada, 2018). For instance, if both parents were full-blood Indians, they would be categorized as 01 and their children would also be 01. If one parent was non-First Nation, then their children were classified as 02. If two 02 parents had a child, their child became a 01. However, if a 02 parent and a non-First Nation parent had a child, their child would not be granted status. MacDougall (2018) summarized the effects of this categorization on First Nations people:

"By virtue of the existence of these legal categories, the bonds of the family have been bisected and damaged by colonial laws that determine our authenticity and inauthenticity as original people. Consequently, we have young people who do not know their relatives if those relatives are not in the same legal category as they are—the status line is a brick wall that obscures all other permutations of Indigeneity" (MacDougall, 2018. p.141).

The categorization and attempted assimilation of Anishinaabe people resulted in a loss of identity, culture, and connection, which served the purposes of assimilation and further compounded Anishinaabe struggles. The impacts of the Indian Act were far-reaching, and communities were significantly affected by this policy (Henderson, 2018).

Changes to the Indian Act

After years of lobbying and court cases, the Indian Act was amended to end the enfranchisement of women through Bill C-31 in 1985 (Henderson, 2018). Bill C-31 decreed that those women who lost their status through marriage could regain their Indian status; however, it did not specify how women could regain their land rights lost through enfranchisement. Additionally, it removed some discriminatory enfranchisement clauses that had previously denied people from obtaining Indian status (Henderson, 2018). In 2017, *Bill S-3* was intended to

address the sex-based discrimination policies within the Indian Act. This amendment enabled the grandchildren and great-grandchildren of women who had lost their status, due to marrying a non-First Nation man, to become eligible to register. Although discrimination around identity is, in some ways, addressed in legislative amendments, exploring the necessity for additional amendments is critical as the very foundations of these policies are rooted in colonialism and assimilation.

Chilisa (2012) argued that when theories or concepts are framed in a worldview with underlying beliefs that are not Indigenous; it would be hard to remove the foundation and beliefs in which the non-Indigenous theories were created. *“The reality of the colonial experience is that people were encouraged and compelled to disassociate themselves from their cultures, including the tradition of collectivities and extended family structures.”* (MacDougall, 2018, p. 140). If the theory, foundation, and ultimate purpose of the Indian Act was to assimilate Indigenous people, many amendments would be needed to undo the last 150 years of dispossession.

Due to the imposition of settler colonialism, Anishinaabe and mixed-race families in different geographical areas of the Great Lakes experienced cultural erasure and discrimination in different ways. The Indian Act determines First Nations status and negatively influenced the practice of spirituality, land stewardship, culture, and language (Reading, & Wien, 2009). While some communities and families were able to retain their language, cultural, and spiritual practices, others experienced the extremes of assimilation, affecting family and community identity. The Indian Act continues to have negative health impacts on multiple levels through the development of status and long-term implicit plans of controlling and eliminating the Indian.

Culture and identity play a significant role in shaping wellness. Anderson (2000) explored the complexity between Indigenous women and identity by asserting that colonialism has further imposed negative damaging stereotypes on Indigenous women resulting in a

disconnection from their cultural heritage. Thus, it is critical for Anishinaabe women to reclaim their identity by embracing traditional knowledge, reconnecting with culture, and in engaging in decolonial practices. The widespread impacts of assimilation led to Indigenous people being uncertain about their cultural beliefs, their identity, where they were from, their clan affiliation, and other important factors that support Indigenous wellness. (Greenwood et al., 2018). Culture and identity can provide individuals with a sense of belonging, purpose and promote resilience which can positively influence mental health and reduce stress (Thunderbird Foundation, 2015). Self-identification in hospitals, like Health Sciences North in Sudbury, Ontario, is an example of how identity and culture can be promoted in a healthcare setting and this helps support patients throughout their healing and wellness journey.

Assimilative impacts can vary by community. Thus, to understand the impacts on a specific community it is vital to investigate the local Anishinaabe history. Beyond the history of Indigenous Peoples in Canada, including the colonial impacts such legislation, assimilation, and enfranchisement, it is important to understand how this history and legacy played out in the community of Shebahonaning.

Anishinaabe History of Shebahonaning Area

In historical accounts, the community and people of Shebahonaning area were identified differently over time, in different encounters with the French, the English, and other influences such as the Indian Act. With this in mind, I reviewed historical accounts of Shebahonaning looking for evidence of Anishinaabe identity and how it was influenced by colonization. Thus, I will describe a brief history to help understand some assimilative impacts that occurred.

An important note is that this next section is not meant to be the complete history of Shebahonaning but rather excerpts that were available to me that I deemed relevant to the health

of my community. I acquired what was relevant and available, acknowledging there is much more to learn and uncover from the historical record.

Creation Story and Early Accounts

The history of a specific Anishinaabe community should be understood in the context of the Anishinaabe creation story and early accounts. In Johnston's (2006) work, it is emphasized that Anishinaabe history predates the encounters with European settlers in the Great Lakes region and originates from the creation stories that position the Anishinaabe in the territory since 'time immemorial' (Johnston 2006, p.4). Anishinaabe oral histories, totemic identity, pictographs, Thunder Being stories that discuss sacred locations, and archaeological finds all provide evidence of continuous occupation and the presence of Anishinaabe people in the area (Killarney Bay; Ojibway Cultural Foundation, 2011).

There are multiple versions of the Anishinaabe creation story, and it would take several days to describe it in its entirety. However, shorter text versions, such as the one in *The Mishomis Book the Voice of the Ojibway* (1979) by Edward Benton-Banai, are often referenced. These stories highlight the deep connection between Anishinaabe people and their environment, history, spiritual practices, and animals, which are represented through their totemic identity. Johnson (2006) describes totemic identity as the bond between the Anishinaabe of the Great Lakes and their environment. Johnson (2006) further explains how this long-standing and deeply rooted totemic identity cannot be altered and how these societies demonstrate the continuity between the people and the land (p.8). This understanding is crucial when examining historical records. However, in one instance, the name "Amicouis," meaning "descendants of the beaver" or "Nation of the beaver," remained consistent over time in reference to the Shebahonaning region. (Johnson, 2006, p.32). The earliest written account of encounters with the "Amikouai" is

attributed to Jesuit Father Paul LeJeune, who described them on the north shores of Georgian Bay, north of the French River in 1640 (Lytwyn, 1990, p.3)

Pictographs, dating back several centuries, can also be found in the Shebahonaning area, indicating the early use and significance of the region to the Anishinaabe people (Conway, 2016). While some pictographs are well known and have been documented by researchers, there are many others that are not documented and known locally to community members and their locations have been passed down through generations.

It is important to note that early accounts by settlers often inaccurately described Anishinaabe totemic identities or Nations. For instance, Samuel De Champlain's account of Indigenous people on the North Shore of Lake Huron in 1616 incorrectly referred to them as Cheveux-Relevés or High Hairs due to their hair sticking up (Point Grondine Park, 2023). This inconsistency in naming practices by Europeans complicates understanding of the identity of specific Nations to geographical locations in historical records. Therefore, it is necessary to consider shared history with neighboring Indigenous communities to obtain a comprehensive understanding. Shebahonaning has been an important Anishinaabe community with stories and records that provide evidence of continuous occupation dating back over thousands of years (Proulx, 2022). Archaeological interpretations have been undertaken by non-Indigenous archaeologists and this data needs to be re-evaluated from an Anishinaabe perspective. Particularly in light of the work of Paulette Steeves (2015) who combines oral, linguistic, pictographic, and archaeological evidence to demonstrate Indigenous occupation spanning well over 100,000 years and dispel colonial narratives of Indigenous Peoples as recent migrants to the region.

1700-1800

Wampum belts played a crucial role in the agreements made during the 18th century. In 1763, Britain issued the Royal Proclamation, which provided guidelines for the settlement of

North America. Subsequently, in 1764, the Treaty of Niagara was established using Silver Covenant Chain Wampum Belt and a 24 Nation Wampum Belt. These agreements, combined with the growing population of settlers in the 1800s, compelled settler governments to negotiate treaties in the Georgian Bay area. It's important to consider how wampum belts served as evidence of territory occupation (Johnston, 2006. p. 11).

In the historical records of European settlers, the name Shebahonaning can be traced back to 1760 when some of the earliest European settlers explored the region, created maps, and documented their journeys. Loosemore (2022) examined these accounts and in Brian James' work between 1760-1776, the area was referred to as Cha'ba'bou'an'ing. This area served as a common travel route for both the Anishinaabe and early European explorers and traders. An early map of Canada from 1785, by the French cartographer Rigobert Bonne, labels the term Amicouis on the north shore of Georgian Bay, north of Manitoulin Island, indicating the occupation of the Beaver Nation (Bonne, 1785). Shebahonaning had a long Anishinaabe history as a travel route and settlement, and it continued as such after the European settlement in 1820 (Johnston, 2006; Loosemore, 2022). During and leading up to the 1800s, trapping and the fur trade gained increasing importance, leading trading companies, notably The Hudson's Bay Company, to establish a presence in the area.

1800-1900

In settler accounts of Shebahonaning history, fur trader, Étienne-Augustin Roberet De La Marandiere, and his wife Josephte Sai-Sai-go-no-kwe (Falling Snow Woman), traveled from Drummond Island and settled in Shebahonaning in 1820 (Loosemore, 2020). They were considered by many people as the first permanent settlers in this area and are commemorated by a monument erected in Shebahonaning. However, Anishinaabe people settled and occupied the region for centuries prior to the arrival of De La Marandiere and Sai-Sai-go-no-kwe.

Loosemore (2022) examined a historical account that documents the use of

Shebahonaning as a water travel route and residency by the Anishinaabe that comes from Anna Jameson, who traveled with her husband, the Attorney-General of Upper Canada, in the early 1800s. Jameson described Shebahonaning and its ongoing use as a safe passageway for boats:

“About sunset, we came to the hut of a fur trader whose name, I think was Delamorandiare. It was on the shore of the beautiful channel, running between the mainland and large island...on a neighboring point, Yellowhead and his people were building their wigwams for the night. The appearance was most picturesque, particularly when the campfires were lit and the night came on. I cannot forget the figure of the squaw as she stood dark and tall against the red plains, bending over a night black kettle. Her blanket trailing behind her, and her hair streaming on the night breeze. We were off the next morning and the yellowhead people discharging their rifles in salute.” (Loosemore, 2022)

Although the community of Shebahonaning is not registered or formally recognized as a First Nation reserve by the federal government, it was referred to as an Indian community until the early 1900s. Laurence Oliphant, who was the Superintendent General of Indian Affairs in 1855, described the community:

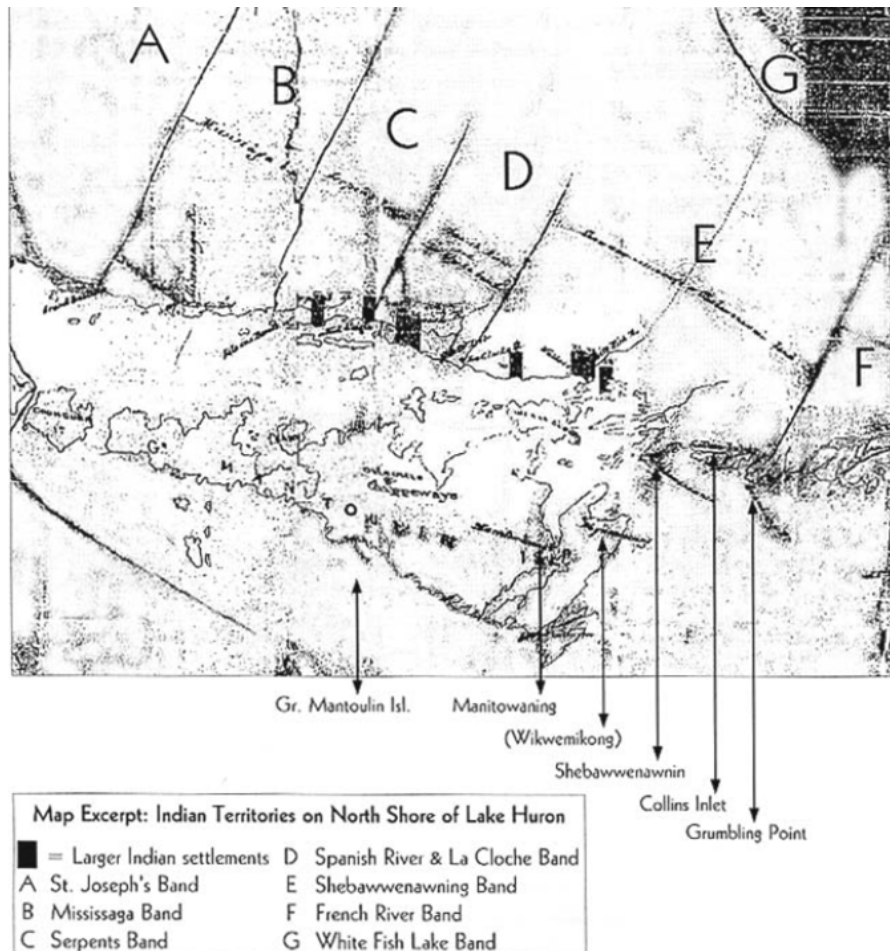
“we coasted along the shore of the mainland, and reached the Indian Village of Chebonaning, comprised of wigwams and containing 400 inhabitants... As we entered this channel with the Indian village in the foreground, the effect was very striking, and as we steamed away from it, [it] came to a matter of much curiosity to me, how we were ever to find our way out of these intricate waters.” (Oliphant, 1855. p.85).

As settler populations increased, treaties were needed, thus developed in the Georgian Bay area, including the Robinson Huron Treaty of 1850 (Morrison, 1996), the Manitoulin Island

Bond Treaty of 1836, and the McDougall Treaty of 1862 (Surtees, 1986). It is important to note that in the Robinson Huron Treaty of 1850, Shebahonaning was used as a geographical reference to the Whitefish River First Nation: "*Wabakekik, three miles front, near Shebawenaning, by five miles inland, for himself and Band*" (Robinson Huron Waawiindaamaagewin, 1850, p. 6). This is significant because treaty documents and maps from 1949 originally included Shebahonaning in the treaty territory (see Figure 2).

Figure 2

Map from Article "What happened to Shebahonaning Reserve?"

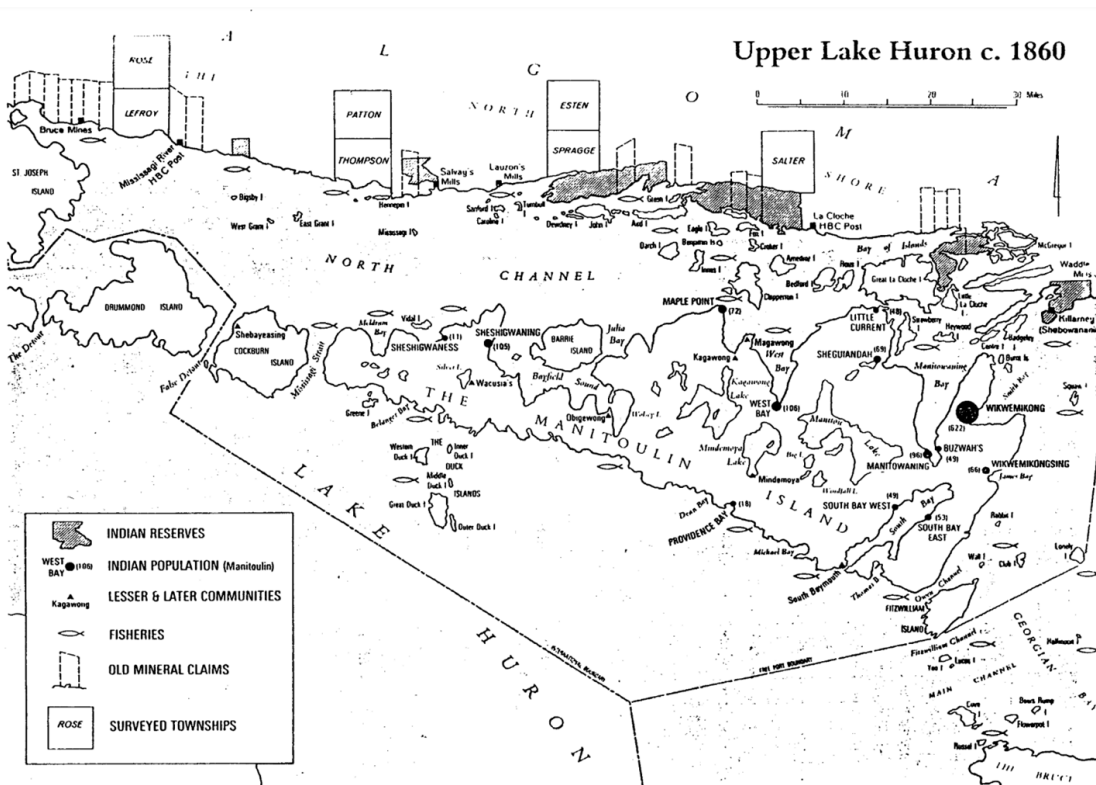


Note: Adapted and zoomed in by Adele Loosmore from original map by A, Vidal & T, Anderson, (1849) Robinson Huron Land Claims Map. Vidal-Anderson Report in 1849.

However, a year later, when the Robinson Huron Treaty was signed in the fall of 1850, it was no longer included. Other maps and recorded documents show that in the mid-1800s, Shebahonaning was considered an established Indian reserve (see Figure 3).

Figure 3

Shebahonaning is identified as an Indian Reserve - Upper Lake Huron 1860



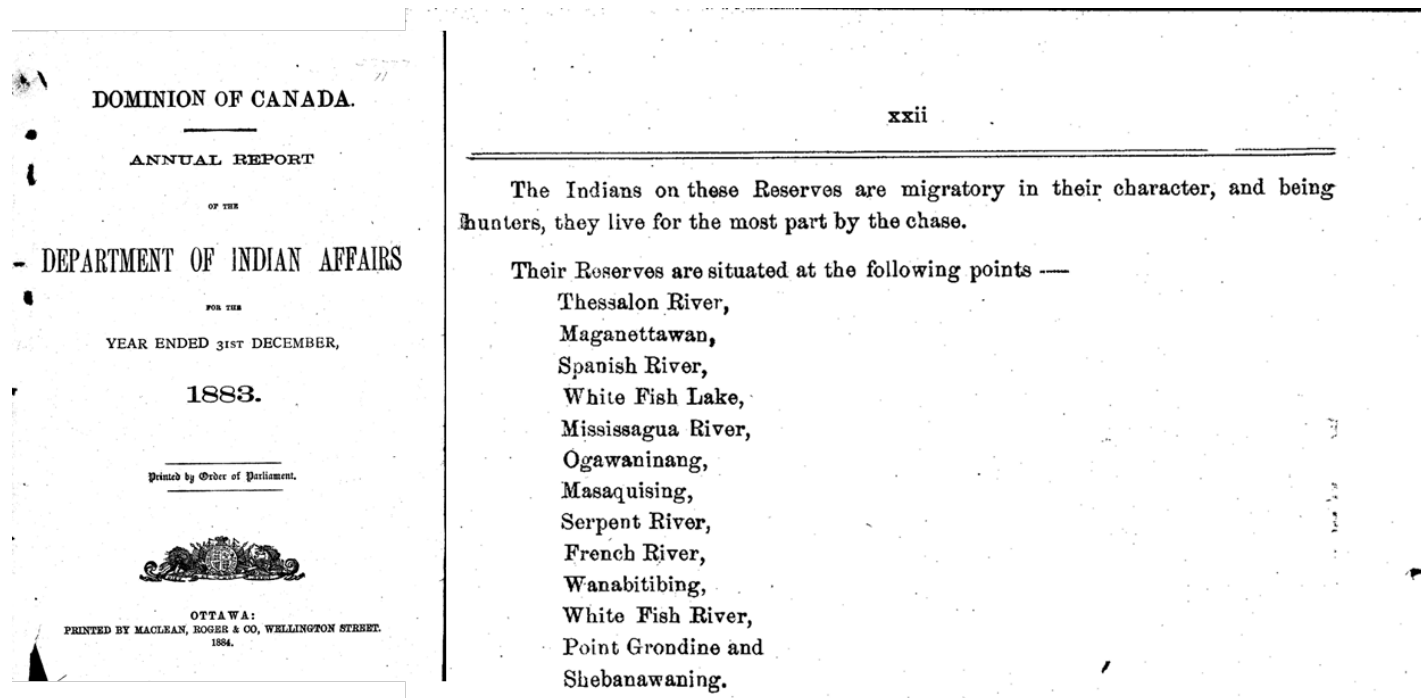
Note: Adapted from Eleanor Charlton 2004 article, Manitoulin Island, 1862 Anishnaabe Strategies of Resistance and Survival pg. v, figure 4. Where he examined the 1860 Upper Lake Huron map within W.R., Wightman 1982 Forever on the Fringe. University of Toronto Press 1982.

As late as 1883, the federal Department of Indian Affairs described and listed locations of reserves and included Shebahonaning on the list (see Figure 4). Although the community's name had changed to Killarney in the 1850s, it was still being referenced by its Anishinaabe name in

Jesuit priest journals (Pearen, 2023) and subsequent reports and accounts, especially with the increasing tourism in the area (Loosemore, 2022).

Figure 4

Department of Indian Affairs 1883 report - Included Shebahonaning



Note: Maclean, Roger and Co. (1884). Annual Report of the Department of Indian Affairs for the Year Ended 31st December 1883. Ottawa.

Loosemore (2020), through her extensive online videos, also examined articles by The Globe, Guidebooks, and the Great Northern Transit CO Steamboat line. She found with the increase in population and steamboat travel in the Great Lakes area, there was a corresponding increase in tourism on the Great Lakes, and several accounts published in 1880 describe a place named Shebahonaning, the name Killarney, and its people:

“The entrance to the strait has been called Killarney, according to our absurd custom of discarding the musical, expressive Indian names for ridiculously inappropriate European ones. Killarney is a little Indian settlement” (Loosemore, 2022)

“leaving Owen Sound harbor at night the steamer passes into Georgian bay again and after 8-hour run passes the lonely island lighthouse and arrives at Killarney. Formally called Shebonaning or a channel. A village inhabited chiefly by Indian fisherman who bring in large quantity of whitefish and salmon trout from Georgian bay which is salted and shipped to Toronto” (Loosemore, 2022).

“Killarney – is the first stopping place on the north shore. The population here is largely aboriginal, and like their white neighbors, the Indians derive a considerable portion of their support from fishing”. (Loosemore, 2022).

“We spent half an hour or more at Killarney, that pretty little Indian village with an Irish name...and as usual a brisk trade was done there in the sale of Indian work of birch bark and sweetgrass....” (Loosemore, 2022).

“A Short Run brings us to Killarney...backed by high rocky hills dotted with innumerable Indian Wigwams..... The village, what there is of it, is built on the north side of a deep narrow strait and consists of several stores, a little Roman Catholic church, and a small sprinkle of houses. The population, we are told, is about 200, composed largely of Indians and half-breeds” (Loosemore, 2022).

With the influx of settlers and their Christian religion, spiritual customs and beliefs also began to shift, which further reflected assimilation. The first church in Shebahonaning was built in 1885, and because of the close proximity to Wiikwemkoong on Manitoulin Island, Jesuit priests would travel back and forth from their headquarters in Wiikwemkoong to Shebahonaning well into 1918 (Pearen, 2023). Churches are a physical manifestation and a pathway for the imposition of Christianity upon Indigenous peoples by Christian missionaries; and religion was proposed as a solution to Indigenous savagery (Campbell, 1921). This is reflected in the following report on the history of The Society of Jesuits:

"Anyone who has visited Abenakis at Old Town in Maine, or La Jeune Lorette in Quebec, or Caughnawaga on St. Lawrence, or the Indian settlements at Wiikwemkoong and Killarney on the Lake Huron will testify to the excellent results of the teachings implanted in their hearts by the old Jesuit missionaries who reclaimed them from savagery"
(Campbell, T. 1921).

Not only do these accounts provide evidence for the existence of an Indian settlement at Shebahonaning prior to the arrival of La Marandiare, but they also provide references to derogatory terms used by settlers to describe Anishinaabe peoples, lending to the notion of dispossession and uncertain identity because of the assimilation process.

1900-2020

In the 1900s, Shebahonaning began to undergo significant changes due to Canadian legislation and the impact of the Indian Act, which was reshaping both the literal and figurative landscape of Indigeneity. An Ontario case study titled 'A better citizen than lots of white me: First Nations Enfranchisement – an Ontario Case Study, 1918–1940', provides insights into the circumstances surrounding enfranchisement cases in the Georgian Bay area (Brownlie, 2006). The study examined various aspects of enfranchisement, including the process itself, Indigenous perspectives on enfranchisement, patterns of enfranchisement and departure from reserves, the Department of Indian Affairs' ambivalence towards enfranchisement, and the significance of race and whiteness (Brownlie, 2006).

Between 1918 and 1939, Shebahonaning became a focal point for enfranchisement, with 33 recorded applications and a total of 70 enfranchisements when including the applicants' children. This made Shebahonaning the community with the highest number of First Nations individuals who underwent enfranchisement in the entire Georgian Bay area (Brownlie, 2006). The study identified two primary reasons for enfranchisement: citizenship and financial need,

with the latter being the more common motivator (Brownlie, 2006). These markers likely reflect greater socioeconomic disparities and other geopolitical factors that influenced Indigenous peoples' decisions regarding enfranchisement during that time.

The desire for Canadian citizenship and the financial means to support their families were of great importance to the Indigenous residents of Shebahonaning, particularly considering that these enfranchisements occurred between the First and Second World Wars (1914-1918 and 1939-1945, respectively). Although a study by Brownlie (2006) did not directly address the health outcomes related to the enfranchisement experience, it shed light on local and socioeconomic motivations for enfranchisement, which had significant implications for understanding health-related issues.

Enfranchisement and Shebahonaning

In Ontario, between 1918 and 1939, approximately 110-115 registered Indians gave up their Indian status and gained Canadian citizenship through the enfranchisement laws (Brownlie, 2006). Although enfranchisement was enacted in 1876 in the Indian Act, it wasn't until 1918 when people took advantage of it. This is partly due to an amendment that was made to remove band level opposition to enfranchisement, whereby removing people from band lists would no longer be subtracted from reserve land, thus the reserve would no longer shrink when people became enfranchised (Brownlie, 2006, p.31). Those who were enfranchised in Shebahonaning based on financial need were purported to receive a one-time payment from their Band and the amount was supposed to be “*equal to twenty years of treaty payments*” (Assembly First Nations, 2020 p.1).

The results of the new categorization of *Indian* meant that among the federally recognized Indians, people who were enfranchised lost their status as well as the status of their children (Coates, 1999). This applied to several scenarios such that you would be enfranchised if you

went to university, went to war, or if an Anishinaabe woman married someone who wasn't a registered Indian (Joseph, 2018). Conversely, non-Indigenous women could acquire Indian status if they married a status Indian. Ultimately, enfranchisement and the discriminatory treatment of Indigenous women have added to the oppression, marginalization, and inequities for the Anishiinaabe (MacDonald & Steenbok, 2015).

As assimilation efforts increased, the progressive loss of the Anishiinaabe language served to further reduce government acknowledgment of the Anishinaabe population in Shebahonaning. This lack of acknowledgment was not due to any physical relocation or reduction in population, but rather as a direct result of being considered Canadian citizens rather than Indians through the ongoing enfranchisement process (Brownlie, 2006).

Adding to these social political changes in Shebahonaning, hydroelectricity came to the community in 1951, and this meant that coal was no longer needed. Additionally, the construction of a road became increasingly important for accessing health services elsewhere. It wasn't until 1962 that Shebahonaning would be connected by road to Highway 69 with the completion of Highway 637 (Loosemore, 2020). Interestingly, this was not where the community wanted the road. In 1972, during Killarney Provincial Park planning discussions, it was revealed that the originally favored route would have served to connect Shebahonaning to Whitefish Falls, the community of Whitefish River First Nation, just north-west of Shebahonaning (Ministry of Natural Resources, 1973). The following excerpts demonstrate the local sentiments regarding the strong relationship between Shebahonaning and Manitoulin Island, as well as the importance of the development of this road for community and family connections, health, education access, and the tourist economy:

"I would hope that the southwest boundary of the park could be the proposed road from Whitefish to Killarney, even though, at this time, there is not sufficient

capital to build such a road. This being the case, the road could at some time later date be developed, and our students would not have to travel such miles to school each day" (Ministry of Natural Resources, 1973 p. 16).

"Our members are convinced that the road connecting us to Whitefish is a necessity and we have many reasons for you to conscientiously consider. Education...Health...Revenue" (Ministry of Natural Resources, 1973 p. 16).

"The most serious implication of the primitive concept for the village of Killarney and the future development of the tourist economy in the whole region, including Manitoulin Island, is that the future establishment of the hoped-for Killarney Whitefish falls road is precluded forevermore, simply because 'primitive' means no roads" (Ministry of Natural Resources, 1973 p. 22).

Despite the concerns of those living in Shebahonaning, their opinions were unheeded as Killarney Provincial Park continued to grow and the chance of a new road was unrealized. The park was established in 1964 through extensive lobbying efforts carried out by Group of Seven artists A.Y Jackson and Franklin Carmichael, when they learned of the potential logging by the Spanish River Lumber Company. Each artist had a lake named after them. Trout Lake was later named as O.S.A. Lake, after the Ontario Society of Artists who sought to preserve the area (Dennis, 2020). Jackson was able to secure the protection and conservation of 48.5 km² of wilderness (Rahtz, 2015), which previously had only remote access until 1962, when Highway 637 was constructed. Currently situated 10 km northeast of Shebahonaning, Killarney Provincial Park has now grown to 493.25 km² (49 325 hectares) (Ontario Parks, 2023). From a Western environmental perspective, this expansion may be seen as a conservation success, however being designated a provincial park meant that access for First Nations people living in Shebahonaning

to carry out traditional activities (i.e., for hunting, fishing, trapping, and foraging, etc.) was limited and their access was largely denied (K. Burke, Personal Communication, 2012).

Loosemore (Loosemore, July 18 2019) states that the provincial government used coercive bullying tactics and threatened families out of their homes in the process to establish the Killarney Provincial Park. Similar comments made by community members during the 1972 planning stages of Killarney Provincial Park included:

"...I think it would be a shame to see Maple Syrup and trapping discontinued in the park as it is an important part of the people's livelihoods here, and I don't think that local people should be asked to subsidize people in the more populated and urban areas by losing this part of their income." (Ministry of Natural Resources, 1973 p. 15)

"It may be safely assumed that a substantial number of people present consider the designation of Killarney Park as primitive park, impractical and ill-advised to say the least" (Ministry of Natural Resources, 1973 p. 18).

"We do not agree with the decision----to designate Killarney Park a primitive area when it was not primitive even 25 years ago. You cannot make an area really primitive and especially for scientific purposes, by burning down 50 private cottages...." (Ministry of Natural Resources, 1973 p. 10)

Along with identifying concerns around the planning process, participants in the engagement sessions suggested ways to improve park use with requests like, "*allowing trapping and maple syrup extraction*", and, "*having a wider range in use*" (Ministry of Natural Resources, 1973 p. 20), yet these concerns or recommendations were not addressed in the continued expansion of Killarney Provincial Park.

In addition to the establishment of Killarney Provincial Park in Anishinaabe territory, several lakes within the park and in the Shebahonaning area were renamed from their original name to a new one. With the erasure of Indigenous place names, the report aptly named *Reclaiming Indigenous Place Name* (Gray, & Ruck, 2019), identified that there is still much work to be done in reclaiming Indigenous place names, and recommended that we should be “[r]ecognizing the connection between language and land by including place name initiatives in federal, provincial, and municipal policies, maps, and signs related to Indigenous place name”, (p.2).

Ultimately, although this park was established to protect the environment from development and settlement use by settlers, this protection did not take into consideration traditional uses and spaces which then prohibited Anishinaabe access to traditional activities on this land despite their historical access and usage of this land for many centuries (Loosemore, 2020; Johnson, 2006).

Although environmental preservation was touted as the reason for the establishment of the park, other ecological impacts on the broader Shebahonaning region was vast. This included, but is not limited to: (1) interrupting the migration and spawning of pickerel due to damming up the Mahzenazing River in the logging era in Collin’s Inlet (Burke, 2012); (2) the development of silica mining in an open pit mine on Badgeley Island; and (3) the acidification of lakes in the area between 1920-1994 due to pollution from mineral processing in the Sudbury region (Keller et.al., 2003). Thus, as a result, dead lakes like Nellie Lake, which have minimal organic matter due to acidification, were more susceptible to the effects of climate change and increased temperatures (Keller et.al., 2003. p. 188). Fortunately, through pollution control orders and legislation, Sulfur Dioxide (SO₂) emissions from mineral processing were eventually reduced by 90% by 1994, and studies of the lakes within Killarney Provincial Park are ongoing to monitor

lake acidity and turbidity (Ontario Ministry of Natural Resources, 1997). The continued research and approaches to rehabilitating these lakes to address the damage done by industry and colonialism are of great importance for environmental and animal health, biodiversity health and human health.

In addition to the environmental impacts from industry in northeastern Ontario, Derry (2020) described how the community of Killarney was changed through three significant events: (1) the reduction of forestry activities and the shrinking of the lumber camps; (2) the decline of the fishery; and (3) the building of the highway. This perspective relates primarily to the economy and infrastructure, and while it does not necessarily reflect the Anishinaabe worldview, it does provide additional historical perspective related to events impacting Anishinaabe of the Shebahonaning community and furthers the conversation about the balance between development versus impact on Anishinaabe communities, their traditional cultural practices, and the effects of these on Indigenous identity.

The current population of Killarney is 397, with 42% self-identifying as First Nations (Statistics Canada, 2021). Shebahonaning was never officially recognized as a reserve by the federal government, thus, many of the Shebahonaning families are assigned to other federally recognized reserves. Despite this, families have maintained close ties and relationships, uniting through longstanding cultural practices and traditions in Shebahonaning, such as fishing, hunting, and making maple syrup. In the spring, First Nation families continue to gather together at their sugar bush camps, hauling sap and wood to boil and make the traditional maple syrup.

The loss of First Nations' traditional access to the Shebahonaning land, and the ensuing reduction and loss of cultural practices, is further explored in Loosemore's article entitled *What Happened to Shebahonaning Reserve* (Loosemore, 2018). The corollary to this question is: what are the circumstances under which the reserve was *lost*?. Further expansion of that question leads

one to consider the circumstances under which Anishinaabe culture, knowledge, community and individual identity (and health) were altered by the dispossession of land? This shift in community and individual identity is described by Loosemore in some of her media resources found on her YouTube channel (<https://www.youtube.com/@videosSKH>).

Such issues also extended to other related areas of concern in Shebahonaning where Anishinaabe needs were not being met including, but not limited to: access to traditional territory; protection of Indigenous rights; protection of sacred sites and artifacts; and regaining lost Anishinaabe cultural knowledge, language, and recognition of historical events (Loosemore, 2020).

When considering a wholistic approach to health, it is imperative to consider both a historical and colonial lens of government impact through policy, industry, and development; and the effects of these on First Nation people of the Shebahonaning area as it relates to individual and community wholistic health. Beyond physical, mental, emotional, spiritual and social health, wholistic health also includes identity, traditional cultural and ceremonial practices, and ultimately, the overall wellness of this population. Colonial history perpetuates a version of Canada that favours a European worldview and forgoes the vast, diverse, and longstanding backdrop of First Nations' existence. The recorded history of the Shebahonaning area, as popularized through European accounts, begins in 1820 with the arrival of French Fur Trader De Le Morandier. However, this history overlooks the extensive Anishinaabe history that predates this period.

Consideration of Shebahonaning (Killarney's) complex history leads to several important questions for the Anishinaabe people living in the community. First, how does the lack of reserve status impact Indigenous identity? Second, what are the wholistic health impacts when considering the loss of connection to the land through enfranchisement and dispossession? Third,

how does this collective history of colonialism impact the wellbeing of individuals and families in the community?

Early in my academic journey related to this scholarly work, my research question was about how the history of colonial legislation, policies, practices, and change in identity and social status impacted the wholistic health of First Nations people in Shebahonaning. However, my question has evolved to become a personal reflection on how this colonial history has impacted me and my family since Shebahonaning is my maternal family's home community.

Colonialism and Conversations at the Sugarbush

When you are ready to bottle the maple syrup, it truly is the most satisfying part of the process...setting up the clear sanitized bottles and watching the golden colored maple syrup slowly fill the empty space is very gratifying after all the hard work that came before. There's nothing quite like it and it's almost hard not to lick your lips! The smell, the feeling, the ambiance of bottling... the strenuous efforts have all led to this point. The maple syrup is ready to share and is hauled out on the snow machines, ready to be enjoyed by family and friends for the rest of the year. If you travel to different sugar bushes across Anishinaabe communities, you will find that there are different stories and different methods, and because of the environment in that territory, you may get a different-tasting maple syrup! This is something that I enjoy... the unique taste of different maple syrup; the taste of Mother Nature's love. Once it is made, maple syrup's purpose is to be shared. With the principle of sharing in mind, just as I would share the maple syrup created, I hoped to contribute to a unique discussion around Indigenous health and well-

community of Shebahonaning, Killarney.

Sugarbush Conversation #1

Having a sugarbush that is 900 meters from the Killarney highway that is only accessible by snow machine or quad, makes you truly consider access to medical services with a whole new perspective. My grandfather's last sugarbush season was in 2018, and during my stay there was concern about his health due to an ongoing chronic condition. After long consideration and sleepless nights at the sugarbush, my grandfather asked if I could drive him to the hospital. Getting the quad ready and removing the trailer was something my cousins and I were taught to do at a young age for this very purpose. If someone is hurt, you need to be able to know how to get them out; thankfully, my grandfather was not injured but still acknowledged that he needed medical care. After taking my grandfather to the road, we hopped in his suburban and headed 100km to the hospital emergency department in Sudbury.

We made our way through triage, and as nurses came and asked who I was, Grandfather would reply, "that's my sugar maker. You know we operate a sugarbush...", and every nurse would be regaled in the joy of beloved maple syrup. My grandfather would tell the nurses he would have maple syrup with pancakes and French toast and pour a small bowl of a quarter cup of maple syrup and sip it by the spoonful. Being diabetic, this was not something the nurses recommended. He chuckled and explained how some of the old timers in Killarney used to make a collage of syrup, where they would tap all kinds of trees, birch, maple, and poplar, to make separate maple syrup or a big mash of all tree syrup. Some stored the syrup in their cellars, and others shared, traded, and sold it. When he would tell these stories, he was always beaming with pride about his knowledge and traditions. After that emergency visit, he received medication for the lung infection he had, and then my grandfather and I returned to the sugarbush and were

welcomed with the warm smell of hamburger hash that my grandma made. Reflecting on this story reminds me of my grandparents' connections with the land, culture, identity, and their health, as well as how culturally appropriate care and education should be incorporated in healthcare settings. When considering the proximal determinants of health, this is extremely important for families and individuals like my grandparents and parents who were separated from their cultural knowledge. It is important for them to be provided an opportunity to learn in different settings and reclaim their culture if they choose.

When looking back at my ancestors', grandparents', and my parents' generations and their experience with access to spiritual teachings and equitable health and social services, I often think about their history, wholistic health, culture, and identity, and generations of Anishinaabe culture that was not passed on. This would have continued if it was not for Bill C-31 that was passed in 1985. This amendment to the Indian Act allowed my grandparents to regain their 'Indian' status, which was taken away from their grandparents and great-grandparents through the process of enfranchisement. This change also brought about a reconnection to community for my grandparents, my mother, and myself; and it resulted in us spending more time learning what it means to have good spiritual health, and especially learning about how ceremony helps us heal during difficult times.

My mother did not receive her status card until she was in her late 20s, and when I turned 16, I received mine. My mom said I had been given it earlier, but I only became aware of it at age 16 because I had to take a picture to renew my status card. It wasn't until decades later, that I realized the amount of culture loss that occurred as I learned more about ceremonies and practices and began integrating into the culture that previously eluded me. The status card does not come with a pamphlet of information on what was lost. If you were to ask me when I was 16 what I wanted to learn about, I don't think I would have had an answer because I wasn't aware of

all the cultural teachings or how the Indian Act, colonial history, and environmental policy

impacted my family's ability to transfer cultural knowledge.

Unfortunately, my grandparents were similar in that they weren't aware of all the cultural loss that occurred. Akin to Castellano's (2015) comments, the meaning and information around what spiritual health meant, the diversity in culture and where to learn more about it, was left to the person (me) to navigate and understand. Ceremony, stories, medicine wheel teachings, or any information that could help someone reclaim who they are as an Anishinaabe, had been forcefully ignored and silenced for me, my family, and the Anishinaabe people from the community of Shebahonaning. When I asked my grandparents what they could remember of First Nation or Indian culture, I realized they didn't really know what I was asking since they didn't have access to this information for several generations.

Early in my high school life, I was left to try and understand through history books written by non-Indigenous authors, and through students in my classes who had their own opinions of what it meant to be Indian. I recall many derogatory terms and slogans such as "lazy", "drunk", "undeserving of the land and hunting and fishing rights", "always gets cheques" and, "over-privileged people". Not surprisingly, I only spoke of my Anishinaabe heritage with my family until I attended college in 2009. It wasn't until then that I had First Nation friends and access to First Nation services to help me learn more about my culture and resource people to ask about Anishinaabe ceremonies.

Looking at my childhood now, little did I know that even though I lived in the city, I had access to the land and cultural knowledge every season due to my grandparents who learned it from previous generations. They practiced this and other Indigenous knowledge through simple inter-connected activities, such as living on the land, locating fishing spots, making maple syrup, and riding a snow machine down the trap line to visit the ice caves to enjoy a winter lunch. I may

not have been introduced to the medicine wheel, ceremonies, or Seven Grandfather Teachings, but I was introduced to the importance of the land from my grandparents. Several Indigenous academics discussed the interrelatedness of cultural identity, knowledge, and health and how it is influenced by the land, and how when one aspect is affected –like the dispossession of land and culture– health is also affected, stressing the need for a multifaceted approach to wholistic health (Richmond, 2018; Reading and Wein 2009). I have firsthand understanding of this.

My grandfather, who I always admired as incredibly strong, had experienced four heart attacks and developed diabetes and Chronic Obstructive Pulmonary Disease (COPD), but he never let it stop him from doing what he loved when it came to living in the bush and attending the sugarbush. Thinking of ways in which cultural knowledge can be honored in a hospital setting reminds me of what Makokis (2018) described as “*strength and resilience within a culture that allows people to honor their ways of being, even inside the Western institution*” (p. 273). Makokis (2018) described what this might look like for other hospital visits, including visiting the emergency room for surgical and minor procedures. When I re-envision health in a hospital context, I see the importance of, and need for, all cultures to be respected in Western medicine. Western medicine often focuses on physical treatments and neglects wholistic well-being or prevention, which is contrary to Indigenous health beliefs, where we strive to be balanced and whole in the four areas of health (emotional, physical, mental, and spiritual). Makokis explained that an Elders' teaching around ceremonies and plants can be used to help patients through their medical condition or illness, and it's just as valid as the pharmaceuticals (Makokis, 2018).

Looking beyond the hospital setting, culture and our connection to Mother Earth should be seen as a part of spiritual health and as a part of an individual's health and well-being journey. Culture can be considered a form of treatment, ensuring that sovereignty is recognized as well as

self-determination in achieving optimal health (Blackdeer, 2023). I can relate to this because my health has positively changed by having an improved sense of purpose, belonging, and strengthening my connection with the land, since I have been embarking on the journey to learn more about Anishinaabe history and ceremony. For instance, certain ceremonies and stories can be used to navigate trauma, addictions, loss, and grief. I participated in several different ceremonies following the death of my Grandfather, my Uncle Brant, and my mother that allowed me to release the anger and fear that I was holding in and provide space for new understanding, learning, and healing. This is why I believe it is imperative to continue to empower Anishinaabe voices and allow Western medicine and Indigenous mishkikii (medicine) to complement each other rather than being mutually exclusive like in Indigenous Health Access Centre's, where they incorporate primary care, traditional medicines, and cultural education.

I reflect on this as I relate to my grandfather's visit to the ER, where we could have incorporated Indigenous medicine if health systems were more knowledgeable about it, and ultimately, if it were more socially acceptable. I believe this may have helped improve my grandfather's spiritual, mental, physical, and emotional well-being, and that we should be positioning ourselves and our hospitals to respect each person/patient's culture and level of cultural knowledge. This may include collaborating with Indigenous Knowledge keepers to share and educate how they could approach a specific procedure traditionally or how they may have additional treatments to complement the approach and strive for better well-being. Since there is a gap in generational knowledge and cultural competency, I believe this should also include educating the patient by connecting them to Indigenous Health Access Centre's (IIHACs) as a form of reclaiming Indigenous identity and knowledge.

In the future, and with my research, I will continue to think about my position as an Anishinaabe and mixed European woman and how to learn about wholistic health. It is also important to acknowledge that due to settler colonialism, Indigenous people may be at different stages in readiness and desire to learn about their culture. We also cannot assume that every First Nation person will want to have traditional ceremonies and practices as part of their medical care. Some Indigenous people are just finding out now that their culture and history were erased with purpose; some might not want to learn about it; and others have had traditions passed on through family and are sharing what they know, and most are likely somewhere within that spectrum. Ultimately, this reality highlights the importance of connection, relationship, and adopting a respectful approach to Western medicine and considering where someone is at within their own cultural journey. In sum, MacDougall (2018) offers this about the link between identity and health: "*our old people tell us that knowing who you are is the key to healthy citizens and healthy nations, and fundamentally, when we repair the circle of family, we will restore ourselves...*" (p.142).

I thought I knew who I was and how to be healthy. My college education around physical health and personal training solidified this, and with valid and reliable research demonstrating that there are ways to measure health, especially physical health. What I didn't learn in class, was the wholistic nature of health and how including culture and ceremony into my life would improve my confidence, give me purpose, and grant me a sense of belonging. This improvement was something I could feel, and that I embodied, and was especially enlivening when learning cultural practices, such as learning how to make a drum, and then learning to sing the traditional songs that are sung with it.

Sugarbush Conversation #2

The sugarbush is where I heard most of the stories from my grandparents. My grandmother would often share a story, that always stands out to me, about our ancestral family views related to First Nation identity. She shared that after receiving her status card, she went to a store with her mother and used it to save the tax. Her mother then turned to the store clerk and said, "my daughter has turned Indian on me", and my grandmother then shared her deep embarrassment and not knowing why her mother said this. I believe I know why this was said.

My grandmother's mother, Margaret Delemarandiare is the paternal granddaughter of Marie Marguerite Akwewok Requette and maternal granddaughter of Pierre Regis De La Morandiere and Miziwek Verginie Roque. I believe that it is likely that my earlier ancestors experienced the racist consequences of colonial practices to the extent that they were embarrassed to admit their true identity in public. This alone begins to shed light on the perspective of the historically hidden Indian identity, which is basically when someone does not want to be known as an Indian. This wasn't an isolated incident, as I have heard other comments passed down such as how Great Grandma hated Indians. This would eventually change as she would also later attain her status, but it is quite clear that among the younger generations it has become more socially acceptable to self-identify as Indian. Nonetheless, my Indigenous identity carries a longstanding history of stigmatization through my maternal familial generation.

Identity and cultural loss can lead to inequities in health and quality of life (Brown et al., 2012; Tobias, Richmond, 2014; Greenwood et.al, 2018; Lavallee & Poole, 2009). For me, I see the First Nations identity as one that was once shamed and considered inferior, and this has taught the older generation –like my great grandma– that it is something to not be proud of to the

point of denial. I believe that this stigma and shame, along with policies and assimilating of culture over time, negatively impacted my ancestors' emotional, mental, spiritual, and physical health over the years, and it is very likely that this is true for other families from Shebahonaning. This common perception of inferiority of the First Nation culture can be seen in the literature around identity and how the government assisted in this portrayal and stigmatization of First Nations through colonial practices and legislation, like the Indian Act. With these governmental structures, First Nations people have been conditioned to think of their identity as dictated into categories by the Canadian government, instead of through historical and ancestral processes like relatedness and totemic identity.

By further reviewing and reflecting on the enfranchisement applications in Shebahonaning, certain details stand out more clearly now. For instance, it was not enough for those interested in enfranchisement to want to be a citizen; it was necessary to have a letter of support to vouch for the applicant. Examples of enfranchisement letters in my family history have described one of my ancestors as having an excellent character, can speak English and French, is sober as well as industrious.

As a result, when this occurred along with several other applications, many people in my family didn't have legal Indian status for several generations, only to regain it following the 1985 amendments to the Indian Act. For generations, many children and families in Shebahonaning did not grow up knowing about their culture, and I believe this was shameful and directly impacted wholistic health. After the 1985 amendments to the Indian Act, my grandparents whose ancestors were enfranchised, could apply for their status, this also allowed my mother and myself to attain status cards.

Beginning in the early 1900s, the local Indigenous language, now referred as Anishnabemowin, ceased to be spoken within my family and the community of Shebahonaning

(Loosemore, 2020). This timeline aligns with the settler colonialism legislation in terms of when it was implemented and imposed assimilative structures like residential schools to separate children from their families (Shingwauk Residential Schools Centre, 2019). The suppression of identity also included the loss of ceremonies and cultural practices such as ceremonies related to sweat lodges, singing, women's and men's rites of passage, puberty, and end of life.

Unfortunately, these were all ceremonies that my mother and my grandmother did not know about. Further, they did not know about the principles related to the Seven Grandfather Teachings, cedar baths, smudging, and the basic creation story teachings.

In addition to this, I also feel that more emphasis and energy should be placed on culture revitalization and repatriation to begin to decolonize systems that were built during a colonial time. This would enable the creation of more equitable health and social systems that foster the need for learning the complete history, land responsibilities and spiritual teachings that was dispossessed. After a decade of attempting to learn more about my maternal culture, I am incredibly grateful that the education in communities and urban settings is increasingly more accessible, and that I am now able to learn about First Nation culture and history. After participating in post-secondary Indigenous educational programs, participating in councils, and supporting local social programming aimed at sharing culture, I realized the vast amount of knowledge and ties that I had lost through the many generations of assimilative policies. This is the same knowledge that my grandparents and great-grandparents knew little about, but is directly connected to our wholistic health:

“Our old people tell us that knowing who you are is the key to healthy citizens and healthy nations, and fundamentally when we repair the circle of family, we will restore ourselves; the responsibility (as well as the ability) rests with us alone. We need to make this happen” (MacDougall, 2018. p.142).

I often wonder whether my Anishinaabe ancestors were surprised about their identity being seen as inferior, and whether my ancestral family ever considered that their children and grandchildren may not have a right to the territory they were a part of for generations. How do I, and others like me – what people sometimes refer to as half-breeds – view myself and ourselves navigating between Canadian legislation and Anishinaabe natural law?

Sugarbush Conversation #3

“The history of enfranchisement reveals much about Aboriginal responses to the DIA’s assimilation program. Perhaps most importantly, it demonstrates one of the greatest successes of Aboriginal resistance: the defeat of the original enfranchisement policy and its provision for dissolving reserves” (Brownlie, 2006, pg.31).

There were several times my grandfather would mention that Killarney used to be an Indian community named Shebohnaning, but he could never explain what happened over time to change this, and this may have been because he was not sure himself. The fact of the matter is, we are still here, and we still run our sugarbush, and this to me demonstrates our family’s historical resiliency. This is also the reason that the sugarbush experience, conversations, and memories are such a vivid touchpoint for me as I reflect on the historical colonial impacts on me and my family.

The one thing my grandfather was sure of was that Killarney Provincial Park continued to limit access to the territory he utilized and adored. My grandfather shared stories of when he was building the highway. It always led to his recollection of how the community wanted the Whitefish-Killarney Road and how the social connections were stronger to those in and around Manitoulin Island. The discussions of the Whitefish Road continued even after Highway 637 was established.

My grandfather never spoke highly of Killarney Provincial Park and would always cross out lake names on the maps and write the original ones, like Trout Lake (now OSA Lake) and Sturgeon Lake (Now Killarney Lake). Often, he would bitterly remember how large the park was and reference his conversation with a former neighbour, Mr. Joe Hebert Senior. My grandfather said that when he was a young teen, he recalls going up to a fence and listening to his neighbour say: *"should not give land to the park because they will constantly take and will not stop growing, limiting our access"*. My grandfather agreed with his neighbor, and would describe it in such a way that I sensed the resentment he had towards Killarney Provincial Park. He would tell me that they should have known that many Killarney residents still wanted access to the territory and questioned who had the right to change lake and place names, as well as the limitation of trapping, sugarbushes, and snowmobiling that was thus negatively impacting the Indigenous residents and some of their traditional ways of life.

After my grandfather passed in 2018, my grandma and I went through some maps and news articles that he stored, and we found a news article and a Killarney Provincial Park map with the boundary and a *no snow machine* symbol. The title of the news article clipping read: *"Drivers to be charged if driving through Killarney Park"* and *"Eighty-seven percent of the province is crown land, and if snowmobilers can't live without a small piece of land, it's really too bad"* (The Star, approx. 1975) (see Figure 5).

These documents that my Grandpa saved, that were seeking to enforce rules and boundaries, show an area that is restricted and no longer accessible to my Grandfather and other community members, with no consideration for their traditional use of this land. Trapping, foraging, and maple syrup making are all no longer accessible in Killarney Provincial Park for my family and other Indigenous families from Shebahonaning. I wish I could have learned more

about the knowledge of the specific places within the Killarney Provincial Park that my grandfather felt were important.

Figure 5

Article found within grandpa's journals – Killarney park Enforcement



Note: This is a clipping from The Star (approx. 1975) Titled Drivers to be Charged if driving snowmobiles in Killarney Park. Unable to retrieve archived newspaper.

Through conversations with my grandfather, I sensed viscerally how deeply my grandfather felt connected to this land and felt a sense of belonging, responsibility, and well-being. To be honest, putting my academic objectivity aside, I can sense a slight bitterness in myself today with not having easy access to the park, as I try to reserve a campsite. The booking process to reserve a campsite in Killarney Provincial Park has become so convoluted that it becomes impossible to book a site you want, let alone access traditional campsites and spiritual areas. The trails have become so busy that there are times when they are closed due to overcapacity, limiting the number of hikers for perceived safety reasons. The park was developed to have wilderness accessible to those that come to Killarney Provincial Park, but that

accessibility is blocked by overbooking and limiting time spent on campsites. Snow machining, trapping, fishing, hunting, and sugarbush tapping have disappeared from Killarney Provincial Park, and what is left is a dimming history of Anishinaabe traditional and historical use. This reminds me of the powerful quote from Linda Tuhiwai Smith (1999): *"Our Orientation to the world was already being redefined as we were being excluded from the writing of the history of our own land"* (p. 34).

Currently, the First Nation people of Shebahonaning and nearby First Nations do not have access to the traditional land in Killarney Provincial Park for hunting, fishing, and trapping, and this prevents them from utilizing the territory their ancestors once used which facilitates the passing down of traditional knowledge to their children and future generation. Smelt fishing has been allowed in recent decades but fines will be given if you attempt to start a campfire, as they are prohibited in undesignated areas. An exception was made in 1991 when it was established that, *"aboriginal people hunting or fishing in provincial parks will be subject to all relevant treaties and laws, however an agreement reached between province and First Nation may modify the application of these treaties and laws"* (Ministry of Natural Resources, 1992, p. 23-24). Although conversations and engagement may have happened at the beginning of the park's development and planning in 1951, these have stopped, and access was no longer easy.

It is hard to know how many people that visit Killarney Provincial Park take the time to consider the Anishinaabe history and perspective in the area of Shebahonaning, especially since information around history and traditions has become increasingly available, in the last few decades. I believe that those who do take the time to read about Shebahonaning will be confronted with books and articles written by a plethora of non-Indigenous authors, which is the norm in Canadian history and literature. I have gratitude for what has been written as it can help shape the stories that have developed this country and community, but I also would like to see

more perspectives in the literature and in public information displays of the history and the Shebahonaning people.

The currently accepted narrative that the community was founded in 1820 by a fur trader, without mention of the Indigenous people utilizing the territory for centuries before that point in history, perpetuates a linear and one-sided story, based on a myth that can be easily discredited, as was done in this paper. This narrative also perpetuates the colonial dominance of men-only stories. As someone who is both situated as a member of the First Nations community, mixed European, as well as an academic, it is very difficult for me to digest the narrative that a French trader and his Anishinaabe wife came to this land, and if not for him and his family settling here, there would still simply be *savages* living in the area. These savages are my ancestors. I believe that there should be further official acknowledgment of the First Nations' participation and presence in the history of the Shebahonaning area, on their utilizing of this area as a common passage, and how the name and identity of a community changed over time because of settler presence and policies.

As this document goes to its final edits, recent advocacy done by archeologist Sarah Proulx and Historian Adele Loosemore to revitalize the Ontario Historical Society plaque (referenced earlier) has been a significant step towards reconciliation and revitalizing the Shebahonaning story. When I think about the sugarbush conversations with my grandparents, they always occurred while we were waiting between gatherings or while waiting for the boiling to finish. My grandfather would always start a story with the words: "ready for a history lesson?". I was always ready, and I'm ready for more. These stories were always connected with the land, whether in the old sugarbushes, or on the water and ice of Georgian Bay. When describing his experience on the water, he would always speak with great respect and give observations of things that both grandparents knew to be true and that their ancestors believed in,

such as: “Lots of rain in summer means lots of snow in winter” ... “A mackerel sky, never lets the fish go dry” ... “If leaves on the trees are turned up, it will rain” ... “If the moon is tipped it can’t hold water and it will rain”... “Heavy dew in the AM (no rain)”... “Gulls flying high, wind in the forecast”... “Really thick onion skins, hard winter”... “Bees nest very high (lots of snow)”... “Winter fog, freeze a dog (cold)”... “Beavers gathering for feed bed early, long winter ahead”... “... and finally one of my favorites... “Lots of snow, lots of maple syrup”. My grandparents' connection to the land always impressed me and although my grandfather is no longer here and my grandmother is beginning to lose her memory, I still try to connect to the land like them and visit places they talked about both in Point Grondine and within Killarney Provincial Park.

There were familiar trails that were taken by my grandparents when traveling to Shebahonaning and while going to the traplines and excursions through the wilderness. Snow machines can no longer access these trails due to the regulations that govern Killarney Provincial Park and its growing boundaries. On several of these trails there are beautiful ice formations that would transform into an ice cave or towering ice wall (See figure 6).

Figure 6*Walking in the Footsteps of my Grandparents*

Note: This is a picture that my father took of me (at the bottom) and my brother (climbing on the left) while snowshoeing to an ice wall that my grandfather would travel by on snow machine while going to his trapline.

As an act of reclamation of spaces, I still snowshoe to these places, attempting to walk the footsteps (or the snow machine tracks) that were once freely accessed by my grandfather. I also had the privilege of hiking the La Cloche Trail that is the territory of the Anishinaabe people, and I felt very powerful when walking it, like I was showing my grandfather and my ancestors my love and appreciation for this land, my love for the water, and my appreciation and dedication for the animals and all relatives of this land we shared. As an Anishinaabe woman I would also like to consider Kim Anderson's approach in self-definition that includes; "*Resisting negative definitions of being, reclaiming Anishinaabe tradition, constructing a positive identity by translating tradition into the contemporary context and finally acting on that identity in a way that nourishes the overall wellbeing of our communities*" (Anderson, 2020, pg. 15).

The Social Determinant's of Aboriginal Health (Reading & Wien, 2009) helped me understand how historical impacts at the distal level can influence the health of individuals, families, and communities over generations, when traditions and culture have been impacted by colonial practices and not passed down to future generations. Exploring the dynamic colonial impacts at the distal level, in the community of Shebahonaning, can illuminate the journey that Anishinaabe families have taken over generations. This illumination can lead to solutions that will support the needs of individuals and families. Shebahonaning families have been incredibly resilient by continuing to exercise their hunting and fishing rights and maintaining the sugarbushes that have been used in the community for generations. Building on this resilience, the Anishinaabe families of Shebahonaning have the choice to build a foundation in which the future generations can learn from and develop what they envision Shebahonaning to be. Thinking about the seven generations ahead will help shape how the health and wellbeing of Anishinaabe will be in the future.

Conclusion

This research provides a scholarly and personal perspective on how settler colonialism, dispossession, and historical events have affected the wellness of my Anishinaabe family in Shebahonaning. The Canadian government's attempts to eliminate Indigenous culture and assimilate Indigenous people have created gaps and complexities that hinder optimal health outcomes. By reflecting on personal beliefs, stories from my grandparents, and historical events, it becomes evident that the negative impacts of colonialism on Anishinaabe identity has extended through generations and continue to impact our health today.

To address the inequities between Anishinaabe and non-Indigenous people, it is crucial to understand the relationships between Anishinaabe and sociopolitical factors specific to

combined with the dispossession of environment, culture, and language, have had significant health consequences for my family and other families in Shebahonaning, mirroring experiences shared by other Anishinaabe in the region.

In light of this information and personal reflections, I have compiled ten recommendations to address the gap in Indigenous healthcare and to improve the holistic health of Anishinaabe in Shebahonaning. These can be accomplished individually, as a community/municipality, and/or through different partnerships that would like to be a part of reconciliation and improve the wholistic health of Anishinaabe in Shebahonaning.

1. **Revitalizing Shebahonaning’s history from an Anishinaabe perspective.** There is a need for revitalizing Shebahonaning’s history to capture a wholistic story and share history from an Anishinaabe perspective. This also includes expanding on and supporting Anishinaabe archeological research, to understand the extent of the remains and sacred areas, including those within the boundaries of Killarney Provincial Park. This story has changed over time due to colonialism and access to traditional stories. This recommendation can be difficult because it will challenge current beliefs of history, which may be uncomfortable, but I would like to reflect on how Darrel Maniwabi in May 2023, described it: *“Learning the complete history is a form of health strategy for Anishinaabe people.”*
2. **Restoring cultural knowledge and identity.** It is important to restore the cultural knowledge and identity as well as the need for revitalizing traditional teachings and ceremony for those who are on the journey to wholistic health through learning their roots and culture. This is individualistic in that not everyone will be on the same journey as another person when learning about our shared history. It is essential to prioritize

Indigenous history, stories, books, and education, and implementing successful healing programs that reflect the worldview of Anishinaabe people.

3. **Fostering collaboration and partnerships with other First Nations and Indigenous-led organizations.** Collaboration and partnerships with other First Nations, as well as cultural services like the Ontario Indigenous Friendship Indigenous Centre's; Indigenous Health Access Centre's; and other Indigenous-led organizations or departments, like the Indigenous Health Services in Health Sciences North, could provide more opportunities for individuals and families to learn about their own history and discover how their family and health may have been impacted by colonialism.
4. **Incorporating cultural safety education.** Incorporating cultural safety education in the municipality and local health services to ensure there is a collective understanding about Anishinaabe history, culture, and impacts of colonialism. There needs to be a shift from cultural *on* appropriation to cultural *appreciation* which can then facilitate providing the positive support for the Anishinaabe in the community. Cultural safety can provide access to cultural knowledge that can bridge the gap between non-Indigenous and Indigenous people who have experienced cultural erasure and racism at different levels.
5. **Establishing an Indigenous Navigator program.** An Indigenous Navigator program offering services to Anishinaabe in Shebahonaning would support the education and services mentioned above. It would be important to have someone in the community designated to navigate this education and assist others with access to additional indigenous health and social services. This may eventually lead to re-uniting the community and having a Resource Centre where information and education can be accessible.

6. **Acknowledging the history of place names in Killarney Provincial Park.** Killarney Provincial Park needs to acknowledge that the renaming of place names has happened and it is an essential step towards reconciliation to work with partners to develop material on this history and acknowledge or replace original place names. Furthermore, as knowledge on Anishinaabe-related archeology increases and more traditional places are found, there should be a process and practices in place that can guide the organization in respecting these places within the park boundaries.
7. **Revising or removing colonial and assimilative policies at a political level.** At a political level, colonial and assimilative policies should be revised or removed to better inform and reflect cultural insight into municipal laws and policies. This may require ensuring cultural insight is incorporated into municipal health and education services.
8. **Advocating for the removal of colonial and assimilative policies** at a political level to reflect cultural insight, nationhood, and inform municipal laws and policies like the Indian Act.
 - Indian Act is still in Canadian legislation and dictates who is considered Indian. Thus, it should be removed from Canadian legislation to dismantle the worldview of assimilation.
9. **Prioritizing Indigenous history, stories, books, and education.** Indigenous history, stories, books, and education should be prioritized as approaches to reconciliation and reclamation of a culture that was forcibly removed and suppressed. To be successful with incorporating Indigenous knowledge it will require a multi-factor approach to address wellness. This approach should be revised over time to meet the needs of the changing needs of the Shebahonaning community, and it should occur formally in the school system and informally in the community through events, activities, and programs.

10. Implementing successful healing programs that reflect the worldview of

Anishinaabe people. Castellano (2015) described the characteristics of successful healing programs provided by the Aboriginal Healing Foundation (AHF), ensuring that the needs of individuals are met and incorporating health, history, and cultural literacy and education, to support the wholistic health of individuals and families who are on the journey of learning. First, the programs must reflect the worldview of Anishinaabe people who design and utilize them. Second, these programs should establish security and cultural safety for those that are participating. Finally, there must be a collaboration where Elders, therapists, and knowledge keepers are engaged as a team to work with individuals in the program (Castellano, 2015. P.35).

As we embark on a journey of increased information and education about Anishinaabe history and culture, it is essential to recognize the two sides of history and how colonization and dispossession have impacted First Nation identity and health. Failing to embrace this understanding perpetuates cultural erasure and limits our ability to find comprehensive solutions for improving the health of individuals and communities, including those from Shebahonaning.

Through harnessing nature's rhythm and the symphony of the maple, the maple syrup has been shared. May we appreciate the roots from which it came and protect the branches and leaves that are to come.

Implications, Limitations, and Future Research

The implications of this research, my experience and literature surrounding the Anishinaabe people of Shebahonaning, as well as my own family history, are many. The bottom line, however, is that the *“key to the restoration of health [is] knowing who we are, where we come from, ... who our relatives are [and] relearning how to make relatives in the*

absence of family” (Greenwood et al. 2018. p. 130). With the historical colonial impacts related to Shebahonaning and its current population of Anishinaabe people, a *Shebahonaning Reconciliation Action Report* should be developed in a collaboration within and throughout the community to help the municipality receive direction from Anishinaabe families on the next steps towards cultural and historical reclamation and reconciliation, including access to Anishinaabe cultural education, choices for patients to receive culturally appropriate health services, and access to traditional lands and knowledge. This Action Report could be informed by some or all of the 10 recommendations listed in this paper.

There are several limitations that should be noted. This research paper and recommendations are limited to one community and highlight only one family’s perspective and experience. Nonetheless, this information and perspective is likely useful for other families and communities to consider as they navigate the path to wellness. Additionally, there is limited literature from an Indigenous perspective in the Shebahonaning area, and this could lead to a biased view of Shebahonaning for those that are learning about it. Furthermore, limited archeological knowledge was accessed, due to the incomplete understanding of archeological research and location of important ceremonial, cultural, and burial sites in the Shebahonaning area. Fortunately, there are others like Sarah Proulx who have recently commenced this work.

In terms of future research, there is a need to investigate empirically the barriers and challenges to accessing cultural programs, education, and health services for the First Nation people living in Shebahonaning, especially for those who have had experience with the colonial settler system and are trying to re-learn and re-connect with their culture and identity. The voices of the First nation people of Shebahonaning need to be heard, and using culturally appropriate research methods would help legitimize these voices that may help lead to positive change in the

community. Although the Indian Act limits the passing down of status to future generations, this should no longer limit the passing down of traditional knowledge and cultural teachings from generation to generation.

As I reflect upon my family, the rich history of the Shebahonaning community, and my personal research journey aimed at comprehending the comprehensive health effects, I am filled with optimism for a brighter future. In this transformative era, a wealth of information is increasingly accessible, enabling the Anishinaabe people to reclaim their narratives and chronicles. The transmission of traditional knowledge to future generations empowers us to envision and actively mold the forthcoming century according to our aspirations. With this momentum, I firmly believe that the social-political environment will continue to evolve positively, nurturing holistic well-being and fostering a thriving future for the Anishinaabe community and beyond.

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