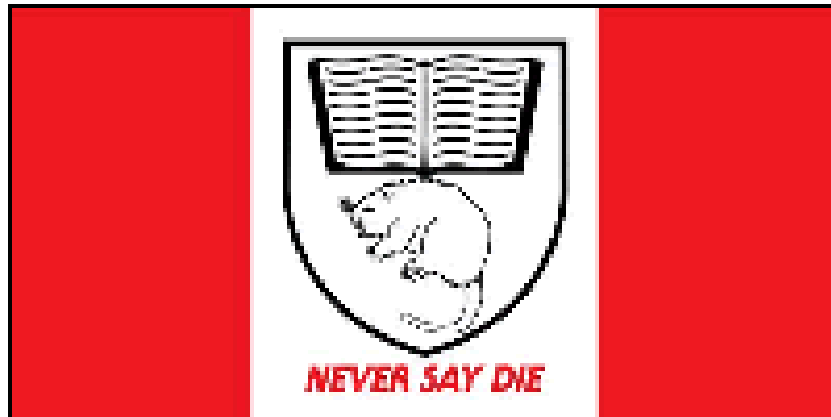


“Never Say Die”:
An Ethnohistorical Review of Health and Healing in Aklavik, NWT, Canada



by

Elizabeth Cooper

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Department of Native Studies
University of Manitoba
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Abstract

The community of Aklavik, North West Territories, was known as the “Gateway to the North” throughout the first half of the Twentieth Century. In 1959, the Canadian Federal Government decided to relocate the town to a new location for a variety of economic and environmental reasons. Gwich’in and Inuvialuit refused to move, thus claiming their current community motto “Never Say Die”. Through a series of interviews and participant observation with Elders in Aklavik and Inuvik, along with consultation of secondary literature and archival sources, this thesis examines ideas of the impact of mission hospitals, notions of health, wellness and community through an analysis of some of the events that transpired during this interesting period of history.

Acknowledgements

I would like to thank and honour the people in both Aklavik and Inuvik for their help and support with this project. I would like to thank my thesis committee, Dr. Christopher G Trott, Dr Emma LaRocque and Dr. Mark Rumel for their continued help and support throughout this project. I would like to thank the Social Sciences and Humanities Research Council, Dr. S. Michelle Driedger's Research in Science Communication CIHR-CFI Research Lab, University of Manitoba Graduate Studies, University of Manitoba Faculty of Arts, University of Manitoba, Department of Native Studies and University of Manitoba Graduate Students Association, for making both the research and dissemination of results for this project possible. I would like to thank my friends and family who supported and believed in me throughout my Masters of Arts program of study.

Dedication

This thesis is dedicated to the Gwitch'in and Inuvialuit community members who call Aklavik, NWT and the area around it home.

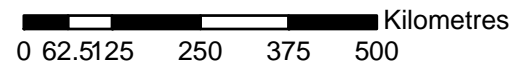
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Aklavik and Inuvik, Mackenzie Delta Region Northwest Territories, Canada



- ★ Aklavik
- ★ Inuvik
- Rivers
- Canadian Province/Territory
- Mackenzie Delta Region



Introduction

Aklavik is situated on the west shore of the Peel Channel in the Mackenzie Delta located in the North West Territories of Canada. Settled in the early twentieth century, the spruce forests and the low-ice content permafrost made for an ideal location for the ‘Gateway to the North’. There was enough wood for building supplies, and the ground was flat with a solid rock foundation on which to build. The first Western organization to establish a presence in the community was the Hudson’s Bay Company, who built a trading post in the region in 1912.¹ Largely replacing Fort McPherson, it served as a meeting place for river barges coming from Great Slave Lake as well as coastal schooners carrying supplies to Port Brabant and Cambridge Bay. In the early to mid twentieth century, Aklavik was seen as an ideal location for settlement as supplies could reach the area easily and frequent trade with local populations would be possible as Gwitch’in and Inuvialuit would pass through the community on their way to different camps. By 1926 RCMP officers, HBC traders and Christian missions formed a solid presence in Aklavik. At the same time, there was a change in missionizing principles in the early twentieth century (Sack, 2000) as the use of social service institutions became more prevalent within the Delta. The beginning of these institutions lay in the mid to late nineteenth century. Both the Anglican Church and the Roman Catholic Church had established rival hospitals and schools in Aklavik and perpetuated the tasks of conversion and colonization within this small community.

¹ The main item traded within Aklavik was muskrat pelts, although people would also trade beaver, arctic fox, wolf, wolverine and arctic hare depending on the year.

Aklavik prospered until the mid-twentieth century, at which point it was determined by the federal government that flooding and erosion made the feasibility of life in Aklavik unrealistic. At this point, the Federal Government decided to build a new town 113 KM inland called Inuvik. The colonial social institutions within Aklavik were moved to Inuvik in 1962 and the attempt to relocate the Inuvialuit and Dene populations was made. People did not want to leave their traditional hunting grounds, arguing that 113 km was too far to travel to traditional camps, trap lines and hunting/fishing territories, thus many families decided to remain in Aklavik.² This act of resistance proved to strengthen the community, providing a means through which to assert community solidarity, and individuals continue to live in Aklavik, a town that as Waltz wrote, “refused to die”.

‘Refusal to die’ was not a new idea. People consistently made choices that reflected their understanding of what was best for the community and for their family. Being healthy and living within a healthy community included the ability to continue to make choices. Working, education and living patterns throughout the mid-twentieth century reflected this sense of personal determination. During the period 1930-1960 covered by this thesis, most Gwitch’in and Inuvialuit continued to live on the land beyond the direct reach and influence of colonial institutions. Although there were some Gwitch’in and Inuvialuit who lived within Aklavik, most of the town was comprised of government staff, mission staff, traders and hotel owners. The history of this region has

² Waltz, J. Canadian Northwest's Aklavik: a Town that Defies an Order to Die. *New York Times*. August 29, 1966.

been constructed around these agencies, rather than of the Gwitch'in and Inuvialuit. Hearing the stories told by both Gwitch'in and Inuvialuit Elders who grew up, and continue to live within the Mackenzie Delta around Aklavik is important towards contextualizing and deconstructing the greater colonial narrative, and is an intrinsic part of this study.

It is important to remember that the stories we tell shape who we are. The stories we hear help explain where we find ourselves. The history of people who call Aklavik home is an interesting story. People place themselves within the history of Aklavik and the land that surrounds it. They place themselves and their families at the centre of the lived experience. The story of Aklavik in the mid-twentieth century was not only one of the developments of colonial intuitions, or of the expansion of the 'Gateway to the North', it was a story of the intersections between many people. It is the story of change. It is the story of identity, of creativity and of autonomy. It is the story of people who continue to try to work together do what they think they need to do in order to maintain a healthy community, including the maintenance of a sense of community values. Gwitch'in and Inuvialuit in and around Aklavik maintained cultural norms and a sense of community agency during a period of political and social change, whereby both government and missionary mandates included assimilation and colonization principles. Gwitch'in and Inuvialuit are distinct cultural groups. They have distinct languages, although most people now speak English, they have distinct traditions and distinct histories. Gwitch'in and Inuvialuit have lived and worked together. People have intermarried, they have attended the same gatherings and the experiences described by

Gwitch'in and Inuvialuit participants were often the same. This study does not attempt to identify the specific histories of Gwitch'in or Inuvialuit, especially as the experiences of the interactions with the colonial institutions, specifically mission staff and mission hospitals, was a shared experience. The lived experience of these Indigenous people has often been overlooked within the academic discourse. It is important that the stories are heard and that the stories are told. The lived experience that people have, the sense of determination, the sense of identity as separate from the Euro-Canadians who lived within the region is important to note, important to remember and deserves to be highlighted.

Positionality

As I have been working with the personal histories and observations told to me in Aklavik, I have been thinking about my own positionality. When I went to Inuvik and Aklavik, I took my violin. As a musician, I take my violin with me when I travel. I find that music is a good segue into new situations. People are often happy to listen to a song or two and are comfortable talking afterwards. Music is more than that though. For me, it is a concrete link to the past. My violin was my Grandfather's violin and his father's before him. Many of the songs I play are songs I learned from my grandfather; most were accompanied by a story of where he learned the songs or where his father learned the songs or where my great-great-grandfather learned the songs. Many of the songs I write are part of my story. As I have been thinking about the stories shared with me by Elders in Aklavik and Inuvik, I have been thinking about a song I wrote when I was still in high

school: Babushka³ weaves a web, spinning a tale. Threading our histories, intertwining yarns. The stories told are not just the stories of a single person, but encompass the experiences of many. The memories are unique but the stories and the histories move beyond the individual. I grew up listening to my grandparents tell stories of the past. The stories were not told simply as amusing anecdotes, although those certainly did exist. They were often a means of interconnecting my family history with other aspects of life in Benito, and Winnipeg, Manitoba and aspects of life within these communities. The stories explained why people had made the choices they had and the legacy that was often left by those decisions. Coming to Canada, getting married, working, travelling, raising children, these stories formed a way to teach me to think, to look and to frame perceptions about my world and I was taught to listen.

I did not experience racism growing up in a middle-class, Caucasian family. I related to the TV shows and popular pre-teen novels. I took music lessons and dance lessons, swimming lessons and played soccer. I volunteered at summer camps working with children with special needs and babysat both my younger siblings and neighbourhood children. I cannot personally relate to the experiences of overt racism, nor to the experience of those who grew up in poverty or single parent family settings. I understand about discrimination as, growing up with life-threatening allergies, I was often excluded from events and activities. Teachers publicly humiliated me, I was left out of extended family activities because relatives did not understand the severity of my health condition and parents of friends did not want me to come over to their homes. I

3 My maternal grandmother was Polish. Babushka is a term of endearment often used when referring to a persons grandmother.

was not invited to parties and events because it would be 'too hard' for people to accommodate my dietary restrictions. I had to learn to look towards what I could do rather than lament over things I could not change and in the process, I had to become my own advocate. Because I cannot personally relate my story to many of the elements felt by those who have been colonized does not mean that I do not recognize the importance of these stories and the fact that the perpetuation of stereotypes that caused, and continues to cause hardship for many. As I listen to the stories people share, I realize just how strongly the memories we share shape how we perceive our world and how we perceive our world shapes our stories. Equally so, the stories we hear help us to understand.

Unlike many of my peers, I spent a lot of time with my grandparents. At different times in my life, I stayed with both my mother's father and my father's mother in their respective homes. When they needed care and assistance but did not want to live in a care facility, I was able to provide support and was glad to help. I listened to the stories about my mother's uncle who died as a child from juvenile diabetes because although insulin was available in the city, it was not available yet in the country. I learned that my paternal great grandfather, a medical doctor, was responsible for bringing insulin into Winnipeg in the early twentieth century. I learned of the broken bones on the farm that never set quite right because of a lack of biomedical resources available within rural areas, and I learned that my great grandfather bought an x-ray machine, the first in Winnipeg, and had it installed in his basement. I grew up listening to my grandfather lament the fact that schools in the country only went up to grade eight and although he would have liked to have gone further with school, the possibility when he was young didn't exist and

returning to high school after serving in World War II didn't seem like a feasible option. I grew up wondering about the balance in healthcare and education and wondering how the two sides of my family, one side working immigrant farmers, the other, solidly urban with a long-standing connection to Winnipeg, could have such different experiences. The threads of the story that help shape who I am.

In my late teens, I started working with people with cognitive disabilities in a location that was initially established as a mission hospital to care for Tuberculosis (TB) patients. I spent time with some of the Catholic nuns, who had worked as mission-nurses for most of their lives, as they told stories about why they entered the mission and what their perceived impact was. When I was in my early twenties, I had the opportunity to spend a summer in Pangnirtung, NU. I spent a few afternoons with an Elder who was the last midwife on the land. She told me stories about the mission hospitals in Pangnirtung, about her role as a community healer and about the intersection of the two healing systems, traditional healing and the biomedical approach. And I continued to wonder at the intersections between these experiences and how they both influence and shape understandings and contextualize our perceptions, wondering how the experiences we have and the histories we are told shape who we are and how we view our role within the greater community context.

By the very nature of my ancestry, I am a colonizer. My ancestors came to Canada between the eighteenth and twentieth centuries. They 'settled' on land given to them by the Canadian Government, never questioning their right to live there. They created lives for themselves and their family on foreign soil, claiming it as their own.

Thus, both through my ancestry and through my cultural heritage I am implicated within the colonial discourse. I grew up listening to my grandparents, learning that everyone has a story to tell, and then realizing, through the opportunities awarded to me, that everyone's stories were not always told. In Aklavik, NWT the story of the community has often been told through that of the missions and the government agenda rather than that of the Indigenous population who know the Mackenzie delta to be home.

I had the opportunity to go to Aklavik in 2009 and speak with Elders about their memories. People were happy to talk to me, laughing about old memories of childhood friendships, remembering difficult times and good times, reflecting on changes that have happened during the past century. People lamented over those Elders who had already passed on and could not tell me their stories, but it was decided that it was better to hear some stories rather than none at all. People recognized that many of the stories have been lost, and as they regretted the wisdom and lived experiences that had not been recorded, I would often reply that it would have been nice to spend time with those who have passed away, I would be grateful if he/she would be willing to share some of his/her memories with me. We drank tea, we talked and I played my fiddle while sharing some of my own stories and music that had been taught to me by my grandparents, engaging in the shared exchange of the story.

In both Aklavik and Inuvik the intertwining histories are those of the Indigenous and non-Indigenous people. The different parts of the tapestry that forms the history of the region are gathered through threads existing within the oral narratives, newspaper articles, missionary documents and nursing documents. These form the basis for my case-

study. The story of Aklavik is woven together by the experiences of both Euro-Canadians and Indigenous peoples who spent time in Aklavik for a variety of different reasons, be it work, school or time spent in the hospitals. There are stories of the Anglican and Catholic mission, stories of the hospitals. There are stories of land and camp, of hunting, trapping and trading, of resilience, resistance and agency. The stories told by the people I interviewed and by the archival sources consulted, have spun a web that encompasses Gwitch'in and Inuvialuit who worked and lived together; maintaining a sense of what was important to them and important for their families.

The dominant western narrative posits the stories of the lived experiences of Indigenous people as biased, narrow and irrelevant to the construction of an historical account. History thus becomes that of the colonial political body rather than the people who have lived in the region before contact with Europeans. Whalers, missionaries, traders, trappers, government workers and industry came and settled within the region. Modernization and industrialism began to take root within the area. Seen within the dominant narrative, with its own sense of righteousness, the right way to work and the right way to live, colonial bodies have continued to perpetuate the notion that the biomedical system, the education system, the legal system and all other European based systems were more significant than Indigenous systems and Indigenous knowledge.

There are two separate narratives at play within Aklavik. There is the story of the Euro-Canadians and there is the story of the Gwitch'in and Inuvialuit. Although there is interaction between these two narratives, they often function distinctly. Within the healthcare system for example, Gwitch'in and Inuvialuit had very separate roles than that

of the Euro-Canadian staff hired to work in the hospital. Notes would be left by the European staff in the morning as to the tasks to complete and oftentimes the local staff would not see the Euro-Canadian staff at all during their shifts (Persis, 2009). Living arrangements were different too. For the most part, local staff lived in tents on the outskirts of town, and did not move into housing within Aklavik until services had closed in Aklavik in the late 1950's and the majority of the Euro-Canadians had moved to Inuvik.⁴ Many Gwitch'in and Inuvialuit still try to preserve their culture and traditions, maintaining camps on the land and teaching children how to hunt and trap. Participants often noted that their experiences were different than the Euro-Canadians who came live and work in Aklavik. This thesis aims to highlight the stories of Gwitch'in and Inuvialuit community members' experiences, intentionally downplaying the voice of the colonial archives and records. The colonial archives and records have been used to support the stories told by participants and used to highlight shared experiences when possible.

Contextual need for research

For the Gwitch'in and Inuvialuit in Aklavik, the Mackenzie delta was and is their home. From the perspective of the Indigenous inhabitants, the missionaries and government officials who came to Aklavik were the Other. Indigenous people around the Mackenzie Delta have their own traditions, family and community. Their world was situated around their home. They did not need to be further "civilized", people knew who they were

⁴Glenbow Museum Archives, Joy Duncan's Frontier Nursing Project. Interview, Hockin and Duncan, 1976.

(Whitbread, 2009). . The dominant western narrative posits that changes in technology, ideology and community structure towards Western models are for the best. Especially after World War II, the North started seeing many more substantial changes as there was a movement within the Canadian government to ‘modernize’ the North. Services changed, access issues changed and the number of Euro-Canadians who spent time within the Canadian Arctic increased. Writing and speaking within the post-colonial context involves a larger narrative than that which has frequently been told. The centre of the story is not one of living on the margins or being pushed to the margins. From the perspective of the Indigenous people in Aklavik, they are not on the margins but at the centre of their world. For many people in Aklavik, it is one of agency, resistance and personal autonomy. There were two separate larger narratives happening within the area surrounding the Delta, the story of the Indigenous people, and the story of the Euro-Canadians who came to live within the Mackenzie Delta. Much of the written history about the region centres upon classical colonialism legitimizing the story of the colonial march, in effect, silencing the Indigenous voice.

Classical Eurocentrism focuses upon differences between class as well as race and ethnicity. The story is that of the colonizer, placing European culture in a position of superiority and creating a division between ‘civilized’ and ‘savage’. This division continuously reinforces the writing of history from a colonial standpoint placing Indigenous people on the margins of history and marginalizing their experiences and positions as illegitimate. Blaut (1993) writes of “tunnel history” whereby individuals look at the world trying to recreate the Eurocentric ideology that has oftentimes been

constructed within texts. While looking through this tunnel, anything that exists in contrast to Eurocentric ideologies and European history does not receive validation, is not considered and more often than not, it is not acknowledged. When one begins to look through this lens, or this tunnel, it becomes essential that the view posited becomes one of the insider creating a world that shows what (s)he wants to see, leaving the other activities, events and people that do not fit within this marginal vantage point out of the picture.

It is important to remain cognisant that the view of the financial elite and the view of colonial Euro-Canadians demonstrate one specific image that does not capture the whole picture of events that were happening within the communities like Aklavik. Although there has been progress made in recognizing a need for alternate histories, the history that is told is still often one based within a Eurocentric frame. Blaut argues that Eurocentrism is more than simply an attitude or a part of the discourse. It is a set of beliefs, statements about an 'empirical reality' statements accepted as being true and supported by an array of materials that assert to the 'truth' and 'reality' and 'factuality' of these beliefs that are entrenched within scholarship. Blaut (1993: 13) argues that "all scholarship is diffusionist insofar as it axiomatically accepts the Inside-Outside model", he goes on to argue that the ambiguities that arise are such that the European ideal of culture and beliefs becomes the centre through which colonialism is justified.

The institutional structure established by colonial figures draws together a means of placing people within specific categories and enforcing a set of prescribed social and community behaviours. The hegemonic institutional structure of colonialism provides a

means through which individual recipients of Europe's "miracle" must position themselves in contrast to the way that they have always lived their lives. Traditions and community ideologies become questioned as Indigenous communities are forced to dwell within a prescribed binary, whereas they are never seen as autonomous but continually positioned within the colonial lens as 'the other' (Tuhiwai-Smith, 2006). The use of institutions such as hospitals and schools to engage directly in the colonial experience help to perpetuate the notion of 'the other' as a collective of people who are somehow less than the colonial bodies that are represented within both the micro and macro community level. Indigenous people and Indigenous communities have often faced both oppression and segregation within the colonial context, yet people have and continue to strive to maintain a level of autonomy. People have decided where to live, where and when to work, as well as what constitutes works, how to raise their children and the importance of maintaining a strong cultural identity.

It is important to remember that a person cannot be divided from the circumstances of his/her life. By being aware that one belongs within the colonial power dichotomy individuals become aware of their own personal point of reference bringing into play the discussion. The attempt must be made to create space through which different voices and narratives can arise.. The western Eurocentric bias or "social construction of reality" (LaRocque, 2010 p. 63) has proven far too often to be a point of departure. As LaRocque (2010) explains, 'everything the White man did was legitimized by 'civilization' and everything the Indians did was "explained" by their supposed savagery' (p.43). Creating, recreating and recentering the narrative that Indigenous

people were not as evolved as Europeans or people from European descent. This continues to reconfirm stereotypes that preface European culture as superior than other cultures and to posit both Indigenous experiences and ideologies as sub par to that of European culture.

History

History is often written and taught within the boundaries of European conquest. The colonizer required a language through which to rationalize behaviours and required an ideology through which to both legitimize and entrench an unequal power relationships (LaRocque, 2010) Even the history of peoples and spaces outside of Europe is used to reproduce the history of Europeans themselves to the detriment of the Indigenous peoples (Blaut, 1993). The history reported supports the narrative created by the colonizer and has continuously allowed white individuals to come and make decisions such as the implementation of, in this case, mission-run residential hospitals. The dominant white narrative has allowed white individuals to continue to create and enforce a perceived hierarchy. The amount of attention and care placed on the stories of Indigenous people has normally been placed outside the tunnel of time as viewed by the European perspective (Blaut, 1993; Walker, 1971). There is a need to deconstruct and to reframe the narrative in order to avoid perpetuating this vision of the world. Through this reframing and recontextualization, the positioning of one source as more credible or legitimate needs to be evaluated carefully as one determines which narrative is being told, and how it is being presented. The assumptions posed by conventional colonial

historical accounts of events that the presupposition of a hierarchy is important to recognize in order to avoid perpetuating this distinction (Said, 1978).

The colonial story told is often one that confirms the existing hegemony. It reinforces representations that exist about Indigenous people in contrast to colonial institutions. In order to break through the existing categorizations, rather than rationalize ideologies and further entrench unequal power relationships, it is vital that the power dichotomy that traditionally exists is recognized so that it can be contested (Said, 1978; LaRocque, 2010). Much of the history has been constructed through the sense of 'otherness'. Said argues that the distinction between east and west provides a starting point through which Europeans positioned themselves in opposition to non-Europeans, creating a space where notions of superiority could be formulated and accepted. Europeans gained strength through the continued postulation of this identity.

When thinking about social histories, it then becomes important to look beyond the categorizations that have existed and to try to examine how History might look very different from the perspective of those pushed onto the margins by conventional Western history. Many written documents have been written through colonial structures, ignoring gender, class and ethnic differences (Fox, 2001; Tuhiwai-Smith, 2006; Warne, 2001). Many of the political decisions that have been made have been based upon the power division that occurs, especially in conjunction with geographical interests (Said, 1978). This totalizing behaviour is structured around the historical conceptualization of 'the other', of the insider and outsider debate. The notion thus often remains that information and experiences located within a European construction of both social and historical

norms is preferential and has more clout than those experiences that are framed outside of the colonial narrative.⁵ We must move beyond this vantage point and reframe the narrative in such a way as to avoid the perpetuation of this narrow vision of the world. The lens through which we see and conceptualize the world also becomes the means through which we explain our world and involves engaging in active listening as well as seeing and observing (Absolon, 2005)..

Kimberly Blaesser (1999) talks about the stories as listening and exchanges. They form a point of departure as people are allowed to reclaim their stories and spaces, re-imagining the words in a written format. As Blasser states: “We have a response-ability and a responsibility to the telling. We can and we must make the story together” (64). Oral tradition is often embodied, and there is an important interplay between the listener and the storyteller. The narrative is created in such a way that it weaves through time and space. Transcribing and translating the stories often lose part of the expression through their act of writing the story down, but without recording the stories, at times these can be lost. Carefully negotiating transcriptions, translations as well as contextualization remains intrinsic so that the story can continue to be told (Blaeser, 1999). The ethics involved in recording stories must depend upon who has the authority to tell the story and who has authority to choose how the story should be used. The listener must respect the stories

⁵ In Aklavik, the insider and outsider debate took on a different meaning, as the colonial figures, often construed as the insiders within Canadian society discourse, lived inside buildings and inside the community, whereas the outsiders lived outside the community and relied upon knowledge of surviving outside. When I talked to participants about the lack of written history about Gwich'in and Inuvialuit in Aklavik I was told that this was quite natural, because people were outside, they did not fit into the constructed categories, or the constructed confines of the town.

that are shared, recognizing that certain stories are to be shared within specific contexts, that all information shared might not be appropriate to share within certain situations and that the history, experiences and intention about how stories are to be used and understood must be honoured. These aspects must be established before research begins and must be revisited throughout the research and writing process (Piquemel 2001). The interview process is often an embodied sharing of experiential knowledge. Participants are often sharing intimate details of their lived experiences and it is the responsibility of the researcher to ensure that the information that has been granted is portrayed in an ethically sound manner that coincides with the expectations of the participant. Academics have often framed texts in terms of scholarly norms, limiting the challenges that occur through research involving oral traditions (Cruikshank, 1999) and oral narratives.

The process becomes one of re-centering and deconstructing the story. It becomes a history that must be revisited site by site and retold. It becomes an exercise in reclaiming the past and in recognizing the right to one's history and one's right to self-determination. Making sense of the world around you, and seeing the world through a new lens involves listening. It involves centering concerns around world views that are regarded in relation to personal perspectives and in relation to global positioning (Tuhiwai-Smith, 2006). As Linda Tuhiwai-Smith writes, Indigenous research is also about "reconciling and reprioritizing what is really important about the past with what is important about the present" (p. 39). We must continue to "reinvent the site of our encounters" (LaRocque, 2010, p. 158) as we continue to look more critically at the history and understanding around health, healing and community in Aklavik. The story

shared with me by elders in Aklavik was one of a community that continuously strove to maintain autonomy. People saw their history as it emerged through a story of survival in a colonial context of political decisions made without their consultation. They also recognized their ability to provide for the needs of their families and to make decisions that would best fit their chosen lifestyles. The notion seems simple: people made choices and decisions about how to best live their lives in the manner that they were accustomed to, and yet the reality is much harder. The choices that people made were often contradictory to those ideas and opinions expressed in archival records and the history of the region that is told does not tend to be situated within the oral narrative, nor does it always support the oral narrative.

Literature Review

There are many texts that examine events that transpired in the Western Canadian Arctic during then nineteenth and twentieth centuries. Many of these texts highlight the impact of missionaries, doctors and government employees. The story told is that of colonial figures and colonial institutions rather than recounting history positioned within the Indigenous context. Even rarer are works that engage the impacts and perceptions around the implementation of a biomedical healthcare model within northern Canadian Indigenous communities.

Many historians work or have worked within the field of Arctic research. Kerry Abel (2005) speaks to the 300 year history of the Dene and touches on the autonomy maintained by community in light of colonialism. This text provides a good overview of

the history while utilising archival materials to support her reading of the documents.

Drum Songs does not attempt to utilise oral history, but calls upon the Dene to undertake their own reading and writing of the history. Abel does not speak to the experiences in Aklavik, nor does she look at issues around health or either personal or community experiences. This is in large a reflection of her use of archival sources rather than oral histories, although she does posit that oral narratives would provide useful insight for further work in the area of Dene history. At the other end of the spectrum lies People of the Lakes: Stories of our Van Tat Gwitch'in Elders (Smith, 2009) which provides brief introductions to issues followed by carefully selected narratives about the hunting grounds used historically by the Gwitch'in, stories about life on the land and reflections about changes that have happened within living memory. The book is filled with colourful photographs and is a nice collection of stories, but reads as a collection of stories tied together through a common geography, but lacks an analytical apparatus through which to conceptualize and position the stories within the greater post-colonial discourse.

There are many texts that have been written during the past century that speak to the history of both Catholic and Anglican missions, (Choque, 1989; Choquette, 1995; Ferguson, 1991; Grant, 1984; Gull, 1922; Holst, 1998; Huel, 1996; McCarthy, 1995). These texts examine the role and experiences of missionaries within the Canadian context with specific attention to the Arctic. Few spend any time truly engaging in discussion or analysis about the impacts mission efforts had in conjunction with Indigenous community experiences, and none of these texts highlight Indigenous voices or oral histories.

The space for gendered theory and gendered analysis is also important, as the above documents, as with many historical texts, posit the history of both community and institution within a patriarchal frame. They do not reflect the impact that Euro-Canadian women had in the mission field. With many of the Anglican missionaries travelling with their wives, and many of the Catholic priests being accompanied by nuns, the mission field had a number of women who were involved.. European women traveling in the Arctic lived and worked within the dominant white narrative. The extent to which they engaged with Indigenous communities and the relationships they formed within the communities differs from that of their male counterparts and is often overlooked within the academic discourse.. Both Indigenous and Euro-Canadian women had different jobs within the colonial institutions, as well as different levels of power, different levels of autonomy and different interactions with community members than their male counterparts. Few books delve past the patriarchal overtones of the archival materials to examine the role of women within the historical discourse in the Canadian Arctic. Myra Rutherdale (Rutherfordale, 2002, 2005) and Barbara Kelcey (Kelcey, 2001) are among those scholars involved in creating a means of understanding the impact that women had within the Arctic. Although both of these scholars have worked towards engendering history and the interplay between Indigenous and non-Indigenous people, the history they present is still situated within the context available through Archival sources, And continues to overlook the histories of Indigenous women. Both Alone in Silence (Kelcey, 2001) and Women and the White Man's God (Rutherfordale, 2002) spend some time talking about the impacts of the development of hospitals, but this does not form a substantial part of either

scholars work.

Walter Vanast's PhD thesis entitled "Arctic Bodies, Frontier Souls: Missionaries and Medical Care in the Canadian North 1896-1926" (Vanast, 1996) provides an excellent introduction to the development and implementation of biomedical healthcare in the Arctic. His work focuses on archival materials and printed documents, excluding oral Indigenous histories and narratives, and attempts to address the reason and motivations behind the development and implementation of, mainly Catholic, hospitals in the Arctic. Because Vanast's work spans the early twentieth century, it provides some basis through which to position the discourse, but ends just as the hospitals in Aklavik were opened. The early years at the hospital were rather quiet, and the impact of hospitals in Aklavik was felt later, as individuals were hospitalized with TB. My thesis is focused on the history that spans 1920-1960, a period not covered by Vanast. Naomi Adelson's work, Being Alive Well (2000) examines the need to contextualize what health means. Through her work with the James Bay Cree, she examines many aspects of what it means to be healthy and what it means to have a healthy community. She argues that it is not sufficient to follow a biomedical understanding and conception of health, but must contextualize health within an Indigenous understanding (Adelson, 2000). For Adelson, situating the Cree understanding of a good life and health within a larger community context is vital. The experience and conceptualization of these themes by Gwitch'in and Inuvialuit in and around Aklavik mirror a similar construction of health and wellness as individuals understand health as being a successful hunter, able to care for families, able to take care of children and able to provide for all the daily needs individuals may face.

As Adelson explains, and as is mirrored within the context of Aklavik and Inuvik, being healthy involves much more than simply a biomedical construction of health.

A long way from home: The TB Epidemic among the Inuit (Grygier, 1994) focuses upon those hospitals centred in the south and again pulls information from archival sources rather than oral narratives. It does provide a good starting point from which to construct a narrative around the TB epidemic, but does not provide substantive insight into the experiences of individuals living for extended periods of time in the hospitals in Aklavik. Other collections of articles centred around health in the Arctic and/or encompassing a significant portion of text around Indigenous health including “The Circumpolar Inuit: Health of a Population in Transition,”(Bjerrgaard, 1998), “Aboriginal Health in Canada: Historical, Cultural and Epidemiological Perspectives” (WalDRAM, 1995)⁶ “A Cross-Cultural Dialogue on Health Care Ethics,” (Coward, 1999) and “Women, Health and Nation” (Feldberg, 2003) shed some insight into the discourse around health and healing, but most do not focus on the perceptions or the experiences of patients and community members, instead relying upon secondary literature as well as experiences and opinions of medical practitioners.

Biographies of missionaries explore some and provide some contextualization of the situations and personal experiences of missionaries within the North during the nineteenth and twentieth century (Cody, 1908; Peak, 1966, 1975, 1977). Accounts written by anthropologists and medical practitioners about their experiences in the North (Brody,

⁶ Although not a collection of articles, this co-authored textbook provides some insight into Indigenous health issues and shared perspectives of a range of scholars.

1975; Dale, 1997; Matthiasson, 1992; Wilkinson, 1955) provides for much of the details that explain how and why colonial agencies made the choices they did, and can be read as a way to understand the experiences and intersections of colonial agencies, including researchers and scholars, in the Arctic. Many of these accounts are paternalistic in nature and again, although they provide insight into some of the cultural trends that existed, often provide a clearer reflection about the political period in which they were written and require a careful reading to position the ethnographies of both missionaries and anthropologists as well as the histories that have been recorded within a post-colonial context.

Scholars such as Frédéric Laugrand, Frank Tester and Christopher Trott have written extensively about the interactions between agents of colonialism, such as missionaries, and Inuit in the Eastern Arctic. These works take into account both Inuit and Euro-Canadian perspectives, and provide insight into the overarching context that was taking place within the twentieth century. However, these scholars work is predominantly situated within the Eastern Arctic (Laugrand, 2002a, 2002b; Tester, 2006; Trott, 1997, 1998). Although there are many similarities between the experiences in the East and in the West, there are also substantial differences. Cultural norms as well as language differences exist between Inuvialuit/Inuit communities as well as Gwich'in/Dene communities. At times making it hard for individuals to work and engage with one another (Allen, 2009; Dyck, 2009; Participant, 2009) The differences often depended upon the physical location of communities, thus greatly impacting the

experiences of people in different communities around the Arctic⁷.

The existing literature pertaining to the Canadian Arctic is vast, but the information that fits within the post-colonial discourse, especially that which calls to experiences within the Mackenzie delta region is marginal. It stands to reason that there is room within scholarship for further examination of Gwitch'in and Inuvialuit experiences within the Mackenzie Delta. There is space within post-colonial literature for the stories told by Gwitch'in and Inuvialuit to appear, and for their ongoing acts of implicit and explicit resistance, agency and freedom of personal expression to be highlighted.

METHOD

Aklavik is an interesting case study for an ethno historical reflection because it encompasses many of the elements that were taking place within the Arctic during the twentieth century. There major colonial institutions had a solid presence within the emerging town, to be defined as a hamlet by the end of the twentieth century. There were also both Gwitch'in Dene and Inuvialuit who lived, trapped and traded within close proximity to Aklavik. Although there are some historical documents from the period and region in question in the limited form of archival letters, diary entries and newspaper stories, these documents often reflect the interests of the colonial bodies rather than the Indigenous people who lived within the region. Letters from Indigenous ministers like

⁷ Participants spoke of cultural differences, such as what constituted appropriate food preparation techniques and what foods taste better raw or cooked.

James Sittichinli (Gwitch-in) and Thomas Umaok (Inuvialuk) and the responses provided by Anglican Bishop Fleming found within the Anglican Church records are interesting because they clearly exhibit the influence of the colonial institution while depicting the specific interests of these Indigenous ministers. Whether consciously or unconsciously, missionaries were agents of colonialism, and Indigenous ministers were expected to be both the colonizer and the colonized (see Memmi, 1957). The use and perpetuation of salvationist discourse is interesting, as it is used as it demonstrates the extent to which this rhetoric had been accepted by missionaries, both indigenous and non-Indigenous alike (Stevenson, 1996). The letters were written to the colonial figure, the Bishop, and perhaps were written with both the Bishop and the Colonial Anglican Church in mind. Just as the influence of the colonial discourse is exemplified in the rhetoric used⁸, the contextualization by Sittichinli and Umaok to the land, to hunting, trapping and concerns about community wellbeing contrasts the language and topics covered in letters from H.S Shephard, a Euro-Canadian missionary from eastern Canada, about personal autonomy and politics within the Euro-Canadian context with little reference to the Indigenous populations in the region.

There was a sense both agency and autonomy in Aklavik, both during the period in question, and during 2009 when interviews were conducted. In an excerpt of a speech given by Sittichinli to Gwitch'in and Inuvialuit in Aklavik (included in a letter to Bishop Flemming) Sittichinli said "I hope we will take a lot of the burden from the white people who are doing lots for us natives." Sittichinli follows this statement with: "But it's up to

⁸ General Synod Archives 496-07-14-2 Sittichinli to Flemming, September 1954.

us older people to help our young people and it's only working together that we can be able to help them. We teach them to trap, and to hunt and to set a net for fish, we can do the same for education too." This quote exemplifies both the colonial rhetoric that was used, but also the continued autonomy of Gwitch'in and Inuvialuit in Aklavik. The tension between colonial implications and agency as expressed through individual and cultural autonomy can be clearly seen and people continued to make decisions that affected their health and that of their communities. Individuals relied upon their sense of self, and sense of community in order to position themselves and their decisions within the greater community consciousness. (Ashcroft, Griffiths and Tiffin, 2000). A clear sense of agency grew out of the colonial impacts within Aklavik. When colonial institutions were established, Europeans assumed they would be adopted by the local peoples. Indigenous people, however, often had a sense of agency and autonomy over their own positionality within the greater community context (Ashcroft, Griffiths and Tiffin, 2000, Brownlie, R,1998). As is demonstrated in the above quotation, it is up to the community to impart education to their children, to teach them the skills necessary for survival and that this can only be accomplished as people work together to meet the needs of the community. Sittichinli recognized that Euro-Canadians had, at least at some level, the interests of Gwitch'in and Inuvialuit at heart, "But", as Sittichinli wrote, it's up to older people to help younger people in order to make sure that community needs and best interests were met".

In November, 2009 I went to both Inuvik and Aklavik and conducted personal interviews with seventeen Elders. Individuals interviewed were identified by the

community, and were referred to as Elders by the community. They all had experience and wisdom about the time period in question and the changes that have happened within the Mackenzie Delta over the past century. I interviewed fourteen women and three men. Ten interviews were conducted with Elders in Aklavik, seven interviews were conducted with Elders in Inuvik. All interviews were conducted within people's homes, as per interviewees' preferences. In Aklavik, I was accompanied by my community liaison, Dorothy Erigaktoak. Participants were recruited through snowball technique, where key informants were identified, and they in turn identified other individuals who would be able to offer insight into the questions at hand, and within 72 hours of arriving in Inuvik, I had a list of over thirty individuals who were likely to remember the hospitals and missions in Aklavik. The first individuals to be interviewed were those who had spent time in hospital, either as staff or as a patient. Subsequent interviews were conducted with individuals who spent more time living in and around Aklavik and remembered the government attempt to close Aklavik. I was unable to conduct interviews with everyone on the list due to both time constraints and availability of participants.

When I arrived at a participant's home, the participant signed the consent form and was given their honorarium. It was integral that people gave their consent freely and that they understood that they maintained intellectual property rights of local knowledge and history. Relationships must be built on trust and reciprocity. A person must give of him/herself in order to create a relationship with another person, regardless of the context. The relationships should be entered into honestly, and with integrity, just as research must be presented, and all possible benefits and consequences outlined before

the project begins. I explained to the participants the nature of my research and clearly highlighted the fact that people did not need to answer any questions that they were uncomfortable with and that we could stop the interview at any point. Most interviews were between one and two hours in length. Individuals were contacted by phone prior to conducting the interviews to ensure (s)he was still interested in participating either by myself or in Aklavik, by the community liaison. The interview was confirmed as was the desired location for the interview, usually within the participants' home. Two or three interviews were scheduled in a day, one in the morning, one in the afternoon and one in the evening, providing sufficient time for participants to feel comfortable talking at leisure with the interviewer. Although there was a set list of questions that acted as an aid during the interview process, most interviews were unstructured, as Elders were asked to talk about general topics and memories, rather than answer specific questions. If requested, participants were given a copy of the questions to review. Some participants wanted to see the questions to ensure that (s)he had answered everything "on the list", this was provided solely at the request of participants. Individuals were asked to only answer questions they felt comfortable answering and to answer to whatever extent they wanted to discuss a topic.

If permission was granted, the interviews were taped and an audio CD was burned at the end of the interview. I explained to the Elders that I appreciated them telling me their stories and taking the time to talk to me, but I also know that these are their stories and I wanted them to have the same thing I had. It was also explained that this would serve as a copy of the interview for their review and if after reviewing the

auditory file they wanted to make any changes to the information that was shared, they could contact me directly and were shown where my contact information was located on their copy of the consent form. People were given the option of receiving a written transcript of their interview for review. Only one individual requested a paper copy for his/her files.

Individuals interviewed were given the option of having their name associated with their interview or the option of remaining anonymous. Only one participant indicated that (s)he wished to be anonymous. A few participants chose to be identified by their first name only, and most indicated that they would like to have their full name associated with their participation. Both Mary Kendi and Barbra Allen, two of the oldest individuals interviewed spoke of the lack of names being associated with Indigenous histories. They said that they often hear their stories told but without their name associated and they would like to have their name associated with their history. Respectively, they said that they do not want to be identified as simply a Gwitch'in woman or Inuvialuit woman. Lived experience, the experience of being Gwitch'in or Inuvialuit in the Mackenzie Delta region was important and too often stories they hear are their own stories told without names associated. The history becomes generalized rather than belonging to a person, a family and/or a community. There were many times that individuals told me that they felt they had been marginalized in the past, especially where stories and traditions were concerned, and as Sadie Whitbread explained, telling the stories and sharing these is a form of healing and a form of recognizing the importance of the knowledge Elders possess.

Using ethnohistoric research methodology, whereby the history of Gwitch'in and Inuvait experiences are highlighted, keeping in mind post-colonial theoretical approaches, the analysis uses a culturally sensitive approach. Through my analysis of the interviews conducted, I tried to utilize the stories told to understand the social dynamic that existed in regards to the missions, the hospitals and the government decision to move Aklavik. I tried to recognize personal agency as individuals explained their past and their present. I have utilized archival documents found within the Glenbow Museum archives, the Anglican Church archives as well as stories that appeared within the Toronto Star, add an additional layer to the analysis and the history of Aklavik during the mid-twentieth century.

The interview process was not designed in such a way as to gather information about personal medical histories, rather questions focused on the systemic nature of both the development and implementation of western health care systems and European religious institutions. The way in which individuals see the world is important, and the available written history of Aklavik has not included community participation as a central part of the methodology. Thus engaging in a community-based case-study positioning the oral narrative central within the analysis is a key element of this project. Building relationships between academic and Aboriginal communities is integral towards developing good research ethics, thus spending time in Aklavik and Inuvik was a key element for my research. Relationships build trust, they help to maintain projects and allow the researcher a different insight into the issues at hand, as well as other issues of concern to the community. Many individuals within Aklavik are apprehensive about

research projects, as often research results have not been shared with the community in a timely manner. People also feel that they have been over-researched and are concerned about maintaining community and individual autonomy.

With such a strong history of Eurocentric, colonial divisions, with hospitals and schools being placed in communities by government and church officials for the good of the communities and academics treating people like subjects, it is no wonder that marginalized people around the world are concerned about the way that their knowledge and their histories are showcased (Tuhiwai-Smith, 2006). The researcher has an ethical responsibility to recognize that communities have unique needs, and possess unique knowledge and perspectives. The researcher should not simply play the role of voyeur, looking into a community, but work with the community to develop research projects that are meaningful for both academia and for the community (Tuhiwai-Smith, 2006) .

I was fortunate because my project was embraced by the community. People were happy to talk about the history of biomedicine and the history that they remembered about the missions. I spoke with both the Gwitch'in and Inuvialuit centres as well as the mayor in Inuvik before beginning any interviews. In Aklavik I had a meeting at the hamlet office before beginning any meetings in their community. Although I had received both the Aurora Research License from the North West Territorial (NWT) Government, as well as a Gwitch'in Traditional Knowledge Research License before flying to the NWT, I wanted to ensure I still had the support of the community agencies. Prior to my departure at the end of December, 2009, I was interviewed by both CBC Radio North and News North about my research project.

Field notes and participant observation were also intrinsic towards my understanding of the stories shared during my time in Aklavik. Interviews were not conducted in isolation, as I engaged and interacted with many of the Elders on more than one occasion. Elders continued to share stories with me, and I continued to revisit notions of confidentiality about the stories and thoughts shared (Piquimel, 2001). Upon my return home, all interviews were transcribed and a copy sent to the Gwitch'in cultural institutes archives in the NWT. A summary report will be sent to all participants at the end of the project. The schools have also requested a copy of a final lay summary report, as has the nursing station in Aklavik, the Joe Greenland Seniors Centre in Aklavik, and the Elders Day Program in Inuvik, the Aurora Institute, the Hamlet office in Aklavik and both the Gwitch'in and Inuvialuit centres in Inuvik. As with any research involving Elders, people recognized that it is vital to try to preserve the history of Elders and the history of life in the Mackenzie Delta, the memories around the (now closed) missions in Aklavik and stories about the period before Inuvik was built while it can still be remembered by those who were alive during this interesting historical period.

It is important to note that I was in both Aklavik and Inuvik for a limited period of time. The information collected, especially within participant observation periods reflects the brevity of my stay. Many of the interviews were positive in nature. This could be indicative of a number of different aspects. It is possible that people wish to remember positive experiences. It is likely that participants did not feel comfortable talking about more negative reflections on the colonial history and changes experienced during the 1930's-1950's. I do not speak either Gwitch'in or Inuvialuktun, and all interviews were

conducted in English. Many of the participants also indicated that they do not speak indigenous languages, and indicated that there is a desire within the community to try to teach youth these languages that are spoken more infrequently with each generation. I cannot speak to issues or indigenous knowledge that could have been collected, had I been able to speak with participants in Gwitch'in or Inuvialuktun.

The stories of events that transpired during the establishment and closure of the hospitals in Aklavik must be told through lived experiences of the Indigenous community members, and the questions that are answered must be positioned through this lens rather than simply relying upon the field notes, diary entries, letters and observations of those who stayed, often for relatively short periods of time within the region. These sources should, and will be used to support the narrative told rather than using the stories of people who have often been pushed to the margins of history to highlight the story of the colonial agencies activities.

Health involves much more than being physically well. It involves being a part of a healthy community. It involves having the skills necessary to make sure that your family and community is cared for, that people have the skills they need to survive and that individuals feel safe, secure and content. With the introduction of a biomedical health model by the Anglican and Catholic missions in Aklavik, it is important to remember that uptake of this understanding of health relied upon comfort with the missions' presence in Aklavik.

The story of Aklavik is a story of people. It is a story of agency and colonialism and a story of government decisions made without community consultation. The story of

Aklavik is one of hospitals and missions, of trading posts and the cold war. As with the story of many northern communities, the history of Aklavik is often portrayed as a form of adventure and mystique as white individuals from across Canada and Europe came to work and live within this small northern community. Tourists and visitors from other regions of the world today can receive a certificate of merit, stating that (s)he is a true "Arctic Adventurer," implying that by crossing the Arctic Circle one has accomplished a great feat. The story of Aklavik is more than a story of those who traveled from the south or Europe to live and work; it is a story of Gwitch'in and Inuvialuit. It is their voice that has often been left out of the equation.

By the 1920's there were two missions in Aklavik, an Anglican mission and a Roman Catholic mission. Many people self-identified as Christians, and participants would often proudly show me pictures and certificates they had received from their church communities commemorating outstanding service to the church community. Many people identified a long standing identification with Christianity throughout their family, although individuals and families perceptions of the important aspects of this religious tradition did not necessarily align with that of either the Anglican or Catholic perceptions of Christianity (see chapter 1). Within the mid twentieth century, both Anglican and Catholic missions, along with federal government support, opened two hospitals and three schools in Aklavik. The hospitals played an important role within Aklavik, as they offered education, biomedical nursing/nurses aid training programs and employment opportunities. During the 1940's-1960's, they acted as sanatoriums for TB patients. Even with the introduction of biomedical healing in Aklavik, people still relied

upon traditional sense of wellness and health as determining factors for personal and community autonomy (see chapter 2). At the end of the 1950's, the federal government decided to close Inuvik and open a new town 113 km east called Inuvik. The mission hospitals were closed and the missionaries were relocated along with government agencies and businesses. The colonial bodies believed that Gwitch'in and Inuvialuit would move to Aklavik, but the community fought to maintain their autonomy, establishing a community motto "Never Say Die" (see chapter 3). Individuals continued to live according to their values, embracing parts of colonial agencies as it suited their needs. When faced with forces that opposed their values, people resisted and continue to fight to retain rights personal and community autonomy over issues around spirituality, health and home.

CHAPTER 1

Missions and Religion in Aklavik

"And that's *true*, eh! True, we pray to one God." Elizabeth Gordon

"The people in the delta were really strong Christian people by then [the 1920's] already" (Albert, 2009), by the 1919 when the Anglican mission was established in Aklavik, both Gwitch'in and Inuvialuit had strong religious affiliations with Christianity. Alliances often lay with either Anglicans or Roman Catholics. The Anglican mission in Aklavik opened in 1919 and the Oblate mission set up their mission house in 1924. Although there were still instances of Aboriginal religious traditions, and there were people who were believed to have 'shamanistic' powers (Albert, 2009), by the twentieth century most people self-identified as Christian although church attendance and the means through which people expressed their faith may not have necessarily cohered with the opinions of what constituted good Christians behaviours as defined by either the Anglican or Catholic mission community. Throughout all of the interviews I conducted in 2009, everyone self-identified as Christian.

The history of Christianity in the Mackenzie Delta is a rich history that began in earnest in 1859 with the arrival of the Oblate Roman Catholic mission. This order of men was often accompanied by the Grey Nuns who provided practical assistance as they ran school and healthcare units. Bishop Bompas was the first Anglican minister within the Mackenzie Valley. Arriving in 1869 he was followed by Isaac Stringer in 1892 and John Whittaker in 1896. Anglican Archdeacon Robert McDonald, a Metis man from Manitoba, spent over forty years in the Yukon and North West Territories. He worked with

Gwitch'in people, predominantly in the Rupertsland Diocese, and played an important role in the spread of Christianity, as he translating the bible, prayer book and many hymns into traditional languages. With a long-standing presence in what was termed the 'mission field', both Catholic and Anglican missionaries worked to spread the gospel and convert people to Christianity. Oftentimes it was internal conversions, as lay ministers and other Gwitch'in and Inuvialuit community members, not ministers, nuns or priests, were responsible for major conversion efforts. When away from the mission stations, or when the missionaries were away, catechism was in the hands of the community. People would 'faire la messe' (McCarthy, 1995) while sitting around in a big circle, singing hymns, saying the rosary and repeating the instructions they learned from missionaries. The lay ministering of this new tradition meant that when missionaries met new communities, people often already had knowledge of the tradition and knew the prayers and were ready for baptism even though they had never encountered a priest or a minister (McCarthy, 1995). Questions within the Anglican diocese, especially on the part of the Bishop did arise about the validity of religious training for those who requested baptism and/or ordination, although it appears that rigour was not necessarily involved in determining if an individual was ready for baptism. One of the greater concerns was whether the other Christian denomination had baptized the individual or not⁹. Individuals were baptized on the land, in tent services or as ministers came through on dog-team visiting their respected congregations and considered a full member of their ascribed

⁹ General Synod Archives, 1496-07-14-1D. Shepherd to Fleming August 20, 1943.; General Synod Archives, 1496-07-14-1D. Shepherd to Fleming August 21, 1943.

Christian community.

Christianity spread across the region through lay catechism, people moving to different camps and engaging with one another and talking about the new religion and through print materials written in local languages (Laugrand, 2002; Trott, 1998).

Missionaries from Southern Canada and Europe would travel on the land, but around Aklavik it was often locally ordained ministers and lay-readers who provided support to their congregations in the bush and in camps. The means through which Christianity was understood on the land was different from the way that it was contextualized in town. Day to day activities on the land did not change with the implementation of Christianity. People still hunted, they still fished, they still trapped, and they still relied upon skills they possessed in order to live on the land and care for their families. People, for the most part, did not rely upon Euro-Canadian ideals about employment or life in town.

The way Christianity was expressed was shaped by multiple external factors. Christianity provided a means through which to conceptualize the world, but accepting and practicing traditions often did not follow dogma. Many people who self identified as Christian¹⁰ did not attend Church regularly, often people were not married, in a church or otherwise, and traditions were adopted or adapted when they seemed applicable within a given situation (Albert, 2009; R. Archie, 2009; Goose, 2009; Kendi, 2009; Participant, 2009).

¹⁰ Participants often pointed to plaques of commemoration for service with their church community during the interviews. Most people told me which church they belonged to and which community their parents were affiliated with. Although individuals were asked about traditional spirituality, people did not want to talk about this, indicating again that (s)he is Christian.

Following mission-based religious practices and attending mission-based activities, such as Church services, changed as people began to move into town or live closer to Aklavik. Often traveling to town would be at least a two-day journey by dog-sled, and it was not reasonable for families to travel that distance for Sunday service. Thus attending church services/masses in person was saved for special occasions such as Christmas and Easter, although Christmas appeared to be the more important of the two celebrations. Although people did not attend Church on a regular basis, gathering together on the land for prayer was common. Reading the bible and saying memorized scripted prayers together, singing together were all very important parts of people's lives and unscripted prayer was very important. People prayed for health, they prayed for friends, they prayed for children, they prayed for safe travels, for good trapping, and for food. People prayed for cures to ailments and diseases and they prayed for community wellbeing. People would even pray for specific events, like the birth of twins.¹¹ When people joined together for religious celebrations, they would pick key readings from the bible, they would tell bible stories and they would sing hymns and people believed that their prayers would be answered, remembering that things not working out the way you would first intend, was an answer in and of itself. Reading, reciting and discussing biblical passages and hymns was a way to make the prayers more relevant and to draw people together as a community.

Although some individuals subscribed to a specific branch of Christianity, and more often than not people who camped together would be of the same Christian

⁵ There were two separate instances when people told me that that they reason they had twins was a result of direct prayer and this was a way to help guarantee the birth of twins.

denomination, being of the same denomination was not as important as gathering together in a social setting.

There's only one God like they say there's only one creator. So why argue with them and why talk about stuff like that cause none of us really know. Yes. It's a human being just nice if we know we are created and [there's] a creator. Just be thankful for every day and say your prayers and try to be good. (Albert, 2009).

By the 1940's, attending church 'over the radio' was also common. The Anglican service was broadcast in Gwitch'in at 11 am and in Inuktitut at 2 pm on Sundays. Catholic services were also broadcast over the radio-waves for those in camp with access to a radio to hear. For many people, the importance was not in the dogmatic minutia, but rather the perception faithfulness was realized by living a good life and helping others. "The creator was up in heaven and the devil was down there. Two things only, and you have to pray, say your prayers to the creator he's somewhere around all the time" (Albert, 2009)

Going to Church

People began to move into Aklavik throughout the mid twentieth century for a variety of different reasons. Most often for families to stay or live within Aklavik or close to Aklavik, a family member would be attending school or family members being in the hospitals. People still gathered together within their homes for prayers, and they gathered together for religious based activities, such as the Women's Auxiliary, but it became more

feasible to attend Sunday services/mass. The involvement in church changed as people began to move into town or live closer to Aklavik. Thus, church on Sundays became something that was expected and played a significant role within many families.

I remember going to church with my Mom and Dad go to church every day- or every Sunday and everything you know? And like when I talk to my dad, it's so boring in church I tell him. I tell him. I was closer to my dad than my mom. I said "dad, why do we go to church? It's so boring. I could just fall asleep. Yap yap yap for an hour and a half, two hours don't even get nothing out of it. Dad I don't want to go anymore." What he told me was uh, You get "All your mom ask" like my mom did everything, laundry, cloths, food, cooking, clean, keep us safe, all that "all she ask is that we go to Sunday church. Sunday. That's all she asks" and I told him, "what about yourself? What do you get out of it? And he said "nothing. Well, nothing much, but the thing is your mom ask me and I'm going out of respect for her. Look she do all this for us and all she asks is to go to church on Sunday and that's nothing compared to all she does. She does all this. Be thankful that she do that for you. She asks you to go to church, go to church. Even though I don't want to go I'll go out of respect for my mom cause I live my life, I care for her. That's all she ask. She do all these things for you too. Learn to be thankful" So just like you know, so it was just like, it was just going to church. That's all. (Whitbread, 2009).

Church was centred within social relations, rather than dogmatic beliefs. People participated in mass and services as it provided an opportunity for interacting with other community members and seeing friends they might not have seen for a long time, rather than acting as a place for deep spiritual reflection, although for some it may have functioned in this fashion, for many it was not the case (Annie, 2009). Family life continued to be of utmost importance. Being able to care for the family, having the skills and supplies to care for the family was important. Often the success of a person, of a hunter, of a family was perceived to be in direct relation to their sense of religious norms. Often people interviewed spoke of traditions that they followed and elements that were important to both successful hunts and successful lives. Often the success of hunting depended upon not breaking specific taboos. Mary Kendi explained that her Grandmother made her promise to never go caribou hunting. As a Gwitch'in woman, she believed that this could bring harm to the family and certainly had the potential of worse hunts in the future. There were no taboos against hunting smaller game, or fishing for women. After her husband's death, she often would have liked to have caribou and her hunting skills were quite strong, but she remembered the promise she had made to her grandmother and never hunted caribou¹². Barbra Allen spoke of the taboo for Inuvialuit against hunting whales. She said during whale hunts, a woman was to never go on a boat for if she did, her power would be such that the whale, even if harpooned would not be able to die and would suffer needlessly.]. If a family was to be successful there were certain obligations

¹² This may not have been a general taboo, but rather a person-specific taboo based upon her grandmothers experiences and practices.

that had to be met. There were taboos that should not be broken, and there were family obligations that had to be met, and by the mid-twentieth century, the narrative explained by families as to appropriate conduct also included church attendance. It was seen as an obligation, if you were close to a church service you would attend the church service. For those individuals now who are unable to attend Sunday services/mass there is a sense of remorse that exists: "I don't remember the last time I went to church. And I feel bad, I feel guilty" (Morfitt, 2009). In many ways the ritual of attending service/mass is in and of itself an important for many people. At various times there were no ordained ministers or priests in town. This did not stop people from gathering together as religious divisions seemed artificial to many people. "My mother would mix with everybody though. She's very religious, but, she didn't you know talk about any other religion, she, minded her own business as she called it" (Morfitt, 2009).

When a minister/priest was unavailable, people would attend other denominational services, gather together in their homes or if possible, a lay reader/catechist would lead the congregation. Anglicans, Catholics, and in more contemporary circumstances Baptists and Evangelical Christians join together in worship as one community. Historically, the relationship between Catholics and Anglican missions was often strained, especially at the level of the colonial institutions, although perhaps the more contentious issue for non-Aboriginal missionaries was living in the north for extended periods of time. Letters from Shephard to Flemming in the 1940's-1950's write of concerns about his son receiving a proper education, concerns about the quality of food, quality of service and availability of

resources and comfort rather than concerns about faith development or with passing comments about interactions with either Gwitch'in or Inuvialuit.

Anglicans and Catholics

Historically there has been a strong division between Anglicans and Catholics.

Competition between the missions for converts was not always amicable. On the outside, it appeared that missionaries got along reasonably well and would help each other when need be. The perception by many Indigenous community members in Aklavik was that the two denominations had more commonalities than they had differences and that the Anglican ministers and Catholic priests got along well. Missionizing during the twentieth century was still concerned with notions of salvation connected to following specific Christian dogmatic traditions (Vanast, 1996). In response to competition between the Catholics and Anglicans, Thomas Umaok, a locally ordained Anglican minister, explained in a letter to his bishop that he was working diligently to try to baptise as many people as he could on the land before the Catholics were able to baptise people, thus attempting to ensure alliances.¹³ Again Shephard writes in 1943 that he is concerned that “the Roman Catholics are sparing nothing in propaganda, men or equipment to win over to their church the people who still belong to us.”¹⁴

Competition between the Anglican and Catholic communities was not contained

¹³ General Synod Archives, 496-07-18-1 Umaok to Fleming November 4, 1942.

¹⁴ General Synod Archives, 1496-07-14-1D, Shepherd to Fleming August 20, 1943.

to the number of baptisms nor the size of the congregation, issues around the time of services, size of and location of buildings, number of children enrolled in school and the amount of funding were also of concern to both missions. Church services were often scheduled at the same time as one another (a feature that is still practiced in Inuvik). In correspondence between Thomas Umaok and Archbishop Fleming, Umaok asks for funds to build a new house¹⁵. Fleming responds to his letter asking why he wants a new house. He replies that the Catholics are building lots of nice buildings for members of their congregations and he thinks that it is pertinent for the Anglican mission to follow suit¹⁶. Rivalry between Catholics and Anglicans included number of beds in the hospitals access to supplies, and the number of buildings, number of children in school and number of patients in hospital¹⁷. Competition over government funding and continued cuts in government funding left Euro-Canadians concerned over future of their institutions, the ability to maintain missions as well as the ability to continue to provide for the spiritual needs of their communities (Rutherford, 2002; Vanast, 1996).

Locally Trained Christian Ministers

There was division between the Anglicans and the Catholics. For all the similarities in the

¹⁵ General Synod Archives, 496-07-18-1, Umaok to Fleming, November 4, 1942.

¹⁶ General Synod Archives, 496-07-18-1, Umoak to Fleming, July 23, 1944.

¹⁷ “Funds are Donated to Rebuild Hospital” Toronto Star, April 26, 1936; “To Restore Hospital if Gifts are Hurried: Aklavik Building Could Be Rebuilt by September”. Toronto Star, April 8, 1936.

way that missions were run and the reason for their actions, there was still an active division between the two. The division led to many different stories circulating between Gwitch'in and Inuvialuit about what happened 'behind closed doors' and what the missionaries' true intentions might be. "So many people tell you different stories [...] and then you just believe it" Ruth said when talking about her fear of Catholic Nuns. There were a number of cultural and language differences between the missionaries and local community members, thus local ministers and lay readers became an intrinsic part of the missionizing and conversion process. As the Anglican minister, Reverend Shepherd wrote in August 1943, it was important to have local ministers if they "want to keep a hold on the people"¹⁸ Locally ordained ministers like Thomas Umaok and James Sittichinli worked within the Mackenzie Delta. The Anglican mission continued to hope that these ministers would play an important and effective role within the missions. The Catholic mission did not have locally ordained priests, as the process for both training and ordaining priests into Catholic orders was not considered feasible within the community context. Letters from Sittichinli and Umaok to Bishop Fleming are quite different in nature than that of Shephard. They detail community events and intimate knowledge of community affairs. These letters speak of marriages, deaths and births within the community. The letters detail community activities, success with hunting and trapping, number of polar bears shot and at times depict struggles within their personal

¹⁸ General Synod Archives, 1496-07-14-1D, Shepherd to Fleming, August 20, 1943.

lives¹⁹. Within the All Saints Mission, many men started studying to be ministers, as well as catechists. The process was difficult and not everyone was able to become either a minister or catechist (A.Archie, 2009; Gordon, 2009). For those individuals studying to be Ministers, if they were deemed unsuitable, it could be suggested that they act as catechists instead, although this was received with mixed reactions.²⁰ People were proud of the contributions they could make to the church. People spent time learning the scriptures and the bishop had to be confident that the person would be a good spokesperson for the church, confirming that the person in question would be a leader within their community on the land, not simply a leader within the religious community. The process was also very long “and some people couldn't take it like that's or they just became lay-readers and didn't really have to study that much, but they were. lots of native people try to do things like that” (Gordon, 2009). Training to be a lay-minister involved spending a substantial period of time within the community. Recruitment was more prevalent within the Anglican community than the Catholic community. Anglican doctrine allowed, and continues to allow ministers to be married and have families, whereas the Catholic Church maintained vows of celibacy for clergy. There was space within the Catholic Church for lay readers and the possibility of Gwitch'in and Inuvialuit deacons existed, although there were no accounts of individuals taking as active a role within the operation of the Catholic Church, nor becoming Catholic deacons. Most of the

¹⁹ General Synod Archives, 496-07-18-1 Umaok to Fleming March 12, 1942; General Synod Archives, 496-07-18-1, Umaok to Fleming March 28, 1944; General Synod Archives 496-07-14-2 Sittichinli to Flemming, December 20, 1943.

²⁰ General Synod Archives, 1496-07-14-1D, Flemming to Shepherd September 1, 1943.

participation within the Catholic Church involved participation directly within mass, organizing meals after services and helping/working within the necessary activities for the day-to-day operation of the mission.

Navigating the differences between the Anglican Church and the Catholic Church as well as the role of locally ordained ministers and ministers who came from the south work within the northern context was difficult for the missionaries from southern Canada and Europe. Overall, the sense of one God who oversaw everything and everyone was greater than any differences in religious orientation and people generally thought that the missionaries “were good” and had good intentions, especially those who came to work at the hospitals. Missionaries did come to work at the hospitals; they also came to work in the schools.

School(s)

Mission activities were not segregated. The hospitals and schools were connected, both within close physical approximation and as far as staffing needs were concerned. The events that happened at one part of the mission, be it training and catechism within the mission, activities in the hospitals or activities within the schools, the impact of one portion of mission activities was greatly felt within the other arms of both mission activities and federal government services.

Aklavik officially became the Administrative Centre of the NWT in 1921. In the 1930's there were two residential schools²¹ in Aklavik, one run by the Anglican Mission and the other by the Roman Catholics. Although they started off small, both schools expanded due to other school closures around the region. In 1937 The Anglican School at Shingle Point was closed, due to fears of severe flooding, and all of the students were moved to All Saints School in Aklavik. Similarly many students moved from the Catholic school at Hay River to the RC School in Aklavik. Children were brought in mission boats from across the western arctic²² to the school in Aklavik, Other students came from around the Delta to attend school. During 1949 a federal day school opened in Aklavik (Campbell, 1981). Children could enter one of the three schools within Aklavik and families often moved into the town or on the outskirts of town so that their children could attend school. Often children attended school for a few years and parents felt free to pull their children out or not enrol their children in school. People believed, and continue to believe, that education involves both learning in and outside of the classroom (see chapter 2).

²¹ As with the residential school experience across Canada, there were instances of physical abuse. However in Aklavik, unlike the experiences in many southern residential schools, as soon as the nursing staff found out about the abuse that was taking place the teacher was let go immediately and replaced with a different teacher. It is rumored that the teacher was having a lot of difficulty with the seasonality and lack of light in Aklavik. He committed suicide shortly after he was let go from the hospital.

²² Although the distance to which people traveled to attend schools was not made clear, individuals did talk about traveling as far east as Holman during the summer months with their extended family.

The schools were isolated within Aklavik; children did not have any interactions with the rest of the town. Affiliated with a specific mission, children did not engage in joint activities with the other schools. Children were not allowed to leave the schools unless under direct supervision of a staff or family member and when they did leave the school on set outings, it was not with the intent of attending Aklavik-wide community gatherings (Goose, 2009). Interaction between the two missions was the exception rather than the rule. Children were encouraged to remain with each other and to avoid contact with children from other denominations, although there were some students who were put into a school of the opposing denomination with the specific intent of creating a space whereby they would develop tolerance and acceptance for people from other religious traditions, however this was the exception rather than the rule (Albert, 2009). The children at the schools used to fight with one another and throw rocks at the other children if students from the rival school walked by the outside of the school. Children taunted each other, especially as they walked by the other schools. The older children were often the instigators of such behaviours, and were often reprimanded by the staff and reminded about appropriate behaviour (Annie, 2009; A. Archie, 2009; Goose, 2009; Gordon, 2009; Morfitt, 2009). In 1959 when the schools and all the students were moved to Inuvik to a government run school, the division between the two schools did not end. As Nurse Lorraine Nagel (nee Bode) wrote in a letter home to her parents: "It's terrible in Inuvik I'm told. There are both RC and Anglican Hostels. "In the school there are even

toilets designated to RC's and Anglicans. And the Eskimos are separate from the Indians as they still squabble with each other"²³.

After entering school, children were taught to read, write, cook, clean and were encouraged to hunt, fish and trap. Children were expected to be obedient to the missionaries and to adopt certain religious traditions and attend Church services/mass daily. Because both hospitals were also affiliated with a school, often in the same building, many of the children came to the hospital via the school. Starting in the 1940's, at the beginning of the school year children were x-rayed for TB and monitored for the first fifteen days at the school to see if they exhibited any symptoms. Those children diagnosed with TB were immediately sent to the hospital for treatment (Lemier, 2005) When children were deemed to be healthy, they were either sent back to the school or sent home to their families (Vanast, 1996; Whitbread, 2009) (see chapter 2). For those children who went back to school after their treatments were finished in the hospital, they hopefully were not too far behind their peers (Whitbread, 2009).

All schools were expected to teach academics, but they were also expected to maintain traditional hunting and fishing skills. The missions took pride in trying to prevent the loss of traditional skills such as hunting, although these skills were often lost as it was a special activity rather than the norm, and children were immersed in a Eurocentric educational environment. The mission tried to teach children these skills and would hire local staff to take the boys hunting and teach the girls to sew (A. Archie,

²³Glenbow Museum Archives, Joy Duncan's Frontier Nursing Project, M-4745-6, Bode to Parents.

2009; R. Archie, 2009) A letter from Shephard, written on May 7, 1942, supports the oral narrative, as he details how proficient former students were and highlights the fact that the students were able to not only maintain but to excel at these skills.

John Maksagak, who used to be our cross bearer, and was at the school for four years, writes in a letter "I got about twenty foxes this year, but not much foxes around here". William Blake, now in residence, has trapped out of school hours thirty-seven muskrats in five days, skinned them, stretched them and dried them himself. Angus Elias, a former Hay River School boy, brought in this last summer, one of the largest catches of fish from Banksland, either six or seven hundred foxes and paid several hundred dollars income tax to our Canadian Government [...] These are just a few, many others could be added, to indicate that the boys who attend school are not handicapped in trapping and hunting. There are exceptions but one can find many amongst those who have never been in school who are not successful²⁴.

Although in Aklavik people were encouraged to keep traditional skills, formal education was still considered by Euro-Canadians to be a vital part of personal development and each hospital had dedicated space for formal education. All Saints hospital had a separate school exclusively for TB patients. Children would go in the morning and adults had the opportunity to go to school in the afternoons. After the classes ended, patients would go

²⁴ General Synod Archives, 1496-07-14-1D, Shepherd to Fleming, May 7 1942.

back to their beds for more bed rest. People were taught to read, write and speak English. They were also taught basic math skills. The schools were able to teach people to an eighth grade level, which was the same level as the residential schools operated to during the mid-twentieth century in Aklavik. For the most part people were happy with what they learned in the hospital-schools, especially the adults who were encouraged to attend adult education classes upon their departure from the hospitals. Some adults did continue to attend school after they were released from the hospital, seeing a value in learning to read and write in English, but with other responsibilities, it was often difficult to find both time and money to continue to pursue education.

Adults said that they learned valuable skills in the hospitals. They appreciated the fact that they were able to read and write, especially considering the changes that happened within the twentieth century. It was important to know how to read, especially when coming to town or when trading. Many of the traders were seen by Inuvialuit and Gwitch'in as unscrupulous individuals (A. Archie, 2009; Dyck, 2009; Kendi, 2009; Persis, 2009). They also highlighted the importance of traditional knowledge. It was also important to remember how to hunt and trap. Ultimately it is combinations of the ability to hunt, trap, read and write that were fundamental for success within the changing landscape of the Delta. The ability to speak Gwitch'in/Inuvialuit and English that provides the opportunity to maintain a sense of where people come from and to interact with those people is essential. Many adults who took the opportunity to attend school, especially as an adult, embraced this experience and encourage youth to continue to go to school.

Supplies and Survival

In this community, supplies came in one time a year by boat and had to last until the following year. It was important to supplement food supplies shipped in to the missions with country food such as caribou and fish, reindeer meat bought from reindeer station²⁵ and produce that people could grow in small gardens by the mission. The missions grew lettuce, radishes, cabbage, swiss chard, dwarf kale and tomatoes²⁶. Cranberries and rhubarb were collected off the land (Kendi, 2009) . During the 1940's, Dr. Livingston had cows that provided milk for the schools and hospitals as a supplement to the powdered milk that people drank (Whitbread, 2009). Gwitch'in and Inuvialuit were hired to collect country food for the missions, including schools and hospitals. At times the ministers and priests would engage in hunting and trapping activities around the delta, but more often than not the missionaries stayed within the mission-stations and left this task to local staff. "Indian and Eskimo hunt for them like that. Hunt caribou" (A. Archie, 2009). At times children would be taken on these trips and taught traditional skills valued by both the mission and the local community. When people came to town they often brought furs and meat to give as gifts to the church and the church would use the funds they gained

²⁵ At the end of the nineteenth century, the Alaskan Government, USA imported 1 200 reindeer from Siberia. These reindeer were to act as a food source and were farmed. In 1929 the Canadian government bought 3 000 reindeer from Alaska and brought them to Kittigazuit, the east side of the Mackenzie Delta. Laplanders were brought over from the east to teach people how to care for the reindeer. In the mid twentieth century, every year six-seven hundred reindeer were killed and the meat sold within the arctic (Campbell, 1981)).

²⁶ General Synod Archives, 1496-07-14-1D, Shepherd to Fleming September 27, 1945.

from trading the furs with the HBC to help offset operating costs. At the height of the muskrat trade, people would receive over \$2.50 per muskrat (Goose, 2009) "Long ago we used to have lots of muskrat fur [...] I give the whole thing to the church and keep nothing for myself" (A. Archie, 2009). People gave what they had to the church, and helped the missions and missionaries survive. The missions would not have been able to function as they did without the local staff, " if it wasn't for the Inuvialuit and Gwitch'in people that are in this community, they wouldn't be here" (Gordon, 2009). Beyond the simple truth that missionizing requires a target population, without the active contribution of the Gwitch'in or Inuvialuit this would have been substantially lacking. Missions needed to have the skills and knowledge of local staff in order for the missions to run and for the missionaries to survive (Holst, 1998). Within the Anglican community,²⁷ locally trained ministers were expected to continue to provide support to the southern ministers, they were expected to help construct and repair buildings and to continue to provide the same type of support expected from both lay readers and men hired to work within the mission. Often the two were one and the same, as lay readers were preferentially hired to work for the missions.

Working for the Church

Without the support of local staff and community members, the mission experience would have been vastly different for those missionaries from the South (Holst, 1998).

²⁷ I do not have enough information to speak on the condition within the Catholic community about the role of lay readers.

Gwitch'in and Inuvialuit men were hired to stoke the broiler, cut wood, bring water or ice, depending on the season, for drinking and bathing purposes, ice blocks were also placed in the ice cellars during the summer months to keep food cold. Men were hired to empty the honey buckets and to do basic maintenance around the hospital, schools and missions. When oil furnaces were installed, fuel levels were monitored and refilled when need be. Men were also hired to teach youth how to hunt and trap, and to act as hunters for the missions. Local women helped sew pyjamas and clothing, they repaired clothing that needed repairing, they did laundry cleaned the missions, cooked, acted as nurses aids and helped in many different facets within the church, the school and the hospital. Older children often preformed the above tasks within the residential school context.

Mission staff and local staff were not friends. Although there were some joint activities within the town, for the most part people did not engage outside of formal settings. Dining areas were separate, living areas were separate, Indigenous and Euro-Canadians did not engage with each other outside working hours, and even within working hours engagement between the two groups was often limited and regulations that applied to local staff's behaviours were enforced by the missionaries. Euro-Canadians expected Gwitch'in and Inuvialuit to adopt their way of living, as they often saw their modality as intrinsically superior and were surprised when people did not readily accept their way of life (Brody, 1975). When working together, there was a power dichotomy that was at play, by and large perpetuating the stereotype, at least within their closed circles, that Euro-Canadians were superior. If Gwitch'in or Inuvialuit staff were not acting in accordance with the regulations established by the mission, (s)he was asked to

leave. The local staff had to take direction from the missionaries, there were regulations about the activities they could engage in, what time they had to be home and who they could talk and interact with. If they followed the rules they were treated well. Both industry and institutions in Akavlik relied upon the skills that Gwitch'in and Inuvialuit staff had. Thus, people knew that there would be a variety of jobs to return to and were not concerned about job security.

Interviewer: How long did you work at the hospital for?

Mary Kendi: Oh, I'd just take off anytime I want (laugh) (Kendi, 2009).

More often than not, people worked for a season in the hospitals, and would return to the land during the spring. People were told if they could not abide by the rules they had to leave, and often staff would. Returning to the job or a similar job within the mission hospital or school was not a difficult task, and people were usually welcomed back to work. Just as the lack of stability of staff often seemed difficult for missionaries, the changeover in missionaries was often difficult for community members as people did not know how long a nurse or minister would stay.

Religion and Community in Aklavik

Whereas gendered roles existed on the land such as hunting practices, childcare practices, healing and desirable characteristics and skills for spouses (see chapter 2), gendered roles also existed within missions and interactions between mission staff and the greater community. Within both the Anglican and Catholic communities, men engaged with

missionaries as they worked as lay-readers and when working in the church or going hunting/trapping with missionaries. Women engaged in a different, more structured manner. Within the Catholic community, Nuns often stayed within the church and people would engage with them within the confines of the church. “The sisters, nice to me” said one participant. Nuns worked in the hospitals and in the schools. They worked closer with the local staff than missionaries at the Anglican church, but people seldom recall the nuns ever running any special events for Gwitch’in or Inuvialuit whereas the Anglican church had the Women’s Auxiliary (WA) that met once a week.

They used to have WA meetings for the women, so that’s where the women would meet them, but they never went anywhere or mixed with the people, just for the WA meetings. I don’t know why that was, I guess they had their own homes to worry about (Morfitt, 2009).

WA was largely a southern institution. The WA had a two-fold purpose, in the south, it provided women with a sense of power and social responsibility (Rutherford, 2002) and in the North it gave missionary women tools to engage with Aboriginal women. With the same four aims as the south: “we pray, we learn, we work, we give”, the Mackenzie River Valley WA had its own motto: “The Willingness and the solitary place shall be glad for them.” The differing mottos is interesting insofar as it demonstrates that although people were part of the same overarching organization, there were different motivations and different goals between different chapters of the WA (Kelcey, 2001). Concerned with global social responsibility, women in the Arctic communities were also encouraged to fundraise for both other communities (Rutherford, 2002) in need around the world and

their own communities. At first, most of the WA groups were run by white women, but as time ran on the Aboriginal and Inuit component of WA groups across the north became more prominent (Rutherford, 2002). In Aklavik, it remained an activity run by mission staff, with participation by Gwitch'in and Inuvialuit members. When women gathered together for the WA, they spent time sewing, knitting and talking (Albert, 2009). This was one of the few times Gwitch'in, Inuvialuit and European women interacted with one another. It was a community activity, but it was also a religious activity as people talked about God, had a short prayer service and sang hymns as part of the meetings. The WA was an activity that allowed women to work together and socialize together. Groups of ten or fifteen women would gather, usually in the minister's home. Gwitch'in, Inuvialuit and mission staff all attended. People liked to belong to this, and an Elder proudly showed me the picture taken when she was a teenager of the WA members gathered together. People would often create items for distribution to both stations further north and east within the Canadian arctic. Elders spoke fondly of their interactions with the minister's wife during the WA meeting.

The WA gave people a chance to spend time together and to participate in the growing movement within Protestant organizations across North America of social responsibility. The feeling that there was a surplus of supplies in North America and it was important to send these supplies such as food, money and clothing to people around the world who were 'in need' was encouraged through printed propaganda materials calling people to give, through newspaper ads, through sermons and other sources (Kelcey, 2001; Rutherford, 2002; Sack, 2000). The WA often acted directly with the

social responsibility movement, giving back to the community and connecting with the larger WA body. Especially after the fire in 1936 when the Anglican Church and hospital burned down, the WA fundraised and sent both money and supplies to help rebuild. The Toronto Star ran articles begging people to donate supplies, and providing news updates²⁸, explaining how WA members were making pillow cases, nightgowns, bed jackets, towels, and dressings out of donated material. Women in Aklavik's WA would also try to help those they saw as less fortunate as Christmas presents were sent to missions in the Eastern Arctic (Gordon, 2009). Before Christmas, WA members in Aklavik were also part of this were given materials and patterns for items such as mukluks that they would make for the Christmas craft sale, sometimes people would make other items also to be sold at the craft sale (Albert, 2009). Similar to the men who gave over the money from trapping to the church, all proceeds from the Christmas craft sale would also go to the church.

In some small way having a WA in Aklavik built this sense of sisterhood and community connection (Albert, 2009), probably to a greater degree for the missionaries from the south than for Gwitch'in and Inuvialuit. Gwitch'in and Inuvialuit spoke of trying to understand differences in cultural norms. People had different traditions and different points of reference. Even for those who were able to communicate in English, cultural differences were often very difficult to comprehend. Ruth Albert spoke of an

²⁸ “Anglican Women to Aid Hospital: Will Replace Supplise Destroyed in Fire at Aklavik” Toronto Star, April 26, 1936; “Funds are Donated to Rebuild Hospital” Toronto Star, April 26, 1936; “To Restore Hospital if Gifts are Hurried: Aklavik Building Could Be Rebuilt by September” Toronto Star, April 8, 1936.

encounter she had with two mission nurses. She was putting away laundry when she saw the young nurses crying. They were listening to the radio and then they started hugging and crying. She called out to them, asking what was wrong, figuring that someone close to them must have died. She wanted to see if she could offer some form of comfort, but was told that the Queen of England had returned home safe. She had gone on a trip and the radio announcement was that she and her husband were back in England. Ruth Albert could not understand why they had become so emotional about a person getting home safely, especially someone they had never, nor were ever likely to meet and thought it would have made much more sense to be crying over the death of a loved one than over the safe return home of the British monarchy. There were misreadings by both groups, as cultural points of reference were difficult to overcome, especially as mission staff tended to spend short periods of time within the community. Just as it was difficult for the mission staff when local staff returned to the land for periods of time during the year, it was difficult for the local community to become too attached to individuals who experience told them were not likely to remain within Aklavik.

Just as the mandate of the two Missions was similar, as was the way in which the hospitals functioned (see chapter 1), the success of hospitals as a mode of evangelization was equally poor amongst both institutions. Most people were already baptised and had been practicing their faith in their own manner for years, thus the task for missionaries became trying to get people to practice their faith in a prescribed manner (Albert, 2009; Benoit, 2009; Morfitt, 2009; Whitbread, 2009) when they had any direct contact with people that is (Vanast, 1996). People would humour the missionaries, but did not see a

reason to adopt all of the customs that were being perpetrated. Just as people did not see a need to attend church every week, they did not see a reason to go to hospital if they were able to use local medicine, and eventually when the missions closed, people did not see a reason to follow the church to Inuvik (A. Archie, 2009). Missionaries tended to keep to themselves and did not engage in, nor did they instigate community gatherings beyond the few hours a week at WA, or time spent time studying religion with men or going on the occasional hunting trip. Community members continue to "pray to one God" (Greenland, 2009) as they worked and lived together as Gwitch'in and Inuvialuit rather than in separation based on religious creed.

Although most of the year individuals stayed within their respective environments, and people tended to stay out of town, the community did gather together for feasts two times a year, in the late spring and in the winter at Christmas time. These were times when people would play games together, would eat together, and were able to visit with people they had not had the opportunity to see in a long time.

Christmas

People came into town for very specific purposes, to work, to trade goods, to attend school or to go to hospital. There were two specific times that historically people came into Aklavik during a year. The first was after the spring floods in late June/early July. The second was Christmas. The role of community and institution were blended, yet remained surprisingly separate during Christmas festivities. Although people saw

Christmas activities in the past as a truer expression of faith, as the amount of decorations and commercialism was less than today, it was a time for exchanging gifts and gathering together and remembering the birth of Jesus. It was often a time of games, of dancing and of community. When Umaok²⁹ wrote to Bishop Fleming depicting Christmas festivities, he wrote about the dances and feasts within the community, followed by a brief comment writing about the number of people who attended Christmas service.

Elders would highlight the differences between religion and European traditions to children in order to retain personal and cultural autonomy. "Our Elders too they taught us, and even when they see Christmas tree like that they used tell us, that the Christmas tree is nice, that's the way the white people, you know, do things for their Christmas"

(Gordon, 2009) For Gwitch'in and Inuvialuit Christmas was a celebration of community. There was singing and dancing, presents and feasts, and Elders explained that "Christmas is always for giving" (Gordon, 2009).

Mothers would work hard before Christmas, sewing a new outfit for each member of their family. Each child would receive a new parka, new mitts and new shoes. They would work on this for weeks before Christmas, encouraging the children to play outside so that they would be surprised with their new Christmas outfits (Gordon, 2009).

Sometimes people would make extra mitts or knit extra socks that would be wrapped up and taken to the Church on Christmas to be added to the bale that the missions received from the south with presents for community members. The gifts were useful, items like

²⁹ Although Umaok was stationed at 120 KM North-East of Aklavik in Tuktoyaktuk, the way that Christmas was celebrated as depicted within his letters and the way community members described the celebrations within Aklavik seems identical.

towels, sock and mitts that could be used by everyone were appreciated. Small toys were sent for the children (Albert, 2009). Children would only receive their presents after they had attended Sunday school on Christmas day (Gordon, 2009; Persis, 2009).

All the kids they get, get a little gift each. So, Christmas Day, from what we get, like my dad used to tell us, if we get *two* of anything we take one and re-wrap it up and we take it back to the church on Christmas Day. All the kids got little parcels, go back to the church and they put it at the tree, in front of the church. And that present that we give back, the next summer it's sent to, one of the communities along the coast. Yes, uh, we were raised up in the Anglican Church. So, that's what we kids used to do long ago. I don't know why they stopped doing that but they, all kind of gift they bale up and send to maybe Coppermine or Cambridge or Holman, or someplace along the coast, we don't know what community it goes to. It goes to one of those places (Gordon, 2009).

People came to Aklavik from across the Delta at Christmas, dog teams would be lined up as people came in off the land to celebrate together (Gordon, 2009). Those people who had dogs that were likely to be dangerous because of a lack of socialization with other dogs or people would be kept out of town, all other dogs would be tied up in town (Whitbread, 2009) as people came from around the Delta for Christmas.

I tell you one story about this old man. This old man, it's 80 miles to [Northern] Red River. Through the lakes, or it's 80 miles. He was [unclear] river then, and it

takes two good days to go those dog team to town. I guess it's Christmas tomorrow night so he takes really good that night and there's nobody with him everybody left him. He didn't know what to do. No dogs, nothing. They said he was going to stay behind. That's why they left. But he didn't feel good so in the morning, tonight it's going to be Christmas eve, so in the morning he got up early and um, they never even had breakfast nothing, just took off. Took an ax and that's all. Took off on the trail. All day he walk walk walk all day night time, cross the lake. At 12 o'clock they having midnight church he come right into town. Ya. That was a great story for that old guy you know" (Benoit, 2009).

When a person reached Aklavik, (s)he would stay wherever there was room. Some people would stay in the hotels, but more often than not people would set up tents along the outskirts of town. Gathering together was the most important feature of this event.

Whereas most of the time people live in small communities on the land, Christmas was a time when people got to see and visit with people they had not seen for a long time.

People would go to the holiday concert at the schools. They would listen to their children sing and look at the paper decorations that were hanging around the schools and hospitals that patients and students had made. After the concert, children would sit with their parents and eat doughnuts and drink coffee, tea or hot chocolate. Both schools and hospital had a Christmas tree that had been decorated and small gifts like jacks were given to the children (Albert, 2009; R. Archie, 2009; Benoit, 2009; Greenland, 2009).

Everyone waited for the main activity of the season, the feast and dance organized by Gwitch'in and Inuvialuit.

Interviewer: What was Christmas like? What would you do for Christmas Celebrations?"

Annie: Go to dance [laugh]. That was my favourite when I was teenager. (Annie, 2009)

Everyone gathered together for the dance between Christmas and New Years, sometimes the dance would last over a number of days (Albert, 2009; A. Archie, 2009; R. Archie, 2009; Benoit, 2009; Gordon, 2009). Feasts were arranged and people would eat fish, caribou, berries and other country food. Navy and HBC staff would go the dances, and at times would help pay for supplies³⁰. Missionaries from All Saints never attended the dances, as dancing was forbidden by the mission rules and Catholic missionaries rarely left their mission so they also were not in attendance³¹ (Benoit, 2009). The dance was a sober event and drinking was not permitted under any circumstance. People would play the fiddle and the guitar. There was waltzes and jigs and sometimes drum dances. Gwitch'in and Inuvialuit would attend the same dances, Anglicans and Catholics would gather together. Games were played, people danced, people ate and religious affiliations did not matter (Annie, 2009; R. Archie, 2009; Kendi, 2009). Laugrand and Oosten (2002) argue that the prominence played by food and games in the Christmas celebrations in the eastern Arctic was important, as it provided new forms of rituals combined with existing

³⁰ General Synod Archives. 496-07-14-2, Umoak to Fleming, March 28, 1944; General Synod Archives. 496-07-14-2 Umoak to Flemming, March 26, 1945.

³¹ General Synod Archives, 496-07-25-5. Rules and Regulations Governing All Saint's Mission Staff, 1934

rituals. Missionaries and Indigenous communities alike adjusted their expectations of how the holiday would be celebrated. Christmas celebrations did not replace existing winter festivities, but were combined with older traditions under a new auspice and worked into the collective, shared, changing understanding of the winter festival.

During Christmas, as with the rest of the year, the important aspects were helping each other, gather together, having a good time, and celebrate the winter festivities as a community with country food, good music, friends and family and remembering the “true meaning of the season” (Gordon, 2009) as understood within their personal sense of religiosity and what it means to be Christian.

Conclusion

Christianity had a solid foothold within the Mackenzie delta long before the establishment of missions in Aklavik. People self-identified as Christians, but with their own unique means of practicing the religious tradition. People practiced religion on the land and in town. Missionary presence at religious gatherings was not essential for religious celebration. The important factor continued to be those practices that maintained healthy individuals and families. The differences between the Anglican and Catholic dogmatic traditions seemed to hold little concern for individuals, the important aspects of faith continued to involve being good, happy, productive community members.

Both the Catholic and Anglican mission established institutions and programs aimed at both community growth both within Aklavik as well as their specific congregations. Organizations like the WA provided a means through which individuals

worked together towards obtaining common goals, had an opportunity to socialize with one another. This allowed for organized interactions between the Euro-Canadians living within Aklavik and the Gwitch'in and Inuvialuit who lived in and around Aklavik. Schools provided a space for employment, but also a space for enculturation into the Eurocentric educational system. Individuals learned about religion, spoke English and were removed from their families for the majority of the year. Families did visit with children at Christmas and over summer holidays. The other organizations established and run by missionaries were the two hospitals in town. All Saints hospital and Immaculate Conception (RC) hospital³² were important institutions within Aklavik during the mid twentieth century. People agreed that health and wellbeing were paramount for success. Mission run hospitals provide a means through which to help engage the missionizing process and to help engage in health and health-promotion activities. Although Christianity played an important role within Aklavik for generations, the impact of the Christian missions had in shaping Aklavik, was integral for the way that the community of Aklavik developed during the twentieth century.

³² Immaculate Conception hospital and mission will be referred to as RC hospital and RC mission, as these are the terms used within Aklavik and Inuvik for this institution.

CHAPTER 2

Health and Hospitals in Aklavik

"I still believe no matter what you do and you work hard to keep a better life. You's gotta go when you's gotta go." Pierre Benoit

In Aklavik, the first institution established was a centre for the fur trade. This was followed by mission houses, and then hospitals. Both the Anglican and Catholic Churches held that the introduction of biomedical healthcare systems to be paramount in ministering to new congregations (Vanast, 1996), not only would providing what was seen by the missions as much needed medical support would demonstrate legitimacy of the missions, in the worst case scenario, individuals would be baptised on his/her deathbed, thus saving his/her eternal soul (Vanast, 1996). The missionizing effort included colonial enterprises in line with federal government assimilation policies, as well as mission policies directly related to evangelization (Rutherford, 2002). Missionaries believed that these institutions would be trusted, that people would see healing first-hand and it would increase trust, as well as conversion, amongst Indigenous populations, and provided a way to demonstrate power of the church over that of shamanism and traditional healers (Matthiasson, 1992). The overarching mission of both the Anglican and Catholic churches during the early twentieth century was one of missionization, colonization and assimilation. The fact remained that Indigenous people were not seeking help from the Church, and after hospitals were built, people were not seeking help from these biomedical centres either. In the first years of operation, Immaculate Conception (RC) Hospital only had a few patients, and All Saints (Anglican) hospital was not having much more success. People had their own modes of healing, and

people tended to be relatively healthy and there was no direct need to seek biomedical care, as people who were sick and/or injured could be treated on the land.

Understanding 'Health'

I asked people what would happen if someone got sick while on the land. I was told that if a person was alone trapping and got sick or injured (s)he would climb in the sled and tell the dog team to go home and the dogs would go back to camp. If a person was unable to climb into the sled, or to give dogs directions the dogs would still return to camp and return to the person with help. I was told that if a person was sick, they would stay in their tents until they felt better and if (s)he was unable to hunt or fish, other community members would help take care of the person who was sick. These explanations frequently led to conversations about community ideals and notions of what it means to be healthy and to have a healthy community. Being healthy for both Gwitch'in and Inuvialuit Elders interviewed, means having the skills and the ability to maintain health. People worked together in camps and on the land and took care of someone who needed help. As Persis, an Elder in Aklavik explained, "there was no sense in being proud. If a person needs help, you help that person". Being healthy involved being part of a healthy community, and a healthy community was defined in large by the relationships forged with other people. Adelson (2000) explains that amongst the James Bay Cree, people looked at health as something that incorporated all aspects of community and physical wellbeing. She explains that there is no single word for health, but that it is a multitude of different aspects that explain a healthy way of living. The understanding of health and wellbeing

amongst the individuals in and around Aklavik involved being able to care for yourself, your family and your community rather than a biomedical understanding of physical health. People depended on each other for assistance, especially when supplies were limited. If a family came to your tent, and you had food you would feed them. If someone needed a place to stay, you would take them in. When a person was unable to take care of his/herself or his/her family, (s)he would also be taken care of until such a point as (s)he was able to return to his/her former activities. Taking care of each other and taking care of the community as a whole was essential. As people spent more time in Aklavik, especially when people were in the hospitals long-term with TB, or were drinking heavily and unable to take care of their children, neighbours would do their part to take care of the children and keep them safe. Children knew where to turn if they needed somewhere safe to be, where to go if they needed food or shelter or simply companionship. Children would also help ensure that Elders' needs were met. If a person did not have food to eat or somewhere warm and safe to sleep, chances are their overall health was in jeopardy.

Being healthy was not only a matter of physical health, it was also a matter of emotional health. For Inuit, as Testler and McNicoll (2006) attest, health must be understood within social, psychological and spiritual contexts. Within both Gwitch'in and Inuvialuit contexts in and around Aklavik, these are also of utmost importance. Without a balance of these elements, physical health will wane. Having a sense of who you are and your role within the family or community was very important for people, as was being respectful of one another, especially respectful and helpful to elders within the community. This value was exhibited in many different ways. It was reflected in the jobs

that people chose to do in town and on the land, the interactions people had with other community members and the stories told about values they were taught when growing up. As with children anywhere, telling jokes and making fun of other children, especially those who looked or acted differently for any reason was a common occurrence. Oftentimes parents would discipline their children if they saw such behaviour, making them interact with the child that had been the recipient of mistreatment, ensuring psychological and emotional needs were met and upheld. There are countless stories of how children acted disrespectfully, and often these stories were followed by examples of how parents worked with their children to teach them about ways to interact with one another. Ruth Albert, an Elder in Inuvik, told of a time when she was at a dance. A boy with scars on his face caused by severe burns asked her to dance she laughed at him and told him that she would not dance with him, mainly because she was concerned with what her friends would say were she to be seen dancing with this boy. Her father saw this scene play out and took her aside and told her they were going home. They walked from town back to camp and her father refused to talk to her. When they got home he asked her to consider how the boy she rejected would be feeling at that moment, and that his friends are probably teasing him because of the way that she treated him. Her father told her:

he's still a human being you must have hurt his feelings if you're going to act like that in the dance right in front of the people being prejudice or something wrong with him, you're not going back there". So he said okay, you want to go back go back to that dance you be good and strong and I want you to go up when they say

ladies choice [...] I had to go pick him up.

She learned a valuable lesson about treating other people the way that she wanted to be treated and caring for others the way that she wanted to be cared for. Ruth said that after that instance she was seldom on the sidelines, but always had lots of people who wanted to dance with her through the night.

In the mid twentieth century, being healthy involved being happy, it involved having the skills you needed to not only survive but to thrive within a community context and caring for others within the community. If a member of the community got sick on the land his/her family and the greater community would pull together to take care of the person. They would take care of the children, they would make sure that people had the supplies that were needed, if someone required medicine, they would collect the right plants to treat the ailment, or if they would take the person to the hospital if there was nothing that could be done at home. A sense of community was paramount throughout the many different stages of life. When a person died, the community would pull together to make sure that remaining family members were cared for, that a proper funeral was held and people repeated time and time again the notion that "There's no way for a person to patch when a person's gotta go" (Benoit, 2009).

Traditional Healing

There were many healers in the Mackenzie Delta during the first half of the twentieth century. The notion of going to a hospital was a foreign construct, especially when people seemed relatively healthy. "Native people use their own medicine from the land,

whatever they could get. [...] we grew up with that around us too, so we were never [...] stuck cause Native people use their own medicines”(Gordon, 2009). On the land people had their own medicine that could be used to help with headaches and mild aches and pains made out of willow, the same product that aspirin is made from. Well into the 1960’s, the main pharmaceutical medication available and requested for use in remote nursing stations and hospitals was aspirin³³.

Another traditional plant frequently used in the Delta for medical purposes was Spruce. Spruce gum was also used frequently to cure a variety of ailments. When boiled, it helped with stomach problems, when applied to open wounds, it helped prevent both infection and scarring (Albert, 2009; Dyck, 2009; Kendi, 2009). People had many different types of medications that they would use and there were even plants that were known to help with TB. From all accounts, the healers within both the Gwitch’in and Inuvialuit communities were women.

Women often possessed knowledge about which plants to use, how to perform minor surgeries, how to prepare and dress wounds and how to prepare and preserve plants for use in the future. Women would teach their daughters the skills they needed for basic remedies. There were some women in the community who had greater knowledge than others about plants and healing. These healers would teach more extensive knowledge about healing methods to a selected student, although today much of this knowledge had been lost (Morfitt, 2009). When healing was taking place, or plants were

³³ Glenbow Museum Archives, Joy Duncan’s Frontier Nursing Project, M4745-17, Letters from Patients to Forsyth.

being prepared, children were not allowed into the tents, perhaps because of cultural restrictions placed upon the transfer of knowledge. Knowledge about healing was specific and only shared with certain individuals as identified by the healer (Albert, 2009). Minor surgeries were performed to relieve different pains, such as cutting a small slit at each temple to relieve headaches. These cures were successful if performed by someone who knew what she was doing, but led to misfortune and at times death if performed by someone who was not a true healer (A. Archie, 2009). If individuals realized that the surgery or treatment had not been successful, families would try to take loved ones to the hospital in Aklavik for further assistance, although often by this point it was too late.

Healers were classified in different ways. There were people who knew about traditional medicine, there were people who were healers, and then there were people who were referred to as 'witch-doctors'. This term, adopted from the colonial language often used to refer to traditional healers, was used specifically to refer to those individuals who performed surgical procedures on the land without knowing how to perform the procedures properly, often causing bodily harm. An example was the case with a woman who ate bad sardines. She was in a lot of pain, and surgery was performed by a 'witch-doctor' on the land. As the woman got worse rather than better, her family took her by dog team to the hospital and the doctor tried to perform surgery to correct the damage he found to her kidneys from the original 'bush' surgery gone wrong. At that point it was too late, there was nothing that could be done and the woman died. Healers and people who 'knew traditional medicine' often had skills and wisdom that would help

people and alleviate suffering and were often consulted first (Whitbread, 2009). Hospitals were a place for second chances. They were a place to go when there was no other options available, or when it was convenient. If people were close to hospitals, they would go and seek treatment, such as stitches for minor cuts. If they were off on the land, they would take care of any ailments they could there, trusting the treatments and techniques that had worked for generations. This was true throughout the Arctic. There was also less contact with external communities, thus infectious diseases were not as common. There was a greater concern about food, heat and shelter than about disease.

Although Gwitch'in and Inuvialuit community members did not see a direct need for hospitals in the Delta, both government and missions identified a need for a biomedical system to be firmly in place and assumed that if a hospital was built, people would use it, although the update of biomedical systems and biomedical healing practices was not always the case and missionaries relied on small changes in behaviour to affirm the legitimacy of their work^{34, 35}.

Two Hospitals

³⁴ Glenbow Museum Archives, Joy Duncan's Frontier Nursing Project. Interview, Hockin and Duncan, 1976.

³⁵ Hockin worked as a nurse at the hospital in Pangnirtung at separate points in time during the first half of the twentieth century. When interviewed in 1976, she said that she took victory in small changes she saw in the way Inuit interacted with each other and their children, such as covering their babies and not kissing them on the face as often outside. One has to wonder if cultural practices really changed, or if people were more cognisant of where they were engaging in certain behaviours, thus playing into the colonial ideal when it was beneficial to do so.

The Anglican and Catholic hospitals were not built in Aklavik because of a great need for healthcare services to that part of the Arctic. They were not built because the community desired a hospital or because Indigenous community members canvassed for such services. There was certainly no need for two hospitals within this small remote community, in fact the Missionary Society of the Anglican Church of Canada directors voted against building a hospital in Aklavik. It was only with the help of a private donation for ten thousand dollars and the promise of salary to pay for one nurse through Indian Affairs that building and operating an Anglican hospital within Aklavik became a feasible reality (Vanast, 1996). There was a nursing station in Fort Macpherson and Fort Good Hope, and it was proposed by the Missionary Society of the Anglican Church of Canada that a nursing station should be sufficient to meet the needs of the community in Aklavik. Both religious communities actively worked to raise money within Europe and Southern Canada to build and furnish the hospitals. Baby blankets, beds, materials and other supplies were donated as people embraced the assumptions, posited by mission organizations and entrenched within colonial assimilation principles, that access to hospitals would lead to healthier people and stronger, successful evangelical results.

The hospitals were built in large out of a rivalry between the Catholic Church and the Anglican Church, and during the first few years neither hospital had many patients. The mission strategy of both denominations involved assimilation and evangelization. Missions worked alongside the government to provide services geared towards assimilation of Indigenous people into Euro-Canadian society. The implementation of both hospitals and schools fed directly into colonial ideologies positing Euro-Canadian

values and traditions over that of the Indigenous people. Evangelization was equally important, as the primary goal of the missions was to convert individuals and encourage individuals to act in accordance with the Christian faith.(Rutherford, 2002) Most of the missionaries who came with the express purpose of working at the hospital already had completed nursing training and many ministers wives had completed nursing courses before traveling to missions with hospitals or nursing stations (Kelcey, 2001), but they often did not know what to expect upon their arrival and were faced with a different reality than that experienced during their student days. Supplies were delivered one time a year, mail was the same. Depending upon what time of year a new nurse arrived, the supplies she would have were extremely limited and (s)he had no way to know how much or what type of food or hospital supplies would be accessible or available for use.

When hospitals were first established, missionary nurses were either married to an Anglican minister or part of a Catholic order of nuns. In later years nurses were often single and possessed the "missionary spirit"³⁶, combined with nursing education, leading them to work in remote hospital settings such as those in Aklavik (Lemier, 2005). The experiences in Aklavik were not substantially different from other regions in the Arctic. A lack of supplies, and a need to ration those supplies that existed was of utmost importance in all remote hospitals. A limited number of nurses worked alongside a doctor who was responsible for multiple centres. The doctor needed to rely upon local staff for assistance, while trying to maintain autonomy and sustain notions of cultural superiority

³⁶ Glenbow Museum Archives, Joy Duncan's Frontier Nursing Project. Interview, Hockin and Duncan, 1976.

also appear to have perpetuated most remote arctic hospitals (Choque, 1989; Duncan, 1976; Lemier, 2005; Vanast, 1996)³⁷.

Figure 1: Comparison of Aklaviks' Hospitals

All Saints (Anglican) Hospital	Immaculate Conception (Roman Catholic) Hospital
Opened in 1926 Spoke English Received both government funding and support through the mission Prior to the TB epidemic, 1 nurse In the 1940's paid local staff \$1/day Treated TB, Accidents, Childbirth, Minor surgeries Burned down in 1936 and was replaced by a larger facility Closed in 1961	Opened in 1926 Spoke French Received both government funding and support through the mission Prior to the TB epidemic, 2 nurses In the 1940's paid local staff \$2/day Treated TB, Accidents, Childbirth, Minor surgeries Extra wing and a covered walkway added in the early 1940's. Closed in 1958

There were many similarities between the two hospitals in Aklavik, and they functioned in almost identical manners. When people spoke of hospital experience, they did not differentiate between All Saints Hospital and Immaculate Conception Hospital, more commonly referred to as the RC hospital. Both hospitals employed staff from the south, although the staff who worked at the RC Hospital were usually nuns, whereas the staff at the Anglican hospital were usually paid nurses. The Anglican hospital also had a paid cook from the south, whereas the RC hospital had nuns who performed this task. . Both hospitals were mission hospitals, and the mandate remained to promote the mission, and

³⁷ Glenbow Museum Archives, Joy Duncan's Frontier Nursing Project. Interview, Hockin and Duncan, 1976.

Christianity at all times. The first rule for All Saints Hospital mission staff that they "have the best interests of the Mission, as a whole, at heart, and (are) governed by the rules and regulations of the mission", followed by rule three which stated that "Each member of the Staff must at all times use his or her interests and influences to increase the respect and love of the public for the Mission, and for all for which it stands"³⁸. Both provided for both the physical and spiritual needs of their patients, or what they perceived to be the spiritual needs of their patients. Both had church services as part of the activities. Both regarded their form of Christianity and their beliefs as correct and encouraged individuals to ascribe to their traditions. One doctor was hired by the federal government to oversee both hospitals, and provide assistance to nursing stations around the Delta³⁹. The doctor kept clinic hours, and performed surgeries as well as other procedures as needed. The doctor had his own house within the region and would see patients there if they did not want to go to the hospital (Goose, 2009).

Both hospitals employed local staff to help with work in the day to day activities of the hospitals, although the Anglican hospital paid \$1/day during the 1940's and 1950's whereas the Catholic hospital paid \$2/day, probably in large because All Saints Hospital had to pay a salary to Nurses and Southern staff, whereas the RC Hospital did not have to pay these wages as the hospital was staffed by Nuns. Both provided opportunities for

³⁸ General Synod Archives, 496-07-25-5, "Rules and Regulations Governing All Saints Mission Staff, 1934.

³⁹ Interestingly enough, the hospitals were built on either side of the river and in the 1920's this put them in different time zones so the doctor was able to go to both hospitals within an hour period (Vanast, 1996)

education, both for patients and for teenage girls who were interested in becoming either nurses or nurses aids and both had dormitories for unmarried female staff with regulations that people had to abide by. All Saints Hospital and the RC Hospital both assisted with childbirth, both treated injuries caused by accidents, both performed minor surgeries, both had space for visiting specialists such as dentists to work, and both acted as TB sanatoriums. Both hospitals expanded with the increased need as the TB epidemic spread.

Influenza and Tuberculosis

There were crucial moments in the development and uptake of institutions such as hospitals (Rutherford, 2002), oftentimes these followed directly after disease outbreaks and epidemics that could not be managed by local treatment measures. Measles affected children and although uncomfortable for a period of time, most recovered. Influenza was a different story. In 1928, 1943, and again in 1952 influenza struck communities across the Mackenzie delta⁴⁰ (Lemier, 2005; Rutherford 2002). Depending upon the season and year of the epidemic, dog teams, boats and bombardiers were sent out into the forests to collect sick people and bring them into town. Tents were set up on the sides of the Mackenzie River and those people who could not fit in the hospitals were housed in schools, churches and tents. People spoke of the volume of people who were sick, entire

⁴⁰ General Synod Archives. 496-07-14-2, Sittichinli to Fleming January 27, 1944.; General Synod Archives. 496-07-14-2, Sittichinli to Flemming April 9, 1944.; General Synod Archives, 496-07-18-1 Umaok to Fleming March 28, 1944.; General Synod Archives, 496-07-18-1 Umaok to Fleming July 23, 1944.

families were ill with influenza. Those individuals could not be housed within the hospitals, schools or churches stayed in tents around the side of the river. Within a very brief period of time, many individuals, especially some of the talented hunters in the community had passed away as a result.

That flu just came all at once. Nobody expect nothing. Just came all at once. Ya. Walking around, next day they're dead. They're go in their tents. Just had a bunch of tents. Eskimos. About twenty of them died that day. Yep. I remember that pretty good (Benoit, 2009).⁴¹

People came into town for Christmas holidays, and it was often during this season that the influenza outbreaks occurred in Aklavik. In December 1943, about a dozen people died and others were quite ill. Telegrams were sent out advising planes to avoid contact with Aklavik and letters after lamented the effect that influenza had upon the community⁴². Sittichinli, in a letter to Bishop Fleming on January 26, 1944 posited that many more people would not make it through the winter and die of complications related to Influenza⁴³. People tried to take care of each other, and nursing staff did their best to care for people using cold compresses to try to alleviate discomfort, but in the arctic during the 1940's resources were limited. People did not have resistance or immunity to

⁴¹ It was unclear which epidemic was being referenced here. Pierre Benoit was born in the 1920's and was married in the 1950's. He said the flu epidemic took place before his marriage when he was young.

⁴² General Synod Archives, 1496-07-14-1D, Shepherd to Fleming December 26, 1943.

⁴³ General Synod Archives. 496-07-14-2, Sittichinli to Fleming, January 26, 1944.

many of the infectious diseases, and many people, especially Elders died as a result. It was very difficult for the community to lose so many Elders in such quick succession, because the loss of the Elders led to the loss of knowledge. Influenza caused a sense of unease and panic within the community. Although there were traditional plants that were typically used for influenza outbreaks, they were not effective in these larger epidemics (Albert, 2009; A. Archie, 2009; Kendi, 2009).

Shortly following influenza outbreaks, TB became a major health concern, and as with influenza, traditional medicine was not being very successful as a treatment option. There was confusion about the differences between influenza and TB and people seemed to have been struck by a sense of fear when TB began to spread with more vigour. People remembered the devastating effects of the flu epidemic and were more willing to seek biomedical attention, hoping that biomedical hospital staff would have knowledge that local healers did not possess, that they would have learned from the influenza outbreaks and be able to offer more assistance.

Indian Affairs declared that anyone who had TB had to be institutionalized to try to contain the spread of the disease. In the 1940's and 1950's the Doctor was also the Indian Affairs agent. Within a relatively small community like Aklavik, it was not uncommon for people to have multiple official designations within a community (Abel, 1989).⁴⁴ When interviewed in 1976 about her experiences in Aklavik, the former head nurse, Pru Hockin explained that she thought the level of authority and trust that the

⁴⁴ This is still a common feature in many northern communities. It is not uncommon to have a government job, sit on town council or band council, be a volunteer fire-fighter, help organize community feasts and run youth-based drop in programming.

Doctor had that made for less resistance when people were told that they had to go to the hospital. Trust in the advice given by the doctor was probably less of a motivating factor than the recent memories of the severity of the influenza epidemics. It was believed that perhaps prayers would be given more credence towards healing if conducted within the hospitals because missionaries were often seen as having healing abilities especially with regards to illnesses, such as TB and influenza, that could not effectively be cured by traditional healers (A. Archie, 2009; Lemier, 2005; Rutherford, 2002). The overall healing skills possessed by doctors were not considered terribly relevant by Gwitch'in and Inuvialuit as individuals strove to seek biomedical attention for specific illnesses rather than overarching medical needs. Gwitch'in and Inuvialuit Elders said that they knew they had to go to the hospital, they were told that they had to go and if they had stayed at home they might have made other people in their family sick, and so they went to the hospital. There was also concern about what would happen to those family members who stayed on the land if the person who was sick and had to go to the hospital was a strong hunter/trapper, or had young children at home that needed to be taken care of and people were often very sick before agreeing to go to the hospital, yet people often felt that if they were going to die anyway, they would rather die at home.

By the late 1940's, the Canadian government began to address the needs occurring through the TB epidemic in the Western Arctic (Grygier, 1994). Entire families had TB and it spread quickly when people engaged with one another. People tried to make sure that their homes were kept clean, using crystal lye and boiling water to clean dishes and other surfaces (Albert, 2009). Often entire families were affected by TB, and many times

people did not survive. When a person was really sick and it was believed that (s)he would need to be in a hospital for an extended period of time (s)he would often be sent to Edmonton to Camsell Hospital. People from around the Arctic were sent to Edmonton for treatments that could not be performed in Aklavik such as removal of bones or collapsing of infected lungs (Grygier, 1994; Participant, 2009), a common treatment for TB.

Recognizing the signs and symptoms of TB was often difficult for both Indigenous and non-Indigenous people alike. There were many instances when people did not realize that they had TB, and many times hospital staff misdiagnosed pneumonia or other illnesses as TB. This was rectified within a short period of time, especially after x-rays for diagnostic purposes were available in Aklavik. antibiotics to treat TB were not available until 1948⁴⁵. Before the availability of antibiotics, all that could be done to help TB patients recover was bed rest and diet. People were not able to exercise and fresh arctic air was also not recommended, thus for years at a time people would be confined within the hospital and bedtime was strictly enforced (Whitbread, 2009). In All Saints Hospital, children were to be in bed by 8:30 PM, adults on the TB ward to be in bed by 9 PM and all other patients were to be in bed by 9:30 PM. During the day in All Saints Hospital there were three designated rest periods, 9-11 AM 1-3:30 PM and 6-7 PM. During the five and a half hours worth of daily rest periods, people were not allowed to smoke, read, talk or have radios⁴⁶. Regulations at the RC hospital were similar (Participant, 2009). Diagnosing TB changed in the 1940's when x-rays were made

⁴⁵ Glenbow Museum Archives, Joy Duncan's Frontier Nursing Project. Interview, Hockin and Duncan, 1976.

⁴⁶General Synod Archives, 496-07-25-5, "Rules and Care of Tubercular Patients, 1947.

available. There were a few times each year when people came off the land into Aklavik for feasts and celebrations, most often bringing furs to trade and purchasing new supplies. Christmas marked one such occasion (see chapter 2) and the beginning of July marked the other. It was the July gathering that proved to be the most important for people from around the Mackenzie delta, for it was on this occasion that people were lined up and x-rays were taken of every individual to see if (s)he had TB. The films were sent to Edmonton to be examined and results sent back to Aklavik. Numerous memories circulate within the Mackenzie Delta of standing in line, waiting to have an x-ray taken each and every year waiting anxiously to see if (s)he had contracted TB or if (s)he was still healthy. Sometimes the results came back quickly while people were still in the community. This was by far the easiest for the medical staff, as they did not have to go onto the land and try to locate people in their camps and bring them back to Aklavik by schooner or bombardier. It was hard on families to have to leave loved ones behind as they went back into the bush to continue to hunt and trap. Many people diagnosed with TB would spend years of their lives in hospital and their families needed to continue to live their lives and continue to provide for their families, trusting that their loved ones would be safe and cared for in the hospital.

Life in Hospital

Both hospitals were designed in such a way that the TB ward was separate from the rest of the hospital. In All Saints Hospital, the TB ward was on the second floor, in The RC Hospital there was a separate TB ward in a different wing. Both hospitals had maternity

wards as well as operating rooms and space for other patients to stay. Cooking and laundry facilities for TB patients and other patients were separate and both hospitals boiled dishes and laundry to help prevent the spread of TB.

Visitors had to be over the age of sixteen, and were only able to visit during the designated two hours. Sometimes patients would go to the windows and look down from the second floor and talk to their family members standing under their window, but most of the time people were isolated from loved ones and both visiting hours and those allowed to visit in the hospital were strictly enforced (R. Archie, 2009; Participant, 2009). In All Saints Hospital, visitors were only welcome between 3-4 pm on Wednesdays and Sundays and 7-8 pm on Monday, Thursday and Saturdays. Patients were not allowed to have visitors on Tuesdays or to visit with anyone outside of visiting hours unless prior permission had been granted by the doctor in advance. People from out of town always had to have permission from the doctor before visiting⁴⁷. Patients had to stay in bed, they were not allowed to wander around or visit with each other, although it was hard to enforce this rule, especially since many of the patients at the hospital were children. For both patients and hospital staff alike, the hardest thing about the hospitals, especially during the height of TB in the 1950's were the children who were at the hospital. Men and women were on separate sides of the building and children were apart from the adults. Children did not understand what was happening or why they were in the hospitals. It was also difficult for them to understand where their parents were. As Sadie explained, people were used to their parents being there to take care of them. If left alone

⁴⁷General Synod Archives, 496-07-25-5, "Rules and Care of Tubercular Patients, 1947.

it was for at most an evening with relatives. To be in a strange place with strange food was very difficult.

[my parents] always make sure that I'm okay. And then they sent me to this hospital and I said they're gonna come and get me. They're gonna take me home. They're gonna come and visit me and then after that too like, it didn't happen (Sadie, 2009).

The older children used to sneak in and play with the younger children, waiting to hear the footsteps of the nursing staff before scurrying back to bed. It was difficult for children to entertain themselves. Some of the older youth were able to do some crafts, such as making artificial flowers, generally to be used for funeral floral arrangements. The younger children had some books to read, and everyone was expected to attend school.

Healthcare Training Programs at All Saints and the RC hospital.

Aklavik had two residential schools, a federal day school and as well as classes within the hospitals for TB patients (see chapter 1). Hospitals also had training programs for teenage girls who were interested in healthcare. Marrying as a teenager was not uncommon, and taking extended training programs following grade eight allowed girls the opportunity to stay in Aklavik and post-pone marriage.

My father would have married me off and I didn't want to be married off. [...] it was tradition long ago that right as soon as you legal to get married, but I didn't want that cause I was the oldest of six children, start all over? No thank you! So he got a job for me at the hospital. That's how I ended up there (Albert, 2009).

The RC Hospital offered a training program for girls to become nurses aids whereas All Saints offered a program whereby girls could train to become nurses. However, to qualify for the nursing program a girl had to have completed grade ten, which was not possible within Aklavik during the period when the hospitals were running, thus only a few girls ever graduated from this program (Albert, 2009). To be a nurses aid, a girl had to have completed grade eight (Lemier, 2005). People were taught how to take temperatures, collect sputum samples and analyze them. They were taught how to bath and care for patients and were taught how to assist with childbirth, assist with surgeries and administer medications. In return, girls worked for the hospital receiving one dollar a day if working at the Anglican hospital or two dollars a day if working at the Catholic hospital. They also received room and board, but had to abide by the rules and regulations as enforced by the nurses (Participant, 2009). There were two hours of rest in the afternoons, and two free hours in the evening that served as free time. Youth were expected to be in the hospital working and learning at all other times and not engaging in other activities around Aklavik. Many of the women who participated in these programs saw this as a way to help take care of community and family members who were sick. It was a way to give back to the community and to help care for people. They were working hard and saw this as a job rather than attending a boarding school. Often students did not want to have to follow the rules and regulations established by the nurses about when they could go out, what time they had to be home and how they had to act. When expressing concern or disdain for the rules and regulations (Morfitt, 2009), Euro-

Canadian staff took this to be a way for girls to 'amuse themselves' by trying to 'bait' the staff⁴⁸. The nurses saw this as an opportunity for Gwitch'in and Inuvialuit girls to gain job skills and to have different opportunities. They saw the programs as a means of enriching the lives to the youth in the community (Lemier, 2005). Gwitch'in and Inuvialuit saw this as an employment opportunity. Perceptions were different, and interactions between the student-staff and nursing-staff often proved to be limited. Many of the people who entered the training program had been patients within hospital. Oftentimes people had already spent many years in hospital with TB and wanted to have the opportunity to give back, especially if they would be able to engage in activities that could help Gwitch'in and Inuvialuit in the hospital (Whitbread, 2009). "And some nurses were so nice, and I thought I'd be that kind of a nurse, and help people. And some of them were so awful, I used to think they should *never* have been nurses" (Morfitt, 2009).

Oftentimes girls returned to the land upon being released from the hospital and asked their parents if they could go study to be a nurse. Dreams of the possibility of working as a nurse in Southern Ontario or Southern BC, and seeing the world were perpetuated by both missionaries, nursing staff and nursing students, although this rarely materialized as a reality due to constraints placed upon the need to have more advanced high-school training, not available in Aklavik. Suzie Huskey was the only local girl within living memory of those interviewed to have successfully completed the nursing program. People moved between training programs and other jobs in the hospital as

⁴⁸ Glenbow Museum Archives, Joy Duncan's Frontier Nursing Project. Interview, Hockin and Duncan, 1976.

needed. Sometimes people would work in housekeeping, sometimes as nurses' aids and other times in the kitchen. When speaking of hospital experiences, working in the kitchen and the quality of food served was often given just as much weight as working as a nurse or staying as a patient in the hospital.

The Kitchen

When asked about experiences and memories about the hospitals, most people talked about food. People spoke about cooking food, about eating food, about the availability of food and the quality of food. It was an important part of the day to day activities within the hospital. For those working in the hospital cooking meals for multiple patients was a large undertaking. For patients in the hospital, meals were an important part of day to day activities, especially when TB patients were often confined to their beds and always confined to the ward. Hockin said that at times people got better simply by eating more meals⁴⁹. Former patients complained of the food served at the hospitals, although they did say that the food in the past was better than the food that is currently served in the hospitals that is shipped in frozen from Southern Canada. Most patient memories of food served at the hospital was that of uncooked or partially cooked fish. There were slight variations in the diet. Both hospitals were equipped with a boiler so that all of the dishes could be boiled as a means of sanitization, both those used on the TB ward and with non-TB patients. The RC hospital had a separate kitchen for TB patients. All Saints had a

⁴⁹ Glenbow Museum Archives, Joy Duncan's Frontier Nursing Project. Interview, Hockin and Duncan, 1976.

pulley-system designed to transfer food from one level to another without the staff ever entering the TB ward. In the mornings people were served porridge or bread and scrambled eggs. Powdered milk was also readily available, except for the odd instance when flour was used by accident.⁵⁰ An electric mixer made bread-baking a manageable feat and potatoes, celery and carrots were often served alongside meat⁵¹. Operating on a low budget in a remote community, the food was often simple and comprised of locally available resources. People ate a lot of fish, and when possible caribou and/or reindeer was purchased for the hospitals.

Lists of duties would be left in the kitchen for local staff. Those that could read would help those that were unable to read figure out what their tasks were for the day, be it washing dishes, preparing food or cooking the meals. People did not have a say in the food that they would receive.⁵² Many were unhappy with the food, whereas others said

⁵⁰ This was more likely to happen in the schools than in the hospitals, as often youth were involved in cooking and would pick the wrong powder. But at times, especially in the winter when people were working under low-light conditions, many individuals spoke of times when the wrong white powder was mixed with water resulting in a very unfortunate surprise.

⁵¹ Rosie Albert remembers tomatoes and two boiled eggs for dinner every Wednesday. No other interviewee reported this unique food combination.

⁵² "...and um, and they used to have fish all the time. Fish and liver. Fish and liver. That's what they fed us. And sometimes that fish would just be raw, I would not eat that raw fish. I would not eat it. And what I used to was throw it in my garbage but when they saw, start seeing that they watch me, make sure I eat it. But I don't eat that raw fish, so what I did was I, this lady that was from Tuk, she's from Tuk, or that little girl from Tuk, I give her, Gimmie your plate and change her plate and she eat it. She eat it and everything and that's how I got to. and when I go hungry other things like that. "I'm hungry, what can I do??" we start sneaking around looking for food. I, we sneak, like night shift and everything, all that. What I used to was I used to go sneak downstairs and, but this was

that it was important to eat well to try to get better. At times when family came to visit they would bring country food for their relatives to eat, these gifts were always welcomed by patients. Sometimes caribou would be donated to the hospitals by local hunters. At times hunters would be hired by the hospitals to hunt caribou. More often than not, reindeer were purchased from Reindeer Station to provide meat.

For the most part, local staff and southern staff ate the same food as the patients.⁵³ At times there were close to one hundred people to feed, along with all the other tasks staff had to perform such as bathing patients, thus more often than not people ate the same thing. They did not eat together though. Interaction between southern staff and local staff was not strained, but it was not easy either. There was an imbalance that existed within the hospitals. Southern staff held roles of authority. Although people were nice to one another, there was a feeling of inferiority that was perpetuated. Whether this was a result of a greater systemic feeling within the community or not is difficult to conclude, but it was a feeling within the hospital setting. However there was also a sense amongst those that worked in the hospitals that local staff were intrinsic to the patients'

really scary cause the first time that I went I got one other girl with me and scary, she was scared. She was too scared to do this. Cause I wanted to have her for a look-out. But she was too, and what we found was we found apples, and that, apples and oranges. And we brought it to our rooms and that's what we ate. But they found them in the garbage. They found them in the garbage. They found those apples and orange peels and everything in the garbage. And that's when they found it, then after that they locked everything. Everything. The freezer, the cupboard, everything. All that was locked. And the only thing out is these trays of frozen fish. No more food" (Whitbread, 2009).

⁵³ This was a different experience from the residential schools where students and local staff ate the same food and southern staff ate different food.

wellbeing. They saw a common goal between local staff and southern staff, a desire for people to get better and be able to leave the hospitals.

Going Home

When patients were released from the hospitals it was often as difficult as when they first were admitted. At times individuals were treated for TB treatments within the hospital for a short period of time, before being treated on an outpatient basis if his/her TB was not too severe (Lemier, 2005). Most of the time people were in the hospital for an extended period of time. Many people spent years in the hospital. Hospitals thus became a home of a sort. People were used to the hospital, the food that was prepared, and the tasks that were done for them. With the lack of visitors, community ties were formed within the hospital, especially for those individuals who were at Charles Camsell hospital in Edmonton. Although there were Gwich'in and Inuvialuit patients in the hospital, especially in Edmonton, it was very difficult to maintain language use as dialects were vastly different across the Arctic. It was often difficult for people to make the transition from life in the hospitals with prepared food, beds and limited activity, both physical and otherwise, to life on the land that often involved extensive activity, especially as people moved from one camp to another during changes in hunting seasons.

Sometimes people did not know when their family members were being released from the hospital, particularly those sent to Edmonton, and families were often unprepared for the return of their family members. Families were rarely prepared for the changes that had occurred to the way that former patients interacted with both family and

community after any extended absence. Returning home was often hardest upon children. With a loss of language, and a loss of traditional skills, and changes that had come about during the years away, especially changes to family structures with marriages, births and deaths, people often had a lot of difficulty adjusting to life back on the land. Sometimes children went from the hospitals directly into the schools and vice versa, but oftentimes when children were released from the hospitals they were sent back to live with their families. One Elder, Ruth Albert, told the story of her younger brother. He was in the RC hospital for the first three years of his life. He returned to his family and didn't know anyone, and could not speak. The family members were quite concerned about him and it took a long time before they realized that he could speak and understand French rather than Inuvialuktun or English, the two languages they had been speaking when trying to communicate with him. Older children went back to be with their families and were faced with the trouble of no longer having the skills needed to hunt, trap, fish or sew. When placed in a situation where you do not have the skills you should have, nor the language that you should have, then reintegrating can become very difficult. Those individuals who stayed in the hospitals in Aklavik had a slight advantage over the people from the south because they had maintained some of their community ties and language skills whereas those individuals who had gone to Edmonton were with people from around the arctic. They did not have any country food to eat, they did not have visitors and more often than not, they did not have anyone who spoke the same dialect as they did. Being immersed in that culture over an extended period of time, often a period of years⁵⁴, individuals

⁵⁴ This thesis does not examine personal health records. Individuals were not asked to

acclimatized the culture of the southern hospital, which made returning to Aklavik bittersweet for many as they realized how both family members and modes of living on the land (i.e. transportation) had dramatically changed during the time spent away

Other Reasons to go to Hospital

Although TB accounted for most of the long-term residence, it was not the only reason people went to the hospital. Hunting accidents and dog bites were also amongst the more common reasons for staying in the hospital. Instances of botulism were not unheard of, nor were visits to the doctor for chronic ear infections or other aches and pains. The second most common reason people went to All Saints or the RC Hospital during the mid twentieth century, as reported during interviews, was childbirth. Although childbirth often happened on the land, and certainly there were traditional practices in place, people began to go to the hospital to have their babies. Women would stay for a few days before leaving. They ate the same food, although served on separate dishes, as the TB patients, they had the same visiting hours, the same nurses, nursing assistants and nurses in training assisted with deliveries. Childbirth experiences stayed clearly in the minds of people as they spoke about their engagement with both traditional and biomedical healing practices.

Babies had always been delivered on the land. Children would go outside to play while their mother was in labour, and not returning to the tent until called to greet the newest family member. A Gwitch'in Elder spoke of her first childbirth experience; she

comment upon their personal health. Any comments related to length of stay were self reported. Individuals reported spending 'years' in hospital. The length of time varied, and many did not recall the exact number of years.

squatted while one woman supported her from in front and another from behind. A bucket of water was placed on the ground and when the baby started to crown, the water was brought up to meet the baby to encourage the baby to keep coming (Kendi, 2009). At times there were only a few people around when a woman went into labour and young teenage females would be called to help the older, more experienced women assist with the childbirth. Stories were told of babies being born in the bush, in tents, in canoes. When asked where he was born, one boy used to answer “in the middle of rhubarb. I was born right there” (Kendi, 2009). Childbirth was a normal, natural part of life. People had children in their tents while the older children played outside. When the children were allowed back into the tents they often found a new baby brother or sister, often saying that they had no idea that was why they were told to play outside. Playing outside was not an unusual pastime, and they were often told to go and play outside by their parents and other adults. Like other health related events, women were the primary caretakers. There were midwives within the community, but anyone available could help to deliver the baby and the baby was welcomed into the community. If a mother was unable to take care of her child for whatever reason, the child was immediately adopted by someone who was prepared to care for the baby and life continued as usual.

By the 1940's women began to go to the hospital when they were getting close to their due-date. The woman and the father would travel by dogsled, canoe or at times they would walk to the hospitals or nursing stations when it was time to have their babies. The nursing staff were not always able to deal with difficult situations, and one woman spoke of walking from fort Macpherson to Aklavik so that she could see a doctor immediately

after having her baby as the nurse was not sure what to do to help remove the afterbirth.⁵⁵ Childbirth seems to have acted as a segue of sorts, as people moved from a land-based healing modality to a greater reliance upon biomedicine. People were willing to come to the hospitals to have babies. Everyone would do this, it was considered to be the acceptable means through which individuals began to go to the hospital. Women would have x-rays taken before their baby was due to make sure everything looked okay. One woman was told after her x-ray that she was going to have twins. She was shocked and said something that neither the doctor nor nurse understood. The translator explained that she said “so funny. I have only one man. I get two babies” (Lemier, 2005). Most women and men spoke of traveling to hospitals for the birth of babies, although no one identified why the trend towards utilising hospitals began, and most spoke of the negative experiences faced within the hospital when delivering babies. Midwives and female family members could be present during the birth of babies and were able to help deliver babies, although this was not encouraged. Often there were four women in the same room delivering babies. Hearing another woman giving birth was very difficult for most of the patients, they felt like there was both a lack of privacy and to a certain degree, a lack of respect. The stay in the hospital was short and many women returned to the land after a few days. When in the hospital families were able to visit the mother and baby. The

⁵⁵ Although initially the Doctor was not impressed with the nurses’ skills, everything worked out in the long run. Both mother and baby were healthy and the Doctor and Nurse ended up getting married.

change towards going to the hospital to have babies seems to have mirrored the change towards going to the hospital for other illnesses after the flu epidemic.⁵⁶

In 1959 The RC Hospital closed its doors, and in 1961 All Saints Hospital also closed. By this point in time many of the TB patients were better and did not need to move to Inuvik, although those who were still sick were moved the new Government run hospital. Nurses were sent to different mission hospitals and the hospital in Inuvik was staffed with new staff. Some of the local staff moved to Inuvik to work, however many of the local staff were also new because staff were appointed by the new, secular hospital rather than the religious mission hospitals. The last ward to close in Aklavik was the maternity ward.

My son was born on February twentieth; he was the last one to be born there. Just when they were closing up, they were just packing up everything, just getting things ready to be taken over to Inuvik, hospital over there was not really open yet. An then, they were just closing it down slowly (Gordon, 2009).

Eventually both The RC Hospital and All Saints Hospital were torn down, with the exception of one wing of All Saints Hospital which now functions as a grocery store. A nursing station, named after Suzie Huskey, opened in Aklavik when the federal government realized that there was a continued need for healthcare practitioners. As

⁵⁶ Frank Tester and Paule McNicoll write in their article “Why Don’t They Get It?” about the continuing role of midwives in Panniqtuuq Baffin Island. I am not sure why women would go to hospitals in Aklavik for assistance during childbirth. Of the fifteen women interviewed, only two had children on the land and both of these women gave birth to subsequent children within a biomedical centre (hospital/nursing station). Everyone else gave birth in hospitals. I am not sure what the motivating feature was for such a different experience between the western and eastern arctic.

throughout the history of Aklavik, nurses come and go, occupying term positions often of short duration. Nurses in Aklavik are from the south and the people who take care of the building, act as translators and help in support capacities are Gwitch'in and Inuvialuit who live in the community.

Hospitals played a vital role within the community. They acted as a means of colonialism. Individuals, especially those who had contracted TB often spent significant portions of their lives confined within the walls of the hospital. Hospitals provide an essential place for individuals to seek employment, and gave people a way to be close to their children if children were attending school. The hospitals also afforded adults the opportunity to study while staying at the hospitals, yet traditional healing and personal autonomy remained important, despite extended hospital stays or extended periods working and studying within the hospital. The act of agency whereby individuals continued to strive to maintain personal autonomy as well as a collective sense of self and community was integral towards both the acceptance of hospitals as an institution within the community and the acceptance of hospital closures. When the hospitals closed, along with all the institutions in Aklavik, people made the choice to stay within their homes and on their land. Health was much more the act of physically healing an individual. It encompassed both healing practices as well as a sense of community, autonomy and cultural stability. Individuals were actively engaging in acts of resistance and acts of agency as they chose when to go to the hospitals and when to stay home, just as they chose when to travel to Aklavik, when to travel to Inuvik and when to stay in their homes on the land.

CHAPTER 3

Home and Community

“The government made up their minds already. [...] gonna move everything” Jack Goose

Moving Aklavik

In 1957 the federal government began to look to relocate the hospitals, businesses and both Indigenous and Euro-Canadian population from within and around Aklavik. The government felt that the geographical space Aklavik occupied was too small for the growing community. Situated on a peninsula surrounded by water, there was no room for expanding industry nor population growth and the risk of flooding, especially with melting permafrost and erosion, was too great to justify staying in Aklavik. Gwitch'in and Inuvialuit did not want to move and many people resisted, coining the community motto "Never Say Die" in the 1960's as they fought to maintain traditions, livelihood, and culture within their traditional land in and around Aklavik.

The decision to relocate Aklavik reflected issues raised by governmental stakeholders and constructs supporting this decision appeared within the Mackenzie report, commissioned in the early 1960's to look at development issues throughout the Mackenzie Valley. The Mackenzie report⁵⁷ spanned two years and was mainly used to examine questions around environmental issues pertaining to the impacts of northern gas pipelines, crude oil and water quality issues (Lumbart, 1969; Parsons, 1970; Smith, 1967). The limited information about Gwitch'in and Inuvialuit was constructed in

⁵⁷ This report predates the Mackenzie Valley Pipeline (Berger) report, which was released in 1977.

consultation with government employees and missionaries rather than speaking directly with the Indigenous population who live(d) within the region. Even after the relocation occurred, and Indigenous community members had tried to voice their concerns about the development, and impact relocation of services to Inuvik would have for them and subsequent generations, it was assumed that neither Gwitch'in or Inuvialuit truly had the information or insight that would be pertinent or helpful to the decision making process (Lumbart, 1969; Smith, 1967). When it came to closing Aklavik and opening Inuvik, Gwitch'in and Inuvialuit were not consulted. They were told that this is what is going to happen and that people are expected to move, but nothing was explained beyond the possibility of flooding, "they said Aklavik was going to sink, so uh, they asked people to move to Inuvik" (Annie, 2009). Gwitch'in and Inuvialuit were told that the decision had been made to close hospitals, schools and stores in Aklavik and reopen them in Inuvik.⁵⁸ The HBC, Navy, RCMP, school teachers and both missions were relocating to this new community and businesses such as the hotels and stores also chose to move with the government and missions. Thus in 1959 Aklavik closed.

When construction began in Inuvik, the government expected people would move to the new community. Services had been moved and land had been designated as space for Gwitch'in and Inuvialuit housing initiatives (Gordon, 2009),⁵⁹ and yet many people did not leave Aklavik and the land around Aklavik (Gordon, 2009). "People hardly ever

⁵⁸ During the late 1950's and early 1960's, Inuvik was usually called either Aklavik 3 or East 3.

⁵⁹ If people did not build on this land, it was taken back by the government and property was lost and sold to Euro-Canadians or used for government buildings.

lived in town. Everybody was out. Easier to stay out. They had nothing to stay in town for anyway” (Gordon, 2009). People did not want to leave their camps on the land around Aklavik, and so many stayed. The camps around Aklavik were often in close enough proximity that people could easily come to town if the need arose. People were not familiar with the hunting and fishing patterns around Inuvik. The water along the Mackenzie in that particular location 113 KM east of Aklavik was fast flowing and animal migration did not cross through the region as it did in Aklavik. There were jobs, but sustainability for human resources was not the same when not combined with traditional means of subsistence. In the late 1950’s, many Gwich’in and Inuvialuit did not work in town. They lived on the land, and those who did have jobs used the funds to supplement their subsistence rather than as the sole means of survival. All institutions in Aklavik were closed with the naive assumption on the part of the colonial bodies that people would be happy to move. Some people did move to Inuvik for a variety of reasons. Other people stayed in Aklavik and others who moved to Inuvik moved back. As with the institution of missions churches, schools, hospitals, many people, especially Elders, resisted adopting impositions that went against values and customs they felt were important towards their family’s and community’s overall health and well-being.

Flooding

Situated on a peninsula, flooding was a problem in Aklavik. Every three or four years water rises in Aklavik and the community experiences flooding. It is understood that every spring there is a potential for rising flood waters and while the water rises,

Gwitch'in and Inuvialuit leave the area to hunt and trap in other parts of the region, returning when the water level recede. (R. Archie, 2009). In preparation for potential flooding during the mid-twentieth century, people tie all of their belongings up, put them on a raft and tie up the raft before heading out onto the land. The raft would float with the rising flood waters and when the water recedes the belongings will settle on safely on the raft on the ground (Goose, 2009; Gordon, 2009)

For the Euro-Canadian segment of the community, flooding was a much greater concern. The Toronto Star reported that William Douglas, a trader living in Aklavik and his wife sat on the roof of their home for two weeks in 1937 until the waters receded to a level where they were able to safely leave their roof⁶⁰. Another article featured in the Toronto Star wrote: "Several residents of Aklavik have taken to boats" although schools and hospitals have "not been evacuated, although boats are ready"⁶¹. People who were still in Aklavik when the flood water rose and had access to a boat would travel to collect people who were still in their homes during spring flooding and transport them to drier land (R. Archie, 2009). Helicopters would also be sent, and continue to be sent periodically during the spring, to transport people to drier land, although people continue to live in Aklavik (Goose, 2009). People were prepared for flooding; every year there was the anticipation that the water levels could reach dangerous levels, although flooding in and of itself did not provide sufficient reason for people to leave their community and their land, after all perhaps the worst thing that came out of the rising spring waters in

⁶⁰ "Man and Wife Perch on Roof As Mackenzie's Waters Overflow." Toronto Star, June 26, 1937.

⁶¹ "Aklavik Residents Fear For Trappers as River Rises." Toronto Star, June 9, 1937.

Aklavik, as Rosie Archie explained, was the mud that was left behind to clean up once the flood water receded.

Interestingly enough, in Inuvik flooding has proven to be a bigger problem than it ever was in Aklavik. Fast flowing water frequently damages the piles on which buildings are constructed and many buildings have been rebuilt as a result, whereas water levels rose higher in Aklavik. The rising flood water in Aklavik tended to be slower flowing than that in Inuvik, and did not do as much damage to construction (Benoit, 2009). The need for contractors to continue to rebuild buildings in Inuvik has continued to be a source of local employment since its conception in the 1950's.

When the proposal was put forth to move Aklavik, some of the men in the community gathered together to talk about implications the move would have for both community sustainability and job prospects (A. Archie, 2009; Kendi, 2009). People discussed the risk of flooding seriously. If the community was going to move, for those who worked as hunters and trappers, it made more sense to move the community to the foothills of the mountains about 45 KM north of Aklavik rather than 113 KM East (A. Archie, 2009). The foothills were on higher ground and there was more space for community expansion as it was not directly on the river. However Gwitch'in and Inuvialuit were not consulted and the federal government carried out their plans to close Aklavik in favour of Inuvik.

People knew how to survive on the land and the community was within their traditional territories "They don't need no government to help them"(Goose, 2009) There was a strong historical tie to the land and to a lifestyle that included living off available

resources gained through subsistence activities, but it encompassed a lot more than that. Traditions and values were encompassed in life lived on the land as had been done for generations, not life lived in town.

Community Wellbeing

The notion of community well-being must be identified and explored within the community context. It cannot be divided or segregated, but must be understood as a whole. Health and wellbeing are interconnected and incorporate all aspects of community life. For both Gwitch'in and Inuvialuit, being healthy and living within a healthy community includes having the skills needed to be healthy and knowing what it means to be Gwitch'in or Inuvialuit "I always think if I lost my background I'd be lost" (Albert, 2009).

During conversations with individuals in Aklavik during 2009, people often spoke of how individuals did not get sick in the past. People were healthy. Gwitch'in and Inuvialuit lived on the land, they had a traditional diet, the water quality was better, hunting and trapping was better, and although life was not easy in terms of availability of daily comfort, there were many aspects that people felt made it a better life (A. Archie, 2009; Benoit, 2009; Gordon, 2009). For those individuals who had the skills necessary, living on the land was not a burden but rather was seen to provide a better quality of life⁶². Gwitch'in and Inuvialuit spoke of many of the same characteristics that made for a healthy and good life. Individuals must be able to care for themselves but also be able to

⁶² General Synod Archives, 1496-07-14-1D, Shepherd to Fleming, May 7 1942.

care for their families and the greater community. It is important that there are skills in place for developing an understanding of positioning oneself and recognizing ones' role within the community context. Parents are to ensure that individuals have the skills needed to prosper as they grow up (Gordon, 2009; Kendi, 2009; Whitbread, 2009). A boy should learn how to hunt, trap and fish to ensure that he can provide for his family. A girl should be able to cook, to sew and to take care of the family. Being healthy involved much more than not being sick.

One of the most important characteristics of being healthy was having a healthy community. An essential part of this depended upon family and having family members that could, and would ensure that people were cared for at all stages in their lives.

The Importance of Family

During the mid twentieth century, women often were married in their late teens and early twenties, although there were many couples who chose not to be married,⁶³ but rather to be in common-law relationships. Parents and grandparents were responsible for ensuring that an appropriate match was made. The most important characteristic for a husband was someone who could hunt and trap successfully. The most important features for a wife was that she could sew, cook and take care of the camp, including providing care for children and Elders (Albert, 2009; R. Archie, 2009; Greenland, 2009; Kendi, 2009).

⁶³ Individuals may not have been married within church-sanctioned ceremony, but had long-term relationships with the same partner for decades, and explained to me that they saw no reason to be legally married. These individuals continued to be active members of Church communities and there does not seem to have been a stigma attached with not being married in a Christian religious ceremony.

Marriages during the first half of the twentieth century in the Mackenzie Delta were often arranged between families and the daughters had little say in who they would marry⁶⁴. Because families would choose spouses for their children, intermarriages between Gwitch'in and Inuvialuit were uncommon and discouraged. As people began choosing their own partners the pattern started to change and it became more acceptable for intermarriage (Allen, 2009; Kendi, 2009; 2009, Gordon, 2009,).

Arranged marriages were commonplace through the mid twentieth century, and teenage girls rarely had a say in who they were going to marry. Females would be introduced to potential husbands and had a level of autonomy in the decision making process, but the final decision would be made by the families. Mary Kendi told me the story of her arranged marriage. She was married in 1933 at the age of 17. "I didn't like nobody" she said. "They tried to make me marry this... that... I was getting mad and wouldn't talk and they can't get a word out of me so my grandmother got that guy from Dawson." Her mother got a stick and hit her and told her to go marry the man from Dawson, and so she did. Mary Kendi was not happy about her new marriage and when everyone went to drink tea at her uncle's house, she ran away and hid in the Anglican Mission house with one of her friends. After a week her family came and brought her back to her husband. He was a good hunter and a good trapper "so that's how we got along together". She was married for thirty one years and had nine children before her husband died in a fishing accident.

It was important to be able to live off the land. It was important to know where

⁶⁴ Both Gwitch'in and Inuvialuit participants spoke of arranged marriages.

the berries were and the caribou, how to fish and how to care for dog teams. It was important to make sure children had culturally specific knowledge in order that they would have the complex skill set needed to live successfully on the land and to maintain both healthy communities and healthy families.. Learning from those who had the skills and who knew the traditions was vital. “The Elders are the ones that have the knowledge and they pass it down to the parents, and the parents and the parents do that to their kids” (Whitbread, 2009).

Traditionally Elders played a very important role within the both the greater community and the immediate family context. Elders continue to be an important part of the community today, but are often not treated with the same respect as in the past (Morfitt, 2009; Phillips, 2009). Elders always deserve respect, as they are they have lived life and have knowledge to share (Allen, 2009; R. Archie, 2009; Morfitt, 2009). Children were taught to listen and not speak unless spoken to (Morfitt, 2009). Children were taught to help their Elders. Children would help to cut wood, bring water, help to cook for the Elders and to take care of Elders who were sick (Allen, 2009; Participant, 2009; Whitbread, 2009) “we just went, did things for them, and they were so happy. Our pay was tea, *weak* tea with a teaspoon of sugar, and bannock” (Gordon, 2009). When there was a successful hunt, a feast would follow when the hunters came home. Elders would be fed first, then children, followed by the rest of the community (Allen, 2009). The knowledge Elders had and the respect they had earned was well recognized.⁶⁵

⁶⁵ Many people spoke of a change that has happened in the past few decades as individuals do not seem to respect or listen to Elders as they were taught to. People hope that this will change, but are not sure what steps to take to make this change happen.

Grandchildren would often accompany their grandparents during the summer months and learn important hunting and trapping skills (Annie, 2009). "They lived off hunting and trapping" (Albert, 2009). Being a successful hunter was of utmost importance. Individuals' lives depended upon the ability to hunt, trap and fish. If families needed, they were provided with provisions from the RCMP or the missionaries. People received tea, flour, sugar, baking powder and other dried goods. Sometimes people would purchase Cornflakes or Rice Krispies to be a special snack, but often breakfast was comprised of oatmeal, cream of wheat or cornmeal, supplies included in the care packages given out at Christmas by the missions, and later by the Hamlet office, to families in need (Gordon, 2009; Participant, 2009). Sometimes people would buy dog treats while they were in town after collecting other supplies from the missions/RCMP (A. Archie, 2009). Most of the food people ate during the early-mid twentieth century came from hunting and trapping and families would often travel together along the trap lines.

People around the Delta would hunt for fish, caribou, moose , lynx, rabbit, muskrats and mountain sheep and Inuvialuit also hunted whale (A. Archie, 2009; Benoit, 2009; Goose, 2009; Gordon, 2009; Kendi, 2009), When the hunt was successful people would share food with one another (Benoit, 2009). "We were never bored. We don't know what that word meant" (Gordon, 2009). Children would be bundled up in the dogsleds and went with their parents to collect wood to bring back to camp, to go hunting, fishing and/or trapping. Often a successful hunt required more than one person, if not simply to hunt, or for safety in numbers, than to bring back the meat and furs,

especially during whaling and subsequently caribou hunting seasons (Allen, 2009).⁶⁶ If a caribou was caught in the winter, it would be skinned, butchered and the meat would be buried in the snow until people could come and get the meat to take back to camp. After the animal was butchered, women would prepare the hides and dry the meat to eat in months to come. It was very important that men and women worked together to meet all the various needs required to live healthy lives on the land. Hunting was not enough, the food still had to be prepared and the skin cared for as men returned to their trap lines (Gordon, 2009). If a woman was not off hunting and trapping, she was at home cutting fire wood with a small saw, taking care of the dogs, taking care of the children, getting ice for water or sewing. There was always some work to be done (Greenland, 2009).

Children often spent a portion of the year at one of the three schools in Aklavik, returning home for the summers. Often parents brought their children to school during the fall. They would leave the children at the school and visit around Christmas when they came into town (see chapter 1) and bring the children home in the summer for summer holidays. Some children remained in school over summer, especially those children from single male parent households (Morfitt, 2009). It was not uncommon for parents to not send children to school in town. It was also fairly common for children to not return to school in subsequent years following summer holidays. Motivation for keeping children at home stemmed from multiple sources such as concerns for safety, especially after finding out about accidental, preventative deaths that occurred while children were

⁶⁶ This happened when whaling season ended caribou hunting season began, although this may have applied more so to Inuvialuit than Gwitch'in.

attending schools, such as drowning or freezing (Benoit, 2009), a need for help around the home and on the land and a belief that skills learned through a Euro-Canadian education system did not provide children with essential skills for becoming successful adults (Allen, 2009; Gordon, 2009). Learning comes in many different forms, and the skills needed to be gainfully employed within Aklavik and to work successfully within town were not the same as the skills needed to be successful on the land. "You know, their life was on the land and everything. Wherever they go. Learning everything there. It's a different kind of learning, it's a different kind of living" (Whitbread, 2009).

Changes in Modes of Transportation

With changes in modes of transportation in the mid twentieth century, such as the introduction of skidoos and different types of boats, the ease of transportation to and from Inuvik allowed individuals to hunt more efficiently. It also allowed individuals to stay in Aklavik and commute to Inuvik for short-term jobs. Lifestyles were changing and people were adapting to modes of transportation. "I got the skidoo in 1960, and little by little, get rid of dogs. Can't ... have skidoo and dogs same time."(Goose, 2009) People were used to coming into town for supplies (Gordon, 2009). People had been coming into Aklavik for supplies one or two times a year for many years. Although it took longer to travel to Inuvik, it was not impossible and with changes to transportation options, it became more feasible for individuals to travel to Inuvik for supplies than in the past and family members sometimes chose to remain in Inuvik for employment while his/her family stayed either on the land or in Aklavik.

Historically, dogs were an important part of peoples lives and people fondly remember of the dog teams they used to own. Currently dog teams are used for racing rather than hunting(Benoit, 2009), but during the first half of the twentieth century they were an intrinsic part of individual and community survival. Not only did dogs provide a means of transportation, they provided companionship, and were trained to help his/her owner. As Pierre Benoit explained, a good dog could be taught to help with a variety of activities on the land, including fishing. The dog was able to hold the other side of the net and drag the fish onto land. A dog was able to bring you back to camp if you were injured, "and [if you] look after them good and then they'll really understand [...] Them dogs they can understand every move you make and they can hear, understand every word you talk". Dogs were vital to survival and were treated very well.

Skidoos became a preferred mode of winter transportation, although they did not offer the same freedom and flexibility. One skidoo could replace thirteen dogs (A. Archie, 2009), and did not require the same care and attention that dogs required. Still, there were aspects of traveling with dogs that was preferential to skidoos. Dogs offered companionship, could get help if needed and could travel across the ice before the ice was strong enough to support a skidoo. Skidoos can pose danger and in many ways is not as safe a travel option as dog teams. Despite regulations and strict fines enforced by the RCMP, each year there are accidents involving skidoos. There are numerous reports of skidoos going through the ice, and accidents involving drinking and driving would have been avoidable if people were still using dog teams(Benoit, 2009; Gordon, 2009; Kendi, 2009). People recognize that skidoos are the chosen mode of transportation and are

hoping that education will allow individuals to safely operate their skidoos.

Whereas in winter months, people would travel by dog-team, skidoo or bombardier, in the summer people traveled by boat. Different boats served different functions. Many families owned one or more boat for transportation and fishing purposes such as canoes and small motor (kicker) boats (A. Archie, 2009) whereas larger boats were often owned by the missionaries and RCMP. The RCMP owned a boat called St. Roch, and the Roman Catholic mission owned a boat called Our Lady of Lourdes. Both boats traveled along the coast from Aklavik to Coppermine and collected patients to bring to the hospitals (Albert, 2009) and were used to transport furs purchased from trappers(A. Archie, 2009). Successful hunters often had mid-size schooners (A. Archie, 2009). At times people would rent the schooner from one of the other community members, or to transport family members between Aklavik and Inuvik (Kendi, 2009).

The Navy and RCMP had a significant impact on changes to modes of transportation. They had different access to supplies and technology such as tanks, larger, faster boats, bombardiers and helicopter. Local staff were trained to fix these when they broke down. For the most part these large vehicles were owned and operated for government business purposes and seldom seemed to provide any direct benefit for Giwtch'in and/or Inuvialuit (Persis, 2009).

People traveled to Inuvik for work, one of the first points of employment was the creation of an airstrip. Gwitch'in and Inuvialuit were hired to construct the runway, this did not prove to be a long-term employment venture for most people, as many people developed respiratory problems as a result of working for extended periods of time

without proper ventilation (Whitbread, 2009). Flights became more common, and Inuvik was the new gateway to the north. People traveled in, around and out of the Mackenzie Delta through Inuvik. There were many changes that happened during the mid twentieth century. Changes in transportation, in communication, in jobs, in supplies and in the way that people lived affected every aspect of daily life. Changes impacted the ease of transportation, and also reflected the diverse changes that were occurring within the community context and the need to remember and retain traditions when possible. One of the best ways to maintain traditional culture is through retaining traditional language.

Language

Gwitch'in, Inuvialuktun, English and French were the four languages spoken within Aklavik during the mid twentieth Century. Government correspondence was in English, the Anglican mission functioned in English, and the Catholic mission functioned in French. Inuvialuit spoke Inuvialuktun and Gwitch'in Dene spoke Gwitch'in.

Although people spoke of autonomy and segregation between the different groups, there were a number of intercultural families. "It's like that, that's how I know, uh. The Whites stick to themselves, the Native, the Inuvialuit stick to themselves, the Gwitch'in stick to themselves [...] There was lot of half-breeds."(Gordon, 2009). When there were different languages spoken within the home, many families chose to speak English (Albert, 2009; Allen, 2009; Morfitt, 2009). As more and more people spoke English rather than their own languages, traditional language use began to diminish within the Mackenzie Delta. Language is often a major component tying a person to their

community and to their culture. The way that people explain who they are and understand what it means to be a man or woman, what it means to be healthy, what it means to be part of the community is often encompassed in the way a person speaks (Adelson, 2000; Allen, 2009). As people lose their language they often lose part of who they are (Allen, 2009). Sittichinlli recognized this problem in the 1940's and believed that children being able to continue to know how to speak their traditional languages to be extremely important. While working in Aklavik at the Anglican mission, he started conducting languages classes once a week in Gwitch'in at the Anglican mission with the hope that this would help children retain their language. He wanted to see the program expand and was focusing on written language skills after identifying that children could read better in English than their own language⁶⁷.

Translators were, and continue to be in great demand, and speaking both Gwitch'in or Inuvialuktun and English with proficiency is a job that is in high demand (Albert, 2009; Allen, 2009). Ruth Albert told of the first time she realized that she could translate from Inuvialuktun into English.

The Sunday school teachers that [unclear] do our ten commandments and sing our songs and there she was learning me a song in English "follow follow I will follow Jesus Over there over here I will follow him. Follow follow I will follow Jesus I will follow Jesus everywhere." I went home and I told my father "dad, that's the same words that minister/school teacher's using from our Inuvialuit." It was the other way around for me. How does she know that song? You know? And

⁶⁷ General Synod Archives. 496-07-14-2, Sittichinli to Fleming December 20, 1943.

here I knew it in Inuvialuktun and that's when I found out that I could translate.

So next time we went to Sunday school she talked English she asked me if I could translate for the kids for the other students.

This skill proved to be invaluable for Ruth Albert as she has traveled extensively around Canada helping to translate from Inuvialuktun to English and vice versa. Ruth Albert worked as a translator for the government, for the hospitals and for the legal system and continues to try to help people have a voice and a say in determining their own future and their personal rights. Knowing and understanding the language helps to shape the way that people view and interpret their world. Both Barbra Allen and Ruth Albert explained that language is an important part in understanding who you are and where you come from and is vital for fighting to maintain community rights.

Barbra Allen is working on writing a dictionary in Inuvialuktun, trying to depict the placement of sounds, using drawings to help explain cultural meanings beyond the words. Simply having the words is not enough, it is vital that the context is captured because it is through the context and through the use of the language that important elements of the culture are maintained. As Aklavik fought to remain autonomous in light of government attempts to close the community, individuals have tried to revitalize the use of traditional languages. Language classes are offered intermittently within both Aklavik and Inuvik, although there is limited success as both students and teachers are difficult to recruit. People worry that if the language is lost, part of the identity they strove to maintain will also be lost to southern norms (Albert, 2009; Allen, 2009; Persis,

2009).

The Cold War

Language and communication techniques have consistently been an important feature of life in Aklavik and radio became especially important as it was used for Indigenous community members to connect with family and provide information to those living on the land. The radio station provided specific time slots when people could use the radio to send messages to their families, and people appreciated this change in technology, especially as individuals were spending time working and staying in Aklavik while other family members remained on the land. The main reason the radio station was established was as a military initiative as the Signal Corps established a post in Aklavik. As the 'Gateway to the North', Aklavik was seen as an important point of interception between Canada and Russia and radio signals were also monitored to make sure that any potential threats from Russia were quickly intercepted (Albert, 2009; Allen, 2009).

There were many mitigating features that affected perceptions of both risk and trust by people in Aklavik. Although seemingly removed from the conflict, both World War II and the Cold War had a profound impact upon people in Aklavik and surrounding camps. The Signal Corps set up a base in Aklavik to listen for any information about Russian plans of attack (Goose, 2009) and the Navy was present with their tanks, ready to protect Canada from a Russian invasion (Persis, 2009). Gwitch'in and Inuvialuit joined the war effort as a means of defending both their land and country (Persis, 2009). In the bush people covered their windows in an effort to make sure that the Russians could not

find them (Whitbread, 2009).

Identifying oneself as Canadian became important. People believed that the Canadian government was taking care of them and trying to do what was best. There was a lot of fear around what could possibly happen and Gwitch'in and Inuvialuit adopted much of the rhetoric.

And the Inuvialuit were very very thankful that we were not, when they found out we could have been taken over by the Russians or Americans, cause Alaska is part of America, and then they came this way and became Canadians they were always thankful for that. They said “we could have been slaves to the Russians or you know, that’s what the people that are there they say “can all the same, everybody get treated the same” I don’t know if it’s true or not but that’s what they used to tell us. We have to be scared of the people across there, they’re dangerous. They have wars (Albert, 2009).

During the Cold War, Gwitch'in and Inuvialuit were scared. They did not know what to expect. The DEW line was being constructed, and shortly after its completion people were told that the threat of a Russian invasion was gone (Goose, 2009). The discourse around fear was fuelled by the ongoing discussion around the role of the Navy and the relationships that Navy employees formed with community members (Annie, 2009).⁶⁸ The signal corps was situated out of Aklavik, monitoring the airwaves for

⁶⁸ Many local women preferred working at the hotels rather than the hospital because they enjoyed spending time with the “Navy men” who would come in for pie and

potential threats and the Navy was ready with a series of tanks in case there was ever cause for further action. Unfortunately this also came with a price, as personal health could be jeopardized as local staff were not trained properly and were not always treated appropriately by their colleagues. Instances whereby Inuvialuit and Gwitch'in staff were asked to perform unsafe tasks, such as checking the fuel levels in tanks using candles or accidentally tripping bombs that had been set by the Euro-Canadian navy members was not uncommon and often resulted in devastating injuries to Gwitch'in and Inuvialuit (Persis, 2009).

When the decision was made to move the Navy base to Inuvik, individuals who were employed were expected to move and people were told that it would be safer to be living in Inuvik than in Aklavik for many reasons, including the ongoing threat of Russian invasion (Goose, 2009).

Inuvik

People moved to Aklavik for a variety of different reasons from the late 1950's through the early 1960's, however the main reason consistently cited for moving to Aklavik was for employment purposes. When construction first began in Inuvik, Gwitch'in and Inuvialuit lived in tents on the riverbank until such time as new construction began in the location the tents were situated and people were forced to move (Kendi, 2009). Those men who came alone had communal living situations, with a kitchen, bedrooms and a conversation. There were also many accounts of a rise in children of both Indigenous and Euro-Canadian ancestry born while the Navy was situated in Aklavik.

dining room(Gordon, 2009).

The first jobs in Inuvik involved clearing bush so that there would be a place to build and materials to build with. As soon as land was cleared, construction began (Gordon, 2009). More often than not men moved independently and their families followed at a later date. Men were hired to help build the airport, the new hospital and schools, other government buildings and basic housing. For those individuals who relied upon industry for subsistence and employment, it was better to have a job than not, so even if people did not necessarily want to live in Inuvik, it was better to move to Inuvik than stay in Aklavik (Greenland, 2009). As Inuvik grew, opportunities for jobs also increased and employment for women also began. During the construction phase the jobs were exclusively for men and women employed within Inuvik were from Southern Canada and worked as nurses and teachers within the community (Persis, 2009). Inuvik was designed as a centre for commerce and factories opened along with increased mining operations. One of the largest factories made winter jackets. Women were often encouraged to recruit other women in their families to work at the factory to sew winter jackets. Working in other intuitional settings often required job skills and education levels that people did not possess and although there were jobs, it was often difficult for Gwitch'in and Inuvialuit women to be granted employment with places like the post office. People were expected to have typing and literacy skills. There were places for individuals to upgrade their education level and gain employment skills, but often there was a cost associated with these programs and working at the factory, doing piece work, sewing fur onto garments and doing simple embroidery, working as a housekeeper for a

hotel or hospital served immediate financial needs (Kendi, 2009; Persis, 2009).

Life in Inuvik cost more money than life in Aklavik because people were not able to hunt and trap to the same extent, people were forced to buy much needed food supplies. There were also more recreational activities that had a financial cost associated with participation in Inuvik than Aklavik, such as bowling, going to movies and spending time at the local bar (Benoit, 2009; Gordon, 2009; Kendi, 2009; Whitbread, 2009). Many people spoke of trouble they encountered while living in Inuvik. Many people were hungry, as hunting and fishing within this location proved difficult, and people began to steal from one another. Mary Kendi remembered an instance when hunting was so poor that she was only able to catch one muskrat over the entire course of a weekend. She left the rat outside for the night, planning on skinning it the next day. When she woke up in the morning her son called out saying that someone stole the muskrat over night. She explained that it was very difficult for people to survive in Inuvik. People tried to help each other when they could “We still do that today, if we know our family’s in need of food or something, we still [help them financially],”(Annie, 2009) but on limited income, poor hunting and difficulty finding employment, survival was often difficult (Kendi, 2009). Hunting and trapping in Aklavik was sufficient for individuals to provide for families economic needs. There were sufficient food sources and sufficient furs for people to live with relative comfort whereas in Inuvik, this was not the case. Hunting and fishing in Inuvik was poor, and both people and their dogs began to starve (Kendi, 2009). Although there were less activities in Aklavik, especially as the hotels has closed and the Navy had left the community, people felt that overall their quality of life in Aklavik was

better than in Inuvik. Often women made the decision to move back to Aklavik (Dyck, 2009; Gordon, 2009; Kendi, 2009), and their husbands would either return to Aklavik permanently at a later date, or return seasonally to Aklavik (Kendi, 2009). Although life was difficult on the land, and people had to work hard, especially compared with government assistance and changes in technology that affect peoples' lives during the early twenty-first century, people did not see life as challenging. There was fresh air, fresh food and community (Benoit, 2009; Greenland, 2009) thus many people chose to call Aklavik and the area surrounding Aklavik home: "They say they'll be in Aklavik. They have [a] good life" (A. Archie, 2009).

Staying in Aklavik

In 1959 when people were encouraged to move to Inuvik, Gwitch'in and Inuvialuit still had the skills necessary to live on the land and most people still spent at least a portion of the year in their camps and out on the trap line.⁶⁹ Thus, when Aklavik closed, it did not have a significant effect on many Gwitch'in or Inuvialuit. Many people did not work or live in town and many of the people who did work in town lived in tents in the outlying community.

Yes, they lived out on the land, about, in between here [Inuvik] and Aklavik, they used to be Inuvialuit *all over out there*. And when I describe it, when I went to Saskatoon, Saskatchewan, when I [was] flying to Edmonton I saw these things

⁶⁹ Currently, many of the hunting and trapping skills have been lost. People are living in communities and purchasing supplies from stores rather than catching and preparing traditional foods.

down below me, they look like stars down there, so I ask and they said they were farms, and I said if you were up in the north earlier when the Inuit used to live out on the land, that's the way it would look too (Albert, 2009).

People lived around the delta, this did not change as services opened in either Aklavik or Inuvik. Traditions were, and maintain an important part of peoples' identity and their way of life. Living and working on the land was vital in caring for family and in maintaining community, and it was an important piece of peoples overall health and both personal and community wellbeing. When Aklavik opened in 1912, it was a trading post. Shortly thereafter missions were established. People began to utilize services offered within Aklavik such as hospitals, but the services that were accessed and employment sought were in line with individual perceptions of what would be of benefit rather than detriment to their overall wellbeing (Dyck, 2009; Gordon, 2009; Kendi, 2009; Participant, 2009).

The principle of the government day school in the late 1950's was a man named Moose Kerr. "But that principal, they call Moose Kerr, that's the one really help the people in Aklavik. Aklavik- Never say Die. [...] he'd encourage them to stick to their guns. Just stick in Aklavik. It's the best place. Better than in Inuvik" (Goose, 2009) Kerr told individuals that they did not need to move. They had every right to stay on their land and to live their lives, and it was their choice.⁷⁰ The Government could not force them to move. Kerr was able to get press coverage in the south, telling of the struggle people in

⁷⁰ The school currently situated in Aklavik is called "Moose Kerr" after the former principal in honour of the impact he had as he encouraged people to make their own decisions about where to live.

Aklavik were going through as they were being forced to leave their land. He helped involve the press in bringing attention to the struggle to maintain community autonomy in Aklavik and the story was picked up by the Toronto Star, as an article in 1966 depicted the ongoing struggle people faced as the government continuously tried to force people to move from Aklavik to Inuvik. The phrase “Never Say Die” was coined, as people refused to let their community die⁷¹. Aklavik, for many, was home. Jack Goose talked about how he first established his home in Aklavik before Inuvik was established:

Build a house right away. First was tent frame down by the river. Then move here after that. Yeah, I never regret it, moving here. I don't know, maybe it would have been a pretty good job to move to Inuvik. I didn't think it was good for me. I like hunting, fishing.(Goose, 2009).

Just as the uptake of other services and activities, choosing where to live and what aspects of life were important were the choices of individuals.

There was friendly competition between the two communities, especially during winter carnivals. Aklavik and Inuvik competed in tug of war, in dog races and in other activities and those people who stayed in Aklavik positioned themselves against those who left. The spirit of the rivalry was fun and jest, but never was a tug-of-war more celebrated than when your community was on the winning side (Annie, 2009). People fought to maintain personal and community autonomy. And people succeeded in doing so, as services, such as the school and a nursing station, were re-instituted and people in Aklavik fought and gained both settlement status in 1970, followed by Hamlet status in

⁷¹ Waltz, J. Canadian Northwest's Aklavik: a Town that Defies an Order to Die. *New York Times*. August 29, 1966.

1979 (Campbell, 1981). Pru Hockin , along with other nurses who worked at All Saints Hospital, returned to Aklavik for a visit in the early 1960. Hockin commented that she was impressed with the way that Aklavik looked. Gwitch'in and Inuvialuit had moved into the old navy housing and seemed to be taking great pride in their community⁷². “Ya we stayed here. They tried to get us to move too. But we said no, we’re just going to stay here” (Kendi, 2009).

Never Say Die

“Never Say Die” was more than just an adage that applied to a school that refused to close or a teacher who told the community that they had rights. It applied to the time and care taken to try to instil traditional values and skills within family and community constructs. It was about creating a community identity that involved religion, hunting, trapping, and language rights. “Never Say Die” represented the right to make choices and live by those choices for the overall well-being of individuals, families and the greater Gwitch'in and Inuvialuit communities. After all, “everybody was in the bush anyway” (Goose, 2009).

⁷² Glenbow Museum Archives, Joy Duncan’s Frontier Nursing Project. Interview, Hockin and Duncan, 1976.

CONCLUSION

There have been many changes within Aklavik during the past century. Through all the changes that have impacted Gwitch'in and Inuvialuit, the overarching sense of community determination has remained paramount to both the maintenance of traditions, health, and of community. As with all Indigenous communities, the impact of colonialism is widely felt, and people continue to fight to try to retain cultural and community autonomy. Elders proposed that Gwitch'in and Inuvialuit in and around Aklavik have been relatively successful at maintaining cultural traditions because of the remoteness and breadth of the region occupied by Indigenous people when compared to the physical land occupied by the Euro-Canadian contingency of the population. When speaking with Gwitch'in and Inuvialuit, it became clear that the issue was much greater than that. People do not see themselves as external, on the outside or as the 'other'. For Gwitch'in and Inuvialuit, the 'other' consists of Euro-Canadians living within the arctic. People maintained that without Indigenous influences non-Indigenous people would not have been able to survive within the climate, and without Indigenous people, there would have been no reason for Christian missionaries to come to the arctic.

Most of the history about the Western Arctic, especially that around missionary activities and government agency written has addressed the perspective of the colonial agency. It does not encompass the experiences, nor the voice of the Indigenous people who lived within the region. Being cognizant of the perspective expressed by the individuals who played a vital role in the construction and conceptualization of Aklavik and moving those who have often been marginalized within the literature to the centre of

the discourse is important. Equally important is creating a lens through which to begin to recognize the values and experiences of individuals as they strove to maintain a sense of agency over their personal expressions and understanding of religion, health and community. This does not minimize the colonial impact that has been felt, but it does begin to capture some of the experiences that have existed and is a step towards decolonization.

In the mid twentieth century, most people who lived in and around Aklavik self-identified as Christian. Gwitch'in and Inuvialuit worked for the competing missions both as catechists, lay readers and ministers within the Anglican Church and in supportive roles within the Catholic Church. Religion and traditions were intertwined as people had a strong sense of faith and belief in determinism. People would gather together in prayer, reading and reciting biblical passages, singing hymns and visiting with one another. By the 1940's, when services and mass were being broadcast over the radio people began to gather together to listen to services broadcast in Indigenous languages. People did not attend church services/mass in Aklavik unless they already happened to be in town, and going to church did not constitute sufficient reason to travel or move to town. In the mid twentieth century, most missionaries came to Aklavik with the specific intent of working within the hospital or school institution. The mission instructed individuals that they were to lead by example and there was the hope that through this example, individuals would embrace a more dogmatic understanding of the faith. Most of the interaction between Indigenous populations and their Euro-Canadian counterparts was conducted within structured formats and often forced a power-dichotomy positing the Euro-

Canadians as authority figures, such as teachers, nurses, and direct supervisors, rather than as equals. Yet Euro-Canadians relied upon Gwich'in and Inuvialuit for important tasks and supplies such as care and maintenance of supplies and equipment, food resources and even financial support. As missionizing principles shifted to include mandates around the implementation of institutions rather than just mission houses, hospitals became an important part of the missionizing experience. Yet, as with personal expressions and conceptualization of religiosity, conceptions of faith remained a fluid expression of faith rather than set on specific principles.

Cultural knowledge is of utmost importance and has often been incorporated into expressions of religiosity and concepts of health and community wellbeing. People hunted, trapped, fished, and collected plants and berries for subsistence. Even while working in town, these skills were vital for ensuring there was enough food to eat and materials to make clothing. People were out on the land, coming into town for specific events or activities, such as trade. The mission hospitals were underutilized until the 1940's when government practices of institutionalizing individuals with TB became mandatory. At the same time schools grew, and employment opportunities relating to the Cold War increased and people began spending more time in town rather than on the land. For those individuals who were institutionalized with TB for upwards of seven years, returning to the land was often quite difficult. For children who grew up in hospital, they often did not develop traditional skill sets, including language, hunting, fishing and trapping skills along with knowledge related to traditional medicine. The meaning of health during the mid twentieth century in Aklavik involved being able to be

a successful part of the community, and being able to provide for your family. It was not so much about physical wellbeing as spiritual and psychological wellbeing.

When the hospitals in Aklavik were closed, the impact upon people in Aklavik was not great. People did not depend on hospitals to meet most health related concerns, and there was a strong belief that things in life would work out the way that they were supposed to.

There was a sense of fluidity for Gwitch'in and Inuvialuit between life on the land and life in town, both had their merits and their purposes (Albert, 2009). Gwitch'in and Inuvialuit knew the flooding patterns, they knew where to hunt and where to fish, where to find berries and where to collect medicines. They knew what to do to remain healthy within their land and their communities. As Elizabeth Gordon explained, in the past, life on the land was hard. People had to collect water, they had to collect firewood, they had to work hard to care for each other and ensure that peoples needs were met. Today "you press your button, and heat come up I said. And press a button, and the light come on. And I tell them that. And you want to cook, you cook stove, buttons, you press there, you cook it nice, eh. That's how easy." People worked hard and they worked together as a community. Certain changes have been advantageous, especially changes in transportation that have lead to increased ease of both hunting, fishing, trapping and ease of movement within the Delta. When the government closed institutions in Aklavik, expecting people to move to Inuvik, they neglected to consider the social implications this decision would have. Telling people to move or expecting people to move without community consultation and without proper infrastructure and adequate employment opportunities in place to fully support t individuals if they were to move left those who

did move to Inuvik often with a sense of helplessness, thus many people returned to their camps in and around Aklavik where they knew the land and they were, once again, at home.

The mid twentieth century saw many changes within the Western Arctic. Within a forty year time period, two hospitals were opened and closed, three schools were opened and closed. Hotels were opened and closed. There were multiple waves of influenza and TB had a devastating impact upon the community. People began to spend more time working and living within a colonial context. Yet, people continued to see themselves and their community through their own lens. The colonial rhetoric perpetuated through many written sources and archival sources was but a part of the greater events that were transpiring within and around Aklavik. The community motto: Never Say Die clearly articulates the community perspective.

People do not speak of post-colonization or decolonization within Aklavik, and many people incorporate colonial rhetoric into their speech patterns. Yet, people have continued to maintain a space for their cultural norms, for their traditions and a space through which to maintain community values. Being healthy and having a healthy community, for all the individuals I was able to speak and engage with during my fieldwork involved a strong conceptualization of the role of family and the role of community. Without your family, without Elders, without a concrete connection to the land and faith, people will become lost. Community solidarity, personal and community agency and a telling and re-telling of the stories that shape who people are, where the community has come from and how people want to see the community develop in the

future involves dialogue, and it involves a continued sense of self and community identity within the centre of the discourse, not lived on the margins of the every changing and evolving story of Aklavik.

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Appendix 1
Participant Information*

Participant	Year of Birth	Gwitch'in Inuvialuit Métis	Community where the interview took place
Ruth Albert	1933	Inuvialuit	Inuvik
Barbra Allen	1936	Inuvialuit	Aklavik
Annie	Unknown	Unknown	Aklavik
Arnold Archie	1940	Inuvialuit	Aklavik
Rosie Archie	1935	Inuvialuit	Aklavik
Peter Benoit	1928	Gwitch'in	Inuvik
Emma Dyck	1926	Inuvialuit	Inuvik
Jack Goose	1928	Inuvialuit	Aklavik
Annie Gordon	1935	Gwitch'in	Aklavik
Elizabeth Greenland	1920	Gwitch'in	Inuvik
Mary Kendi	1915	Gwitch'in	Aklavik
Maureen Morfitt	1934	Métis	Aklavik
Participant	Unknown	Unknown	Inuvik
Participant	Unknown	Unknown	Aklavik
Persis	1937	Unknown	Aklavik
Clara Phillips	1933 or 1943**	Unknown	Inuvik
Sadie Whitbread	1951	Inuvialuit	Aklavik

*Please note that many "unknown" indicate participants preferences for identity descriptors.

** Please note that the year of birth was not a formal question asked of all participants and the quality of the audio recording made it difficult to determine the year of birth.



UNIVERSITY
OF MANITOBA

204 Isbister Building
Winnipeg, Manitoba
Canada R3T 2N2
Telephone
(204) 474- 9266
Fax
(204) 474-7657

Department of Native Studies

Title of Study: **Health and Healing in Aklavik, NWT: An Ethnohistorical Review**

Researcher: Elizabeth Cooper, MA Candidate, Native Studies.

If you do not speak English well, we will provide you with a Gwich'in interpreter/translator to explain the details of this project, including the informed consent form, and relay questions between yourself and myself.

I would like for an interpreter/translator to explain the details of the project to me.

I do not need an interpreter/translator to explain the details of the project to me.

<p>The explanation below might help you better understand the consent.</p> <p>You are being asked to participate in a research study.</p> <p>This form is asking if you will talk to me and let me share what you say with other people.</p>	<p>Consent</p> <p>This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.</p>
<p>This is a student project. I want to learn about hospitals and health in Aklavik during the early 20th Century.</p> <p>You might talk with me alone.</p> <p>You might talk with me in a group meeting.</p> <p>You might do both.</p>	<p>This study is a reflection on the way that health services were provided to people within Aklavik, NWT and surrounding areas from 1920-1965. I am collecting stories, memories and opinions about the development and implementation of western health-care models as part of the requirements for my University degree in Native Studies.</p> <p>I will be conducting interviews and focus groups. You may be involved in one or both of these activities. I value all information that you are able to share with me.</p>
<p>Anything you say will be private unless you want your name shared.</p> <p>If you want to use your name you</p>	<p>You have the choice to identify yourself or remain anonymous. If you would like your identity to remain confidential, you will be assigned a pseudonym and referred to by this in all written documents and</p>

<p>can, otherwise we can make up a name for you.</p> <p>Remember that if you say things in a group, it might not stay private.</p> <p>If I find out that the law was broken, I will have to tell the police.</p> <p>I will not review your personal health records.</p>	<p>presentations. Participants in focus groups will be reminded that anything that is said within the focus group is to be treated with confidentiality, but that confidentiality following focus groups cannot be guaranteed. Your personal information may be disclosed if required by law. Your personal health information will not be utilized at any point in this project.</p>
<p>Any tape recordings or notes I make will help me remember what was said. No one else will be able to listen to them or read them.</p> <p>You can listen to your interview and make changes if you want while I am in your community. If you want a paper copy I will mail/e-mail it to you. Any changes must be made within 30 days.</p> <p>I will send you a report when I am done this project.</p>	<p>Interviews will be tape-recorded and transcribed after the interview/focus group. You will have the opportunity to review/listen to your one-on-one interview and make any changes to previous statements you have made before I begin writing my report. Audio recordings can be reviewed within 72 hours of the interview. Written transcripts will be mailed/e-mailed to you for review upon request. All changes/modifications must be made within a thirty day period upon receipt of the transcript. At the end of the study you will receive a copy of a report summarizing the research. All information that you share with me will be kept in a locked cabinet in a locked cabinet in my locked office at the University of Manitoba. All tapes and notes will be destroyed one year after my thesis defense.</p>
<p>This project is free.</p> <p>You will not be paid.</p> <p>You can drop out of the project at any time.</p> <p>You should not experience any risks for participating in this project.</p> <p>You will have the chance to share your stories and memories with me, and with your community.</p>	<p>Your participation is completely voluntary and you will not receive compensation for participating in this study. You may choose to withdraw from the study at any time. There are no risks associated with your participation in this project beyond risks you undertake in your daily life.</p> <p>I hope that this project will be of personal benefit to you and your community as you have the opportunity to share your memories of the development of healthcare systems in Aklavik, NWT.</p>

<p>You don't have to answer questions if you don't want to.</p> <p>Sign the form only when you are sure that you understand everything.</p> <p>You can ask me questions at any time.</p>	<p>Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate as a subject. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.</p>
<p>This is my phone number and the phone number of my teacher in Winnipeg, Manitoba.</p> <p>Please contact either of us at any time if you have questions.</p>	<p>Elizabeth Cooper, MA Candidate Phone (204) 783-7495. e-mail: elizabeth_cooper@umanitoba.ca</p> <p>Dr. Christopher Trott, PhD. Phone: (204) 747-8101 e-mail: trottcg@cc.umanitoba.ca</p>
<p>If you have any concerns or complaints, you can call or e-mail the University of Manitoba.</p> <p>You can keep a copy of this form.</p>	<p>This research has been approved by the Joint-Faculty Research Ethics Board. If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Secretariat at 474-7122, or e-mail margaret_bowman@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.</p>

 Participants Signature Date

 Researcher or Delegate Signature Date