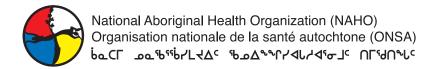
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ARCTIC FORUM

ABORIGINAL HEALTH - GAINING KNOWLEDGE May 7 to 9, 2003



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The National Aboriginal Health Organization's Arctic Forum, entitled Aboriginal Health – Gaining Knowledge, was held at the Explorer Hotel in Yellowknife, Northwest Territories, May 7 to 9, 2003. This three-day conference brought together delegates from across the country to share information on Aboriginal health. The conference featured five plenary sessions:

- Background and Activities of the National Aboriginal Health Organization
- The Environment and Aboriginal Peoples' Health
- Disabilities: Perceptions and Realities
- Nutrition
- Traditional Knowledge.

Opening and Introductory Remarks

George Tuccaro

The conference Master of Ceremonies, George Tuccaro, introduced himself and welcomed the delegates to the conference.

Chief Richard Edjericon

Chief Richard Edjericon, Yellowknives Dene First Nation, Dettah, also welcomed the delegates to the conference. He outlined the purpose of the conference and its importance for Aboriginal people.

Chief Darrell Beaulieau

Chief Darrell Beaulieau, Yellowknives Dene First Nation, N'dilo, spoke about some of the disturbing realities of living in a small community, such as drug and alcohol abuse. He touched on the fact that recreation is a necessity for healthy living in the communities, and that there simply isn't enough of it. There are however luxuries available to people now that weren't available before such as water, food, and heat at the touch of a button. He explained that lifestyles have completely changed and that traditional knowledge is being lost. The Chief showed a great deal of concern for the problems faced by Aboriginal youth.



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He said he is worried about the direction they're headed, and mentioned the lack of role models in the communities. He talked about his own hopes for the improved health of Aboriginal people, noting that good health starts with individuals. He added, "You cannot take care of anyone else until you've taken care of yourself." He also explained the importance of a balanced lifestyle, and said that training is required to educate Aboriginal people about health issues.

His Worship Mayor Gordon Van Tighem

The mayor of Yellowknife, Gordon Van Tighem, welcomed the delegates to Yellowknife and to the conference. He explained that Yellowknife's Dogrib name is *Somba K'e*, which translated means "Where the wealth is." He said this description reflects the people of Yellowknife more than it does the community's money. The mayor explained that Yellowknife has recently become the Diamond Capital of North America and is prospering economically. Mayor Van Tighem invited the delegates to get outside and enjoy some of the nature trails Yellowknife has to offer. He wished the delegates a successful conference and told them he was looking forward to reading their recommendations.



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Plenary Session 1: Background and Activities of the National Aboriginal Health Organization

Presenter: Richard Jock Executive Director of NAHO

Richard Jock welcomed the delegates to Yellowknife, acknowledging all those who came from across Canada to take part in the conference. He recognized the Inuit, Métis and Dene involvement, stating that it was vital to building relationships that stand out as an important example to others across Canada. He then acknowledged NAHO board members. He introduced all members of the Board of Directors, adding that the chairperson, Dr. Judith Bartlett, would be in attendance May 8.

He explained how the Romanow Commission has made many very far-reaching recommendations on how the future of health care should be managed. He noted two particular points that should be kept in mind.

- There should be a Canada Health Council, meant to improve the overall health of all Canadians.
- There have been brief discussions of Aboriginal inclusion on the Council.

He recommended that the following become a part of the Canada Health Council:

- involvement of Aboriginal Peoples through an Aboriginal Partnership Fund
- First Ministers' Health Accord that would provide for accountability
- Senate Committee Standing Committee on Social Affairs, Science and Technologies, and Senate Standing Committee on Aboriginal Peoples



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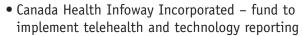
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• Health Canada Health Renewal Focus - how will health care of the future be planned for First Nations and Inuit?

Mr. Jock said that other issues, such as housing, water, education, and social development also need to be considered.

He noted that it takes effort from many levels to make changes in the health field, and suggested the following people and organizations play a vital role in change:

- policy makers (Dene Nation, etc.)
- health professionals
- academic institutions (where health professionals receive their training and research is conducted)
- communities
- health administrators to manage the system, recognize opportunities and manage funds.

Mr. Jock suggested that these recommendations must focus on the health delivery system. He mentioned other developments that have an effect on health such as water, housing, etc. He pointed out that NAHO's key role is to bridge the gap between people and organizations.

Mr. Jock went on to elaborate on NAHO's background, explaining that NAHO was originally established because an organization was needed

to focus primarily on the health of Aboriginal people.





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He stated that NAHO's main goals and objectives are to:

- improve and promote the health of Aboriginal people through knowledge-based activities
- promote health issues (raise public awareness)
- facilitate and promote research encourage partnerships – work with universities and other groups to promote areas of development
- foster the recruitment, retention and training of Aboriginal people in the delivery of health care – key way to insure that health systems are sustainable
- affirm Aboriginal traditional healing practices and provide them with the recognition that they deserve. Healers need to be recognized as a part of the health system.

Mr. Jock mentioned a three-year management plan that is nearly complete, as well as a new two-year plan that will be implemented after a strategic planning exercise is completed. He concluded by discussing the collaborations and partnerships that exist between the different Aboriginal organizations in the North and across the country.

Mr. Jock gave the following examples of potential collaboration:

- Best Practice seeing what works elsewhere and applying the best and most workable practice
- Research Ethics Aboriginal research needs to be completed correctly with safeguards identified to develop proper information
- New Models of Health Care work with communities to develop health systems that will work for them. Shape the future of health care. Develop new ways of doing things.
- Information and communications information needs to be stated clearly and be accessible to all.



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Presenter: Mr. Robert Watt Director of the Ajunnginiq Centre, NAHO

Robert Watt stated that the vision of the Ajunnginiq (Inuit) Centre is to promote practices, which will restore a healthy Inuit lifestyle and improve the health status of Inuit.

Mr. Watt then provided an overview of the Inuit regions and communities and noted that there are four land claim settlements and 53 communities. He added that the population of some of these communities is less than 1000. He mentioned that there are approximately 50,000 Inuit living in the four land claim regions.

He then touched on a few of the things that the Ajunnginiq Centre does, such as provide information on:

- substance abuse (including tobacco)
- Fetal Alcohol Spectrum Disorder (FASD)
- disabilities
- dental health.

He also spoke about capacity-building activities that the Ajunnginiq Centre participates in, including:

- environmental scan of health-related programs available in Inuit regions
- NAHO's participation in the creation of strategies for healthy communities
- literacy promotion
- participation in NAHO's strategies for healthy communities.

Mr. Watt noted that Inuit have survived for thousands of years, but in making the move to urban centres, many have been lost because they don't know how to live in these situations.



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- compiling an English/Inuktitut terminology reference tool
- facilitating workshops for Inuit medical interpreters
- creating a handbook for Inuit patients for when they are away from their communities.

He noted some points about research affiliated with the Centre:

- the Centre does not do research; it facilitates it
- since STDs are rampant in the North, research is done on STDs, as well as on the measures used to prevent them
- since AIDS is becoming a larger issue in the North, AIDS research is also facilitated
- the health impacts on Inuit resulting from rapid economic development and climate change are facilitated.

In closing, Mr. Watt spoke about a very relevant issue of concern to all northerners, especially those in the small communities: suicide. He spoke about the horrible effects that suicide has on everyone that lives in the affected community. He noted that efforts to prevent suicide must be increased to prevent this devastating trend.

Presenter: Mr. Allen DeLeary Special Project Consultant, First Nations Centre, NAHO

Allen DeLeary began by explaining who the First Nations Centre is and what its members do. He described the Centre as an inclusive committee whose membership is reflective of the vast geography of this country. Their focus is identified in forums such as this. Mr. DeLeary provided an overview of the guiding principles of the First Nations Centre. These principles include:



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- empowering First Nations people
- self-determination in health information
- transparency and openness (dialogue, feedback, accountability)
- accessibility and relevance (need to be community-relevant and directed, need to promote knowledge that flows both ways).

Mr. DeLeary explained the aim of the First Nations Centre is to:

- conduct and facilitate research on First Nations health
- disseminate information on health issues, priorities and practices
- enhance capacity in the areas of health research and health career development
- advocate, advance and support traditional knowledge
- liaise with First Nations people
- maintain regular communication with leadership
- discuss priorities with First Nations regional organizations
- participate in overall NAHO initiatives.

He explained that in a recent NAHO opinion poll, First Nations people were reported as being in poorer health and receiving a lower quality of health care than the general Canadian population.

In this survey, the majority agreed that the residential school experience and the loss of land and culture had contributed to poorer health and wellness of Aboriginal people.

Mr. DeLeary made a few suggestions on how to improve the health of Aboriginal people. The first was to develop an urban First Nation Health Outreach Strategy for Aboriginal people living in urban centres. The second was to develop public health and health promotion strategies while researching and reporting on capacity issues and



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 challenges of First Nations communities in health governance. He suggested using a community-based approach to skills enhancement, as well as developing training programs for a health infrastructure application. He would like to see more specialized training programs being delivered in a public health capacity.

As for putting the focus on youth, Mr. DeLeary suggested developing outreach strategies that would centre on young people. The following are a few of the strategies he suggested:

- develop a report on youth health issues/ develop priorities
- host a National First Nations Youth Health Workshop
- have First Nations youth attend key youth events
- create a First Nations Youth Health Network
- launch a call for Aboriginal success stories
- develop a Lifestyles Promotion Strategy based on these success stories.

Presenter: Lois Edge

Acting Director of the Métis Centre, NAHO

The Métis Centre is dedicated to improving the mental, physical, spiritual, emotional and social health of Métis people in Canada. The Métis Centre is decentralized and staff work in various regions throughout the country, for example, in British Columbia, Alberta and Saskatchewan, as tele-workers. They communicate via e-mail and teleconferencing, attending meetings and/or events.

Ms. Edge presented some relevant facts about the Métis population in Canada.

 Métis people are part of the Aboriginal population in Canada. The term "Aboriginal" is defined in the 1982 Constitution Act to include First Nations, Métis and Inuit.



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- Métis people make up 31 per cent of the Aboriginal population in Canada.
- More than one-third of Aboriginal people living in urban centres are Métis.
- Two-thirds of the Métis population live in the prairie provinces.
- Cities with the highest Métis populations are Winnipeq and Edmonton.

Current national and/or provincial Métis initiatives address diabetes, addictions, breast cancer, disabilities, HIV/AIDS, and/or long-term care.

There is a lack of Métis-specific health information in Canada. Existing data are often outdated or obtained from inaccurate or incomplete data sources. Often, there are no Métis-specific health data. This means there is minimal research concerning the Métis population.

Although Métis social and economic statistics are similar to those of First Nations and Inuit, Métis in Canada do not have similar access to health and social programs currently available to First Nations and Inuit. The Northwest Territories is the only jurisdiction where Métis are eligible to access Non-insured Health Benefits similar to those offered to First Nations and Inuit.

Information gathering and sharing, capacity building, research and traditional knowledge are major areas of focus for the Métis Centre at NAHO. The following are the Centre's objectives and related activities:

To improve and promote the health of Métis people Canada through knowledge-based activities:

- disseminate information gathered by NAHO and the Métis Centre
- develop and disseminate health and wellness promotion material



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- provide capacity-building assistance at the community level through training workshops and programs
- identify health initiatives that are accessible to Métis people.

To promote health issues pertaining to Métis people in Canada through knowledge-based activities:

- communicate regularly with health organizations
- communicate and share information with Métis organizations
- advocate for Métis representation on health committees
- contribute to development of policy and research papers.

To facilitate and promote research and to develop research partnerships relating to Métis health issues:

- ongoing identification of research interests and goals
- facilitate linkages and partnerships relating to health research initiatives
- develop information materials for Métis communities highlighting the importance of research
- provide information to researchers outlining the importance of pursuing Métis research.

To foster the recruitment, retention, training and utilization of Métis people in Canada in the delivery of health care:

- establishing a "virtual network" of Métis health professionals and an electronic database
- develop a health careers mentoring program
- identify training gaps, barriers and opportunities for Métis
- identify scholarships and bursaries available to Métis students.





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Affirm traditional knowledge and healing practices:

- recognition of traditional health knowledge and healing practices
- working with Métis Elders
- develop Métis health and wellness promotional materials
- establish linkages with Métis youth.

The need for opportunities to share traditional health knowledge was highlighted at the Métis Health Policy Forum held in Saskatoon in April 2002. The Forum was an historic event attended by about 100 Métis leaders, health professionals and practitioners, researchers and educators, Elders and youth, and community members.

Current priorities of the Métis Centre include:

- to develop Métis health and wellness information items and promotional materials
- to contribute to ongoing NAHO initiatives
- to collect and share Métis health information
- to co-ordinate proposal writing workshops in various regions
- to conduct environmental scans of Métis population health information, research and policy
- to contribute to the development of culturally appropriate and community-based participatory research practices
- to co-ordinate Métis Elders' gatherings
- to develop and disseminate information booklets based on Métis Elders' traditional health knowledge
- to co-ordinate a Métis Health Information Forum in 2004.





Flett

Sonny George Tuccaro and 47^{5} ᡏ^ᡶᢗ[°] ᠙᠐ᡔ\ᠬᡏ᠙᠘ᢗ᠐᠆ᢛᠰᠦ᠘ᡀ 6 የታልሩቦላንበቦላ ፌኒኒኒርባJ. 6 ርልL 6 ር, $V = V_{c} + V_{c} +$ (International Institute of Sustainable Development) $^{\circ}$ C% $^{\circ}$ O $\Lambda \subset L^{1} \cap L^{1} \cap$ 1999,Γ Γ' ४'Ċᡆ ᡏ᠋᠕᠘ᢣᡕ᠘᠘᠐ᡩᠨ᠘ᡶᡳ᠉ ᠘᠘᠐ᡩᢣᠺᠫ*ᠳ* ላይትኒት ነባር ርሶ «ሶЉየትፈርር ጊኒኮኒረጋሪብያለም

Plenary Session 2 – The Environment and Aboriginal Peoples' Health

Aboriginal people have a unique relationship with the environment. This session will identify trends in and share information about current work on the relationship between the health of Aboriginal Peoples and the environment in which they live.

Presenter: Rosemarie Kuptana The Value of Traditional Knowledge in Environmental Research

Rosemarie Kuptana began by stating that in her opinion, the two most important things in life are the health of our environment and the health of our people.

Ms. Kuptana gave a brief description of her childhood, which began in Sachs Harbour. As Inuit, her parents followed seasons and animals as a way of life. She described memories of living on the land and having unique traditions and values, many of which are no longer practised by many Inuit.

She described her Inuit heritage as being distinct, noting their unique language, culture, values, traditions, and laws.

Ms. Kuptana explained that Inuit of Sachs Harbour began noticing changes in the climate and environment in the 1970s. Over the last 30 years, the changes have become more profound, resulting in the need for a research study to discover exactly why these changes are taking place, and what could be done to prevent them. Thus, a partnership between the International Institute of Sustainable Development and Inuit of



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Sachs Harbour was formed. Their goal was to create a video highlighting the impact of climate change based on changes they were noting through observations. In 1999, Ms. Kuptana was asked to participate in the study. The video proved to be a great opportunity to explore two knowledge systems and how the two systems co-operated and advanced understanding.

Ms. Kuptana explained that there were many people involved in the study, including wildlife biologists, ice specialists, adaptation issue specialists, etc.

The Inuvialuit of Sachs Harbour were involved in

the sharing of knowledge regarding the changes they witnessed first-hand. The most disturbing thing to them was the invasion of new species of fish, insects, birds, and other animals. Other disturbing occurrences included warmer, longer seasons, lightning and thunder, permafrost melting, lack of ice, erosion of land, dangerous mudslides, and fewer seals and polar bears – all things that had not been experienced before. The melting of permafrost caused houses to shift, wreaking havoc on the community.

mafrost caused houses to shift, wreaking havoc on the community.

Ms. Kuptana said that worry about climate change escalated after the disappearance of an inland lake, along with all its freshwater fish. People became frightened when many began experiencing physical problems, such as skin rashes due to the sun. The residents of the region were working with researchers to understand why all of this was happening, and what could be done to halt and possi-

When the research was complete, the partners premiered the documentary in the hope that the

bly reverse the damage.





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federal and territorial governments would take precautionary measures to halt the harmful effects of climate change. Ms. Kuptana noted that there are still many issues that need to be examined more thoroughly, including mitigation, adaptation, and implementation of the Kyoto Accord. Ms. Kuptana closed by stating that it is very important for everyone to work together on the issue of climate change. It will enhance understanding from local to international levels. Based on this model of co-existence, Ms. Kuptana questioned the opportunities for Inuit to offer their perspective regarding the implementation of the Kyoto Accord. She also wondered whether Inuit would even be involved in the negotiations. If so, then to what extent?

She stated that climate change will not go away on its own. The human family has to know that if we do not change, ultimately our quality of life is at stake.

Presenter: Dr. Chris Paci The Northern Contaminants Program

Chris Paci began by speaking about his educational background, and the fact he had received his doctorate from the University of Northern British Columbia. Shortly thereafter, he took a job with the Dene Nation to be closer to his children.

He explained that he has always tried to use traditional knowledge, combined with scientific knowledge, to make the best knowledge. He noted that he would speak about the Northern Contaminants Program (NCP) from the Dene Nation's point of view. He started with a few facts about the Dene:

- 24,000 people within Denedeh who are Dene
- 29 Dene communities
- 31 Dene chiefs
- the Dene communities span five regions.



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ለራሒፈ/ፈነጭግና ለንኄጐጋራሒታጋና" ላካፈጋጐቴጐጋ-ተፈኦሪኮንር ՝ ጎርጐዘኦና ፈጐዮቴበሶህርኦሪኦጐጋፊና,
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ᠴᢅᢗ᠅ ᡬᠰ᠐᠙ᠵ᠐ᢣᡀᡄ᠐ᡥ᠑᠅᠂ᢞᡎᠳ᠘ᢞᠾᢛ᠖ᠪᡰᠲ ᠘ᡆᠽᠲᡥᡩᡥᠰ᠘ᢋᡕ᠂ᢃᠻᡓᡥ᠑᠆ᡣ᠋ᡊᠽ᠋᠄᠂᠙᠐᠘ᢣᡙᢛ᠖ᠺᠳᡐᠰ ᠙᠘ᡆᠽᠬᡘᡥ:

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He explained that the Dene Nation began as the National Indian Brotherhood of the Northwest Territories and evolved into the Dene Nation in the mid-1980s. The Dene Nation sits on the Board of Directors for the Centre for Indigenous Peoples' Nutrition and Environment at McGill University. He referred to Richard Jock's emphasis on the need to develop programs in the North, and not just have externally developed programs. The Northern Contaminants Program is an example of this, he added.

Dr. Paci gave a brief background of the program, noting that it was started in 1991 in response to studies that showed the presence of contaminants in the North that were not from the North. The second phase began in 1998. It was led by the formation of an effective international lobby by the "Canadian Arctic Indigenous Peoples Against Persistent Organic Pollutants," who were able to lobby effectively for the development of the Stockholm Convention. This Convention banned 12 persistent organic pollutants.

Dr. Paci noted the strengths of the NCP as:

- development of partnerships, through national Aboriginal organizations
- development of partnerships through federal government departments
- bringing together traditional knowledge and science
- linkages of local, national and international organizations.

He then noted the NCP's goals:

- to work towards reducing, and where possible eliminating, contaminants in traditional foods
- to provide information that assists individuals and communities in making informed decisions about food use.



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He stated that some of the NCP's activities have been focused on human health research, as well as on evaluating international initiatives, monitoring the water and the air, and abiotic monitoring to see where the contaminants are coming from and showing up through the monitoring of animals, fish and plants.

Dr. Paci stated that because of the results of the NCP, they now recognize that any information that northerners receive about contaminants and traditional foods may significantly affect the way people eat, their economies, and their lifestyles, etc. He stressed that this is the reason it is so important to invest in communications and education about contaminants. He noted that the Canadian Arctic Contaminants Assessment Report II emphasizes the need for a more formal evaluation of these activities and their outcomes. The report's results state that for the Northwest Territories, nutritional, economic, social, and cultural benefits of eating traditional foods outweigh any risks.

Dr. Paci said that some of the NCP's best practices have been bringing together the federal government and Aboriginal partners in developing capacity within Dene communities, as well as in other Aboriginal organizations, such as the:

- Inuit Circumpolar Conference
- Métis Nation
- Council of Yukon First Nations
- Dene Nation.

Dr. Paci then thanked Bill Erasmus for asking him to present. He then thanked the NCP for funding his project for 10 years.



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Presenter: Sonny Flett Traditional Knowledge Component, Northern River Basins Study

Sonny Flett thanked NAHO for inviting him to give a presentation. He explained that his topic of discussion – the Northern River Basins Study – took place between 1992 and 1995, and cost \$11.5 million to complete.



He explained that there are currently five pulp mills on the Athabasca River, the largest being ELPAC. One year, the ELPAC pulp mill cut down an area the size of six townships. He asked the delegates if they could imagine what the next decade would be like with no forests left to sustain the hundreds of animal species that live in them. Or what would happen to hunting and trapping, or traditional land use? These ways of life would disappear.

He then mentioned a leakage in the Bennett Dam which caused the water level of Great Slave Lake to rise about eight feet. Fort Chipewayan is one of the largest fresh water deltas in the world and when the Bennett Dam leaked, there wasn't a dry piece of land in the entire region. No animals survived. Mr. Flett explained that it deeply impacted the traditional lifestyle of the people living in the delta. Based on that flood, the study was formed and took place in 10 communities from British Columbia to the Territories.

Mr. Flett explained that the study had been operational for one year when all the Chiefs of the communities participating in the study came together and decided that there was something missing— the traditional knowledge component. So Mr. Flett joined the study as the traditional knowledge component leader. He told the study leaders that he wanted to work in the 10 communities primarily affected by the watershed, and they agreed.



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The communities included:

- Fort Chipewayan
- Fort Smith
- Fort Fitzgerald
- Fort Resolution
- Fort McMurray
- Fort Vermillion
- Fox Lake
- Garden River
- John D'or Prairie
- Tall Cree.

He noted the importance of keeping the Chief and Council involved every step of the way. He explained that if the people of the communities were not 100 per cent involved, they would not have allowed the study's representatives to come in and do the research that they wanted to do.

Mr. Flett explained that he took one person from each community and brought them to Fort Smith for a two-week training course, so that they could participate in the study. They were all trained to go back to their home community and give a questionnaire to all Elders that have lived on the land for more than 25 years.

During the interviews, the Elders were shown visuals of animals, fish and plants and were asked to describe what they could about what they were being shown.

Mr. Flett noted that prior to the study, it was thought that people were giving up all traditional ways of life. But what came out of the study was that people were still living off the land in a variety of ways. People continue to hunt, trap, and fish and eat traditional foods. Mr. Flett noted that the Aboriginal people are using the land in a number of ways and their way of life will be destroyed if the destruction of the land continues.

Mr. Flett thanked NAHO for allowing him to speak about the study.



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Presenter: Gamailie Kilukishak The Changing Environment and Traditional Inuit Knowledge

Gamailie Kilukishak began by stating that in 1961, when he and his wife first came to Yellowknife for a dance, they had never before seen a building, or even a snowmobile. They had never even seen a white person. They had no idea at that time that they would ever experience any environmental contaminants. As Inuit who lived on the land, they manufactured their own clothing; they hunted and fished their own food. He explained that there were differences between inland and coastal Inuit — their entertainment and customs were similar, but they spoke a different language. Mr. Kilukishak explained that they did have one thing in common — they lived from the heart.

He explained how the whale hunters started arriving on the shores of the Eastern Arctic in the 1860s. He mentioned that even though Inuit followed their own unwritten laws, they were still their laws. Society's problems began plaguing them following the integration of European influences. They found themselves being forced to live someone else's lifestyle, which was the beginning of the end of the traditional Inuit way of life.

Mr. Kilukishak stated that he believes the Inuit lifestyle can be greatly improved. He explained that very few people still live a traditional life, or even know how.

Traditionally, diseases were treated without any health authorities or doctors. The majority of health treatments came directly from the land. Many, many years ago, it was believed that if you broke a natural law, you would get a disease. That would be your punishment. Today, the majority of Inuit receive treatment from medical professionals.

Mr. Kilukishak concluded by stating that he has high hopes for the future of this land and its people, especially the children.



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Breakout Session - Environment and Aboriginal Peoples' Health

Following the Environment plenary session, participants engaged in a facilitated breakout group to discuss the environment as a determinant of health for Aboriginal Peoples. Specifically, the breakout group was asked the following questions:

What are your perceptions on environmental health?

What are the gaps, needs, and concerns on environmental health?



What kind of information would be useful in the Arctic on environmental health?

What is the best way to disseminate information on environmental health in your regions?

What kind of research is needed in your regions on environmental health?

What kind of training is available in your regions on environmental health?

Responses from participants highlighted a deep concern at the community level for the environment, especially as it relates to the health of community members. Specific key questions and concerns included:

- cancer and cancer research
- contaminants
- contaminated mining and military sites
- program development and funding that do not meet the requirements of Aboriginal people.

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Participants noted that while environmental and Aboriginal health go hand in hand, Aboriginal Peoples need to have greater input in the development of research and programs to ensure traditional Aboriginal values are included. Participants also discussed the nature of boom/bust economies in the North – specifically how environmentally damaging this can be, and the question "Do we want to see them here?"

In answering the question about gaps and needs, there was some discussion around responsibility – whose responsibility is it to protect the land? Responses included the government, but some comments focused on the knowledge of the Elders and the need to build capacity in the communities to do this work. There is a lack of training opportunities available in the North, and participants highlighted the importance for all programs to have a component that is taught on the land.

Presenter: The Honourable Ed Picco Minister of Health and Social Services, Nunavut

Ed Picco began by stating there are many problems with the health care system in Nunavut – problems that will not fix themselves. He noted that the admission of children into hospital care in Nunavut is higher than anywhere else in the country. He also stated that smoking rates are higher in Nunavut than anywhere else in Canada. He pointed out that there is an undeniable correlation between these two facts.

Some other alarming facts about Nunavut on which Mr. Picco focused were the unemployment rate of over 20 per cent, and the acute housing shortages. There are often more than 10 people living in houses meant for four. Mr. Picco said that in his opinion, the federal government has a responsibility to give Aboriginal people and northern Canadians the same quality of life as other Canadians.



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Another disturbing issue Mr. Picco touched on was suicide, and the fact that the suicide rate in Nunavut is eight times higher than anywhere else in the country. He noted that suicide, in one way or another, has affected every single family in Nunavut. His belief is that if a community has active people working against suicide, it can be prevented. He believes that the only solution is to work together to prevent it. As a result of everyone's efforts, Nunavut will be hosting the Canadian Suicide Prevention Forum, where there will be representation from across the northern circumpolar route. The residents of Nunavut have been working hard to eliminate suicide in their communities and the Forum is a good opportunity to learn what other countries are doing to prevent it. Too many people have been affected by this horrible epidemic to allow it to continue. Mr. Picco noted that the majority of suicides in Nunavut are young men aged 18 to 25.

Even though people have put great effort into the prevention of suicide, it continues to happen, time and time again. Nunavut residents realize that the government cannot stop suicide – it has to be handled at the community level.

Mr. Picco then expressed concern for residents of Nunavut who have to go south for medical treatments, as well as women who need to leave to give birth. He noted that these people are under enough stress already; they shouldn't have to be in a strange city away from their family and loved ones. He added that there are three new medical facilities being built to provide better service to the people of Nunavut, where health care will be provided in four languages.

Mr. Picco followed up with some interesting health-related facts about the territory:

• The current costs of medivacing someone out of the Territory ranges between approximately \$12,000 and \$25,000.



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- Recruitment and retention, as well as salaries, are higher in Nunavut than anywhere else in the country.
- Primary health care provided by nurses represents 90 per cent of the health care costs in Nunavut.
- The health boards in Nunavut have been dissolved.

Mr. Picco then touched again on what a huge problem smoking is in the North, although there has been a mindset change. People have started choosing not to smoke around children. They are realizing the harmful effects that smoking is having on children, and choosing to light up outside. Mr. Picco noted that although this is a vast improvement, the solution would be for everyone to guit smoking altogether.

Mr. Picco then went on to speak about the first Inuit Nursing Program at Nunavut Arctic College, a program set up specifically for Inuit wanting to enter the field of nursing. The idea materialized when it became clear that the only way that the residents of Nunavut could properly heal themselves was to train themselves. The college made an agreement with Dalhousie University, from which the graduates will receive their recognition. It is a costly venture and there is a high drop-out rate, but the first graduate will finish the program next year. There will soon be nurses who speak Inuktitut and who will treat people and speak to them in their own language.

Mr. Picco closed by listing some of the other initiatives that he and his team are working on:

- training social workers
- building Elders' facilities
- maintaining successful suicide prevention and anti-smoking programs.

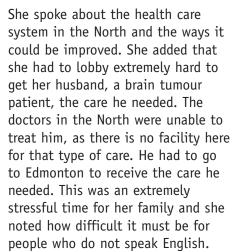


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Presenter: The Honourable Glenna Hansen Commissioner of the Northwest Territories

Glenna Hansen began by welcoming all the delegates to Yellowknife. She thanked NAHO for choosing the Northwest Territories as the conference location. She reminded everyone that it is very important to have equal representation from the small communities as well as the large. She said it is important to remember the smaller communities when making decisions at a national level, as they are often overlooked. Receiving the proper health care is vital to the survival of Aboriginal people.



She questioned whether the information in the smaller communities is adequate. People are afraid to ask questions, and don't even know what questions to ask. She wants to ensure that people understand their illness and the methods of treatment, as well as prevention.

Ms. Hansen explained that frustration often sets in when dealing with small community health issues. People are easily discouraged because they don't understand their illness or the treatment. Better education is required for those who have illnesses such as cancer or diabetes. These are very common ailments in the North.





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Plenary Session 3 – Disabilities: Perceptions and Realities

This session identified the unique issues, challenges and barriers for Aboriginal Peoples with disabilities in the North.

Presenter: Diana Beck Youth Representative, Sexual Exploitation, Disabilities, Environment, Nutrition

Diana Beck welcomed everyone to Yellowknife and said that she was honoured to have been asked to speak on behalf of northern youth at the conference.

She explained that she was born in Yellowknife and is a descendant of two treaty areas – Treaty 8 and Treaty 11. She explained that her speech would cover four major issues that affect youth in the North: sexual exploitation, disabilities, environment and nutrition.

She began with sexual exploitation, explaining that if everyone works together, they can break down the barriers and speak out against sexual exploitation of children.

She explained that she had been given the opportunity to host workshops in young offenders and female correctional facilities. When she asked the inmates in a young offenders facility if they were directly involved with prostitution or were in a relationship with someone involved in prostitution, 100 per cent of them indicated that they were.

Ms. Beck discussed with the inmates the possibility of a connection between the unknown bodies found in British Columbia and some missing youth from the Northwest Territories. This connection was raised when youth discussions revealed the issue of weekend hooker jobs in Vancouver. When Ms. Beck discussed this possibility with the police, they admitted that some of the women found murdered on Robert Pickton's farm in British Columbia might be from the Northwest Territories. They told her that



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Ms. Beck next explained that there has been an increase in the number of teachers who are "diagnosing" youth and students with various disabilities when the student provides a challenge in the classroom.

She explained the dangers of having someone, who is not a trained professional, diagnosing children with learning disabilities. She explained that teachers are diagnosing things like Attention Deficit Disorder on a regular basis if the child seems to be too much to handle. This kind of diagnosis can greatly affect a child's self-esteem and self-confidence.

Ms. Beck's next topic was the environment in the Northwest Territories, which she said gives First Nations people great opportunity to obtain traditional foods. She noted, however, that the changing economy and social environment are making access to hunting, fishing and harvesting of these foods a challenge.

Due to the various effects of the urbanization of First Nations people, many of the traditional values and teachings have been lost. She said she was an example herself, and that the generation before her were hunting alone in the bush before they were 10 years old. She said that she is 24 years old, and that she could not hunt on her own.

Ms. Beck next spoke about proper nutrition and how important it is to promote healthy foods in the smaller communities. She explained that one of the reasons nutrition is so poor in the communities is because it is much more expensive to buy healthy foods.

She closed by noting that youth are the future of this land, and that they need to be taught the



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traditional values which have been the foundation of the First Nations for hundreds of years.

Presenter: Dino Norris FASD Training for Special Investigators

Dino Norris thanked NAHO for allowing the RCMP to take part in this year's Health Forum. He welcomed the delegates to Yellowknife, especially the Elders participating. He stressed the importance of listening to the presentations of the Elders because they have experienced so much in their lives, and they are very knowledgeable about life in the North, especially traditional val-

ues and their importance today.

Mr. Norris then provided an overview of the dangers of alcohol and the effects alcohol abuse can have on an individual's life and the lives of their families. He briefly touched on the RCMP's strategic plan to combat alcoholism in the communities. He noted that officers are trained to deal with Fetal Alcohol Syndrome.

He was not suggesting that alcohol be abolished. He stated that this is not the intent of the RCMP. He

proposed changing the perceptions about alcohol and the way it is used in the communities. He suggested turning to the youth in our communities to help change the way alcohol is used. In doing this, he feels that the cycle of alcoholism will be broken, and a new way of life can begin.

Presenter: Anaoyok Alookee Cultural Education for Students with FASD

Anaoyok Alookee thanked NAHO for asking her to participate in the Forum. She explained she would be speaking about some of her own experiences, as well as things she has seen while travelling around the North. She noted that children sometimes have learning disabilities, and even if these children



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have a willingness to learn, it is often a difficult and daunting task to teach them. Children with Fetal Alcohol Syndrome (FAS) are often left behind by their peers, especially in the classroom. They don't build self-esteem the way that other children do. Parents and teachers need to pay special attention to these children and give them the love and confidence they deserve. She noted that if these children are not nurtured, they often end up in trouble at school or worse, with the law.

She suggested that a culturally-based program for children with FAS be developed and implemented in schools across the North. They need to be taught that this disease is not their fault and that they can still live fulfilling lives. The program needs to integrate the teaching of practical skills, along with specialized skills such as trades. Children with FAS are still capable of learning, they can learn by just being included in activities.

Ms. Alookee believes that children with FAS can learn or maintain their language and their traditional lifestyle if there is someone to teach them. Peers of children with FAS can also be provided with a learning opportunity. They develop compassion and patience for those with disabilities. Ms. Alookee urged the participants of the forum to make this issue a priority, first initiating a program that will allow children with FAS to lead normal and productive lives; and second, educating all children about the dangers of drinking alcohol while pregnant. She noted that if we want to help our young people, we need to work together to create their future. If we keep putting it aside for now, and setting it aside for later, it will never become reality.

Presenter: Doreen Baptiste Polio: Then and Now

Doreen Baptiste began by giving a brief history of the disease, along with some statistics. She noted that polio was most prevalent in the 1930s to the



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1950s; it was a disease that affected all types of people. She explained that there are three types of polio. Much like SARS, it is a disease that arrived suddenly. Doctors were attempting to diagnose and treat the disease while trying to establish exactly what it was. What they discovered was that the polio virus attacks the nervous system as well as the brain stem. It affects individuals differently; some people may be paralyzed while others may

experience loss of sight. It is a debilitating disease and it took years to find a vaccination for it.

Ms. Baptiste explained that she had spent the first 10 years of her life in hospital due to polio. When she finally did get to go home and live with her family, she was teased by her siblings for speaking "like a white person." Upon returning to the hospital for further treatment, the children there said she talked "like an Indian." She expressed concern for the many people who still

experience cultural difficulties when they travel to urban centres for medical treatment.

Muscle weakness, reduced energy, joint and muscle pain, and stress are all symptoms of Post Polio Syndrome (PPS). Many people believe that the syndrome is a result of the stress the body was put under when they were in the throes of the disease. Ms. Baptiste began experiencing difficulties with PPS about 30 years after she contracted the disease. She noted that she couldn't perform housework or other tasks without getting tired and achy. She experiences aches and pains that she never had before. She is now blind in one eye. Knowing that PPS affects brain cells, Ms. Baptiste has noticed that her hands don't always do what her brain is telling them to do. She said that although only in her early fifties, she often feels like a 90-year-old.





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Ms. Baptiste explained that the use of homecare for people with disabilities is similar to those who use a home cleaning service. The point is that it makes your life easier. That is the most important thing for PPS sufferers: to keep the stress level to a minimum. She noted that she has good days and bad, and has a lot of difficulty allowing herself to use assisting devices such as wheelchairs or canes. She just wants to do the things she used to be able to do.

She explained that Polio Canada is a national support group that can be contacted for more information. She is currently the NWT representative and can also be contacted for information. She noted that it is understandable why many physicians today are not aware of PPS. They have not seen the disease in so long that they don't know anything about it.

To end her presentation, her message to the delegates was that there is still a need for education about polio. There is a need to supply compassionate and respectful care to polio victims.

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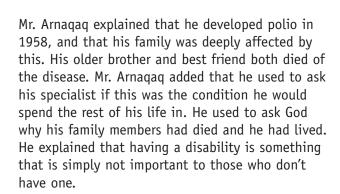
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Presenter: Davidee Arnaqaq Disability Issues in the Eastern Arctic

Mr. Arnaqaq thanked NAHO for inviting him to the conference. He explained that he would discuss disabilities. He told participants that he is a grandfather, with 14 grandchildren and two great grandchildren. He then thanked his wife Mary, who helps him attend conferences wherever they are held.

He noted that when he was working on the Nunavut land claim, he was concerned that people with disabilities would get left behind. In 1999,

persons with disabilities in Nunavut were brought together and asked by the government how they would like to establish councils and boards geared towards people with disabilities. The group worked very hard between 1999 and 2001 to establish boards and councils that were aiming to make a difference, only to be disbanded by the government at the end of that year. Mr. Arnaqaq has been working towards re-establishing those boards and councils.



Mr. Arnaqaq explained that the Nunavut government has recently made its communities more accessible to people in wheelchairs. However, people who develop disabilities later in life must still learn to function within society, which can be a very difficult task.



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Without them, persons with disabilities will not be able to function as normal members of society.

Mr. Arnaqaq asked his wife Mary to sing. She performed a very moving song in Inuktitut called *Qungatauvappunga* (The Smiles I Receive).

Presenter: Joanne Ring Fetal Alcohol Spectrum Disorder and Rural Alberta: Finding Ways to Meet Rural Communities' Needs

Joanne Ring explained that the Fetal Alcohol Spectrum Disorder (FASD) Committee was started in 1984 by people who felt that something needed to be done about the number of babies being born

> with FASD. Among other things, mothers with drinking problems are encouraged to visit the facility regularly.

Ms. Ring explained that she goes to schools and meets with teachers and principals and explains what the diagnosis of FASD means. Children and parents that come into the clinic who are diagnosed with the disease are given all the resources available to help them understand the syndrome. She noted that there has been interest

in the North in starting diagnostic centres. She explained that at the facility in Cold Lake, Alberta, training is offered to professionals from professionals on how to deal medically with the disease.

She closed by expressing her concern for mothers who continue to drink while pregnant and urged participants to help any of these women by getting them counselling.





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Presenter: The Honourable Michael Miltenburger Minister of Health and Social Services, Northwest Territories

Michael Miltenburger explained to the delegates that northerners need to start focusing on prevention. On the whole, we smoke too much and we drink too much, he said, adding that these things are costly. Mr. Miltenburger suggested that the government needs to work more effectively with the communities to come up with a better way of doing things. He explained that one of the initiatives that the government is currently working on is the development of more birthing centres. He noted that he wants women to be able to have their babies in their own communities. Another idea he had was for the development of dialysis centres in some of the smaller communities.

Mr. Miltenburger explained that the Government of the Northwest Territories (GNWT) is currently \$25 million in debt. There are also some built-in systemic problems in the relationship between the GNWT and the federal government. One of the problems is that the federal government says the population of these places is too small to receive the necessary funding.

He noted that the GNWT is also fully engaged in the self-government talks with Aboriginal groups and other governments. While there are a lot of problems involving the self-government talks, the focus needs to be on creating an improved situation that will allow for a better quality of life for all northerners.



۵،۵۲ م میرد ᠴᡆᡄ^ᠤ ᠙ᡃᠾ᠉ᠫ᠉ᡅ᠂ᢤᡉ᠍ᡏ᠙ᢡᡥᢐᡄᡅᠦᠺ᠂᠘ᡰᢆᢣᢧ: Δϲʹϭϭʹͼ·ͼͺϤ·L ϧϟʹϒ·ϔ/Δϭ·ͼͺͺϭʹͼϧϒʹͼϧϹͺϲͺϭ·Γ·ͼ $^{\circ}$ ይታ ሀኒርት $^{\circ}$ ይያነገታል ብርዛና ነው $^{\circ}$ ይታ ሀኒርት $^{\circ}$ ይታ ሀኒርት የ ᠐᠙᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘ የኒቴንንን ጋናሁዜፈላቴንን. 4ጋልኄቴንስና/ኖርጋjቴ DP PP $\mathsf{PP$ 4^{1} 4^{1} 4^{2} $4^{$ 〈ኄΔ/Lペ-Γጚና ላንህስና Сብት ▷የሴት ሩንርጐና. ላጉ ᡏᢐᠴ^ᢏ ᢧᠮᡄ᠘ᢞ᠑᠂᠂ᠳᡳ᠘ᡀᡳᢗ᠇᠘ᢔᠲᢧ ᢄᠳ᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘ $bL^{c}/\Lambda_{c}\Lambda^{c}b\sigma D^{c}$, $\Lambda^{L}L_{\sigma}C\Gamma_{c}\Lambda^{c}/\Lambda_{c}\Lambda^{c}b\sigma D^{c}$ /ዜጌ Διτιιά Διω ΔηγηJc ᢑᡤ᠘ᡀ᠘᠙᠘ᠻ᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘ ᠘ᠵ᠘ᢑ᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘᠘ᠳ ቴውኦቦላቴልካናቴው Cժካላውቴክናላኖናጋና.

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Plenary Session 4 - Nutrition

Sharing knowledge and information about the relationship between traditional foods, nutrition and good health in northern communities.

Presenter: Winnie Greenland Community Health Representative: Educating and Promoting Health

Winnie Greenland explained that obtaining good health for all northerners is a Community Health Representative's (CHR) goal. They provide information and guidance to people about nutrition, as

well as pre-natal nutrition care to women. They also organize appointments for men to get physicals. They talk to women about nutrition and pre-natal care so that they are able to take care of themselves, and then their babies when they are born. They do blood sugar checks and urine samples to check for diabetes. They organize head lice checks at schools, vision and hearing checks, as well as health fairs in communities. They want the children to learn as much as they can about healthy living so that they can live healthy.

Ms. Greenland noted that because most of the communities don't have dentists, the CHRs do some dental work. They go into the schools and give the children a fluoride rinse once a week. Every month they focus on a different health-related topic and teach the children about it. They ensure that the water in the swimming pools in the summer is clean. They check the grocery stores to ensure that they are supplying healthy foods to people. They perform all the duties of a nutritionist, mental health professional, etc., because the communities do not employ these types of people.



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Every year the CHRs attend a conference about health advances and innovations in order to keep up-to-date on treatments.

Ms. Greenland added that the CHRs also work at the Department of Health in Yellowknife. They have developed videos and pamphlets to educate people in the communities. She ensures that the information that is provided is relevant and clear.

Ms. Greenland explained that in her 19 and one-half years of working with the Department of Health, she has gained the knowledge and skills necessary to serve the people of the communities. She noted that with the proper nutrition, and information, community members would be able to maintain healthier lifestyles.

Presenters: Roberta Hartman and Mariah McSwain Yukon and NWT Regional Health Surveys

Roberta Hartman explained that for the past three years she has been working for the Council of First Nations in Whitehorse on the First Nations Regional Longitudinal Health Survey. Mariah McSwain has been working in the Northwest Territories on the same project for the Dene Nation.

Ms. Hartman explained that the First Nations Health Survey is generally referred to as the RHS, and is the First Nations survey of choice. She then went on to talk about the RHS and its activities across Canada.

Ms. McSwain explained that the RHS is directed and implemented by the First Nations, in keeping with the principles of ownership, control, access and possession.



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She explained that the objectives of the RHS are to:

- offer scientific and culturally validated information
- enhance First Nations' capacity and control over research
- provide First Nations with key information for planning, policy making and advocating at the community, regional and national levels
- assist First Nations in assessing their communities' progress in health.

She explained that the RHS is not merely a survey. It is:

- innovative and represents self-determination as it applies to research
- representative of First Nations capacity and infrastructure development
- holistic in its content
- an example of computer-assisted interviewing
- the only national health project under complete First Nations control.

She explained that, nationally:

- there are 270 First Nations communities involved across Canada
- 265 laptop computers are used for the purpose of completing the survey
- 300 field workers are involved
- 10 regional co-ordinators are involved
- 28,000 interviews are being conducted.

She also explained that the mandate comes from the national political mandate of the Assembly of First Nations' Chiefs Committee on Health. There are 10 regional mandates from the representative First Nations bodies. She noted that the co-ordination of the survey starts off at the national level, which is the First Nations Centre of NAHO.



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There are three national questionnaires. The one for adults takes about an hour to complete. It contains questions from several different categories related to health:

- education
- income
- housing
- personal wellness
- culture
- language
- lifestyles
- residential school
- and others.

The survey covers many important topics and will provide useful information to First Nations organizations across Canada.

Ms. Hartman noted that the youth survey is shorter in length, taking about 30 minutes to complete. It is a self-administered survey, although the interviewer assists the youth as needed. All surveys are done on laptop, which saves paper and data entry time.

Ms. Hartman explained that the children's questionnaire is a by proxy questionnaire, which means that no child is actually interviewed. Parents are interviewed on their behalf. In addition to the national core questions, there are regional module questions, which vary from region to region. In addition to the national questionnaire, each region has its own specific questionnaire, which gives it more of a regionally tailored character. The questionnaires have been created to be comparable to others that have been used by Statistics Canada.



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Ms. Hartman stated that the survey has grown since its introduction in 1997, with 270 communities participating in the survey in 2002. The target sample is over 28,000 people. This is the number that First Nations aim to interview by the end of data collection. She noted that they are currently at the 50 per cent mark.

Ms. Hartman explained that the samples are stratified by age, sex and geopolitical groupings. The 2002 sample is designed to maximize regional relevance, and this is based in part on its geopolitical groupings. She noted that of all large communities in Canada - communities with more than 1,500 were sampled. There was also a random selection of small and medium communities. These small and medium communities were then grouped, and communities were chosen randomly.

This survey is the first to use computer-assisted personal interviewing, which makes it easier for people to take, as well as to deliver. The survey is password protected and cannot be accessed by anyone not in possession of the password.

Ms. McSwain then noted that data information, knowledge and power are the key points of this survey. This survey exemplifies how First Nations control the research data. It is a building block to self-government. The requirements of self-government include:

- the institutional capacity to direct and control the assembling of First Nations data necessary to determine policy and implement and evaluate programs
- control over databases, research and the analytical process of linking health information to policy and program outcomes, which is essential for First Nations communities.

Ms. McSwain noted that the survey is very important and will provide a wealth of information about First Nations people. Ms. Hartman and Ms. McSwain





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thanked NAHO for inviting them to present on this topic.

Presenter: Lena Pederson First Inuk Female MLA/Elder

Lena Pederson stated that 30 years ago, there were healthy people living in the communities. Families were happy and healthy. There was no mention of suicide 30 years ago. Elders played a very important role in the communities. They were able to give advice; they were able to share their experiences.

Elder Pederson noted that children are not learning the lessons they learned when she was a child. She explained that there are not enough people listening. It doesn't matter where you live in Canada, you cannot ignore your Elders. They are fountains of knowledge that cannot be overlooked. She said she believes it would be a good idea to have an Elder representative and a youth representative on the NAHO board. She said that although the economy of the Northwest Territories is very good currently, the social life does not reflect that. She urged delegates to work together to get back to a healthy way of living that was enjoyed in the North for so long.

Presenter: Eric Shirt

Traditional Food: Fuel for Optimum Health

Eric Shirt warned that people are suffering from many diseases today because of the food they eat. He noted that it is pre-packaged, hi-tech and no good. The food people are putting into their bodies is not fuelling them. It is not giving them the vitamins and nutrients they need. What puts people in good health is good food. He said that the Elders knew this and that's why they ate so well. He noted that people today are living longer, but this is a reflection of the quantity of life, not the quality. When the Europeans arrived, traditional food sources began depleting; this was when Aboriginal people started to die of disease.



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Mr. Shirt explained that maintenance, repair and growth are possible when we give our bodies the proper fuel. A good life is driven by good nutrition, he said.

He noted that with the arrival of Europeans, Aboriginal people moved from the raw food, to the cooked food era. He explained that cooking food destroys many of the enzymes, and a lot of nutrients. Most people now eat a diet that supplies

no nutrients. Mr. Shirt said that people used to consume food that was freshly harvested. Now, food can last 30 years and people will still eat it. Today's food has multiple additives and is low in vitamins and nutrients.

He explained that even though Aboriginal people are living longer than their ancestors, their quality of life is not better. He noted that Aboriginal people have not found solutions in the body's natural ability to take care of itself. They are seeking solutions in pill bottles that are

not natural and can ultimately cause more harm than good.

Mr. Shirt explained that Aboriginal people are moving into poorer health earlier in life. He finds a problem with the fact that the quality of food has changed, as well as the quantity. The quantities are increasing, but the quality is dropping, causing things like obesity, diabetes, heart disease, etc. He explained the importance of a healthy diet and exercise. He urged delegates to take this message back to their communities.





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Presenter: Elisa Levi

Incorporating Traditional Foods into Wellness Elisa Levi introduced herself, explaining that it is her mission to be an advocate for Aboriginal people, to ensure quality and culturally sensitive

holistic health care.

Ms. Levi co-ordinates traditional diets for First Nations in-patients; she also provides mentorship for dietetic students and maintains a traditional diet program.

She explained that her goal is to allow First Nations in-patients the choice of having traditional foods cooked for them during their hospital stay. Patients can choose from caribou, moose, etc. She noted that policies are in place to ensure the safety of the food served. She emphasized the importance of a program like this because of the healing properties that traditional foods possess.

Presenter: Harriet Kuhnlein and Norma Kassi Centre for Indigenous Peoples' Nutrition and Environment: Dietary Studies in the Canadian Arctic

Norma Kassi thanked NAHO for allowing her to speak. She explained that she had been raised on the land among the Vuntut Gwich'in. She described it as a very beautiful land abundant with plants and animals. She noted that she was raised following traditional laws. The environment and their surroundings were their government. The weather and the movement of animals guided their survival.

She explained that she had been taught basic human skills such as: "Take only what is needed and leave the rest for the future." She told stories of her childhood on the land and described her people as free, healthy and very spiritual.

She explained that now when she goes back to the place where she grew up, the plants are gone, the animals have disappeared and the lake is com-



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ρθργθεργτκ 95 > γγ-34Γ ργ-43- σιν-1-10 συστος δυστος δυσ

pletely dried up. She noted that climate change is beginning to affect people's lives economically, socially and culturally. It threatens fisheries and the ability to harvest traditional foods from the land.

She mentioned that some of the problems attributed to climate change and pollution are:

- increased numbers of mosquitoes and insects
- lakes not completely freezing over
- animal fur is much shorter
- fewer fish in the lakes
- bear tracks visible in January meaning they are not hibernating when they are supposed to
- toxic levels in beluga whales in Northern Quebec
- PCBs in Inuit women in Northern Quebec are five times higher than in the past.

Ms. Kassi discussed the fact that 95 per cent of the Arctic is now open for oil and gas exploration. There are three major pipelines being proposed, all of which bring the potential for mass disruption of northern ecosystems and societies. She expressed concern about the fact that these pipelines will create changes much faster than any experienced within the last 30 years. She urged delegates to take a stand and do their part to preserve wild food sources for the future.

She noted that the pollutants that have been brought into the Arctic by land, sea, rain, snow, and air are cancer-causing agents that are affecting many Inuit communities. Ms. Kassi noted that in order to get a better idea of the situation occurring in the Arctic, Dr. Harriet Kuhnlein was asked to conduct a study in the Baffin Region. The study involved the testing of Inuit to see what type of contaminants were in people's bodies.

ᡏᡳ᠋᠘᠙᠙᠘ᡧ᠙ᡊᢖ ᠙᠘ᡊ᠙ᡊᡶᢆᢛᡶᢎᡳ᠘ᠵ᠘ᡓᠰ᠘ᡓ᠘ᢢᠾᠼ᠈᠐ᠳᠳᡙ ᠙᠘ᢕ᠘ᠳ

- 62 እናለት ውፎቴቴቴካረተር ለቦርብቱጋቱንና, ብር 72, እናለት ውዕር ለቦርብቱጋቱንና (ርժጋቦና ቴዎኦኒንርው/ርተር ርժጋቦና ("New Directions for Tobacco Control 1999")
- ቴውዶኒጐ/ĹႻႸና ቴውዶ/Lቲና ለየለና ማየጥበJና ፌኒኒጥናጋႻኑ «Δርኒ-ነጋናን (carbohydrates, A ປኒ calcium)
- ᠴᡆᠲᡥᡩᡥᠰ᠘ᡶᡳ ᠐᠘᠙᠘᠙᠘᠙᠘᠙᠘᠙᠘᠙᠘ ᠕ᢇᢃᠬ᠘᠘᠙᠘᠘᠙᠘

ውያት የተፈመር ነው። እር ሚኒያ ነው። እር ሚኒያ

ᢧᠲᡄᢧᢛᠫ᠅᠈ᠯᠨᢅᡕ᠂ᠳ᠋᠘ᡃᡧᡧ᠅ᡎᢗ᠌᠂ᡩ᠙ᡟ᠙ᢀᠳ ᠘᠆ᡷᠳ᠙ᢪᡆᢗᡟᠬᠯᠨᠯᠲᠮᡶᡮ᠅᠂ᢗ᠘ᡌᢗ᠌ᢧ᠅᠂ᡏᡈ᠘᠘᠂᠘ᡷᠫ᠆ᡅ ᠳᡅᡳᠯᠬᠲᢗᢗᡊᡥᡆᡅ᠂ᡏᢗᡆᡱᠫ᠅᠂ᢗ᠘ᡌᢗ᠐᠅᠘ᠴ᠘ᢥᡎᡳᠫᡕ ᠘ᠴᠫᠲ᠘ᠻ᠂ᠳᡅᢉᠯᡤᡧ᠋ᢤᡳᡥᢗᠫᡳ᠂ᢧᠲᡄᢧᢛᠫ᠅ᢗᡶᡈᡕ ᠳᢪᢉᠯᠬ᠙ᡐᡎᠳᢛᡟᡳ᠃ᡣ᠋᠘ᡏᠫ᠘ᡀᡩᡪᢛᡟᡳ. ᡧᡮᠯ᠘ᡖᠰ᠘ᢗ᠂ᠲᡏᡠᡳ᠘ᠮ᠘᠘ᢗ᠂ᠳᡠᡳ᠕ᠺᠣᡏᠲᡗ᠘ᠮᡶᢆᡶ ᡣ᠋ᠮ᠋ᡗ᠂ᠳᡅᢉᠯᠬᠲᡕ᠖᠙ᠫᢣᠯ᠘᠘ᢉ᠂ᠳᡠᡕ᠕ᠺᠣᡏᠲᡗ᠘ᠮᡶᡶᢗ ᠬᠮ᠋ᡗ᠂ᠳᡅᢉᠯᠬᠲᡳᢗᡩᡥ᠃ᡣ᠋ᢉ᠕ᢧᢀ᠅ Harriet Kuhnlein spoke about some of the other health issues that are affecting Aboriginal people:

- children starting to smoke at a younger age than anywhere else in the country
- the fact that 62 per cent of First Nations people smoke, while 72 per cent of Inuit smoke (according to the report "New Directions for Tobacco Control 1999")
- studies showing a very high content of carbohydrates in children's diets, lack of vitamin A and calcium
- the increase in diabetes in Aboriginal people, especially children
- the lack of traditional food and the nutrients and the resulting lack of nutrients in Aboriginal diets.

Ms. Kuhnlein closed by thanking NAHO for organizing the conference.

Presenter: Jill Christensen Food Equity: Working Together to Address the Issues

Jill Christensen described food as a requirement of good health. She explained that food insecurity is a social problem and affects the adequacy of a diet. It is the single most important determinant of health. She noted that food security exists when all people have economic access at all times to safe and nutritious food to meet their dietary needs.

She explained that children who do not have access to nutritious food on a constant basis show problems in learning. Expectant mothers who do not receive adequate nutrition are also at risk. There are signs of poor nutrition in the elderly as well. Ms. Christensen noted that the foods that are the most affordable are the ones that do the most damage to the body. It is difficult to assign a dollar amount to the cost of poor nutrition. Good nutrition is basic to good health.



▷ኄ▷ረኄ∟₯ጐጋኈ ኇ፞፞፞፞ኇጜናረላኄቦኈኈ ለ፞ጚበቦኄЈ ΔረĹኌኈኈ ላኴፚኇጜ⊦Ľጚ፟፟፟፟፟፟፟፟፟ ለተጠና ለተጠ Δረጠና. ▷ዓላ С«« ለ₽₯ሲ፟፟፟፟ኯ፟፟፟፟፟፟፟ዀ፟ጋና

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- ¹bσLΔ²α¹σ¹⁰
- Ď^ւLᇺ^ᡕᄼᆀᢐᡗᢐᡖᢐ
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Γ`C ፈሊነበኄኄ ጋራዖ፨bΔLዖ፨ጋ፨ ዖኄራ፟Lና፨\ራ፨ ጳለጐያበዖኄብኑ: ኄፚጐ ኇ፞ዮኄናረላኄዮቴኄያ ዾዺሮቴ ጳኮጋላታዖራኄኈለና? ጳለሒረዖ፨ጋኈ ቴበLጚራ፦ በበናሄኄጋና የኦሂብኄዮቴ፦ ጳኒL ΔረĽቴኒጐረዖንበናራላኄጋናና.

▷ቴራርፈቱ: ቀያላቱር▷ላርፈቱ ነሰኖቱ ዮል∇ የ৯୯ እስፈተ

ᠨᡥᡥ ᢆᡰᠻᡐ᠘ ᠺᡗᡃ᠋ᡏᡥᡶᡄ᠌᠌ᡗᡥ᠋ᠫᡥ᠂ᡏᠫᡐᡏᢝᢤᢆᡳᡃᠳᠻᡥᢣᠦ ᠮᠦᡃᢗᠪ᠊ᠯᡃ ᡖᡅᡗᡃᡕᡏ᠋ᢎᡏᡆᡕ. ᢧᠲᡄᢧᡥᠫᡥ ᠺᡃᡶ᠌᠌᠌ᡅ᠌᠘ᡓᠳᡆᢛ ᡖᡆᢗᠣ᠂ᢧ᠋ᠮᢧᡥᢗᡥᠫᡏᢧ᠌᠌ᠣ᠂ᠫᡲᡶᡰᡕᠲ᠌᠈᠂ᡏᠣᡏᡃᠦᡄᡅᠥ᠋᠋ᡗ ᡖᡶᢣᡊᠲ᠊ᡄᡅᡄᡶᢗ.

She explained how the results of food insecurities affect an individual both physically and emotionally. These results include:

- anemia
- inability to fight infection
- chronic illness
- lack of energy
- behavioural/emotional problems
- academic problems.

Ms. Christensen distributed worksheets that asked the question: What effects do food security or equity have in your community? She asked delegates to list some possible responses and discuss them.

Presenter: The Honourable Stephen Kakfwi Premier, Northwest Territories

Stephen Kakfwi began by stating that he had just returned from the First Ministers Health Forum in Ottawa. He noted that it was a pivotal time for the issue of health care in Canada's North.

He mentioned that during the talks, his territorial counterparts Paul Okalik and Dennis Fentie walked away from the table. They said that they couldn't afford to sign a Health Accord that doesn't recognize the unique and significant challenges of providing health care in our northern environment. He mentioned that they made it clear to the federal government that both Aboriginal and non-Aboriginal residents living in the North deserve and expect the same quality of health care as other Canadians.

Mr. Kakfwi noted that for nearly three weeks in February, they were able to draw the attention of Canadian media and Canadians themselves to these incredibly important issues. He mentioned that it is the federal government that has the fiduciary responsibility for the health care of all Aboriginal Peoples. He noted that, unfortunately, the health



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ᢧᠲᡄ᠌᠉ᠳ᠈᠀ᠵ᠆ᠺᡥᠬᡅ᠑᠆ᠴ᠂ᡓ᠖ᢑᢆᡩᡥᠨ᠘ᡶᢆ᠆ᠴᠦ,᠘᠘᠘ᡫᢆ᠌ᡠ ᠕ᢣ᠐ᠵᠽᡟᡃᠺ᠐ᢣᠬᡄᢅᠴᠣ᠂ᠴᡆᡕᢡᠣ᠈᠘ᢉᠯ᠘ᡃᠮ᠈᠂ᡱᡈᡕ᠘᠅᠕ᡰ᠘ ᠈ᡫᡰᡄ᠊ᡏ᠉ᡠᠻᡃ, ᠬᡫᢩᡣᡣᠮ᠊ᠲ᠋᠈ᡩ᠘ᢣᢡ᠊ᡃᠺ᠙ᢟ᠘ᡅ ᢐᠻᡃ᠘᠙ᡥᠣᠫ᠂ᡠ᠋ᠮ᠈᠂ᡆᠸᢛᡟᠺ᠙ᢟ᠘ᡅ. ᠘ᢞᡗᡊᡟ᠘᠘ᢧᢑᠫ᠅ ᢞᡟ᠔᠘ᡱ᠘ᡕ᠘᠅᠘ᡩ᠘ᠮᡮ᠘ᡟᡮᢤᢉᡩ᠋ᠫᡊ᠂᠘ᠴᠫᠲᠦ᠊ᠬ᠘ᡶ ᠘ᠸᢛᡟᢃᢗᠲᢉᡥᡠ᠈᠘ᠫᠺᠯᡩᢛᡟᠺᢧ᠘ᢗ, ᠬᡶ᠘᠂ᡩ᠙ᠫᠲᢉᡥᠣᢦ ᠴᡆᠲᢠᡩᢥᡟ᠘ᡶᡶᡶᠯ᠘᠂ᠳᡳ᠘ᡟᡤᢐᢛᡟᠺᢧ᠘ᢗ. status of Aboriginal people across Canada lags behind that of non-Aboriginal residents.

Mr. Kakfwi noted that many of these issues are old news to many of the delegates present. He thought the new issues were:

- that the Prime Minister seems to give more support to the issue of northern health care than ever before
- the increasing support for the issues around Aboriginal health care from territorial and provincial governments across Canada
- the increasing capacity of northerners to find their own solutions to health care issues.

Mr. Kakfwi stressed the positive results of taking a stand. These included:

- receiving additional funding from the federal government
- securing commitment from the Prime Minister to address the long-term financing needs of Canada's three territories
- letting other Canadians know that there is a real problem with the health care that northern and Aboriginal Canadians receive
- being able to demonstrate the value of partnership and a strong and unified approach to major issues.

Mr. Kakfwi noted that in the North, higher risk behaviours, including smoking, drinking and unprotected sexual activities, have a direct impact on health and social service costs. He also noted that the sharp increases in diabetes and certain cancers can be linked to changing dietary habits, particularly within the Aboriginal population.



ᢧᠲᡄ᠌ᡗᡥᠫᡥ᠘ᡠᠨᡃᠵᡄᠽᠳ᠋᠊ᠬ᠕ᢣᢞᡳᡥ᠊ᠳ᠐ᠻᡗᡥᢗᡥ᠌᠌᠐᠋ᠳᡫᡧ ᡩᡥᠻᡟᡥᢗ᠐ᢞ᠊ᠸ᠊ᡕᠯᡕ᠊᠐᠆᠘᠂ᢞ᠆ᠺ᠋ᡥᠬᠬᡆ᠂ᡬᡆᡟ᠘ᠮᠳ᠋ ᡏ᠐ᠽᠬᡥᢉ᠐ᡷᠯᠬᡥᢣᠺᠣ᠇ᡆᡥᠬ᠋᠆ᢅᠾ᠂᠘ᡠᠨᡃᠵ᠋ᡊᠤ᠘ᠯᡥᡶᠯ ᠘᠘ᡮᢡᢗᠺᡮᠬᢥᡳ᠂᠘ᡩ᠘ᡩᠮ. ᠑ᠻᡟᡣᡩᡳᡎ᠘ᡓᢨᠫᡥᡠᡠᡟᡀᡠ ᡩᡥᠻᡟᡥᢗᠺ᠘ᡫᢗ᠂᠘ᡱᠲᢡᡖᡥ᠘ᡶᡳ᠂ᡶ᠙ᡶᡥᢇᡱ᠂᠘ᡰ᠘᠂᠘ᡓᢛᡠ ᠘ᢑᢡᡖᢠᡟᡶᡳᡃ᠘ᢃᢣᡷᡌᠬᡥ᠋ᡥᠬᡱ.

He stated that as an Aboriginal leader, he feels he should encourage people in the communities to stop drinking and smoking, to be active and to eat better food. He urged people to follow the ways of the Elders and lead more of a traditional lifestyle, as well as follow a traditional diet.

Mr. Kakfwi noted that health is determined by many factors including social and economic conditions, the environment, developmental opportunities, and personal behaviours. He said that a healthy population depends on more than good health and social services, and that this is the focus of the territorial government's Agenda for a Better Tomorrow. It represents the vision of the Territory to be diversified, balanced, stable, and vibrant.

Mr. Kakfwi added that northerners have invested heavily in the economy to maximize the benefits of the region's natural resources in order to promote the self-reliance and well-being of other northerners.

He noted that the Social Agenda for the North is literally a blueprint that the Premier plans to use to strengthen the social fabric of the NWT. He explained that it was developed together with Aboriginal governments and Aboriginal and community organizations.

Mr. Kakfwi explained that the Supplementary Benefits Program for Indigenous Métis residents – the only one of its kind in Canada – was achieved through the partnership with the Métis leadership in the region.

It is this spirit of partnership that Mr. Kakfwi believes has led to the success of the fully integrated health care delivery model. This model allows community workers from various health and social service professions to work as a team to address the needs of individuals, families and communities.





ᢧᡥᡰᡳᡆᠨ᠙ᡤᠲᡄ᠐᠅ᠫ᠅, ᠮ᠋᠋ᠢᢗ ᡰᢀ᠘ᡩᠯᢣᡄᢅᠴᠳ ᡈHĎᠪᡰᠳ ᠫᡥ᠋ᡶᠨᡟᡢᠻᢋᠯᢣᡅ᠘ᠫᡏᠷ᠆ᠰ᠘ᠴ᠘ᠮ᠂ᡧᡫ᠐ᡩ᠘᠐ᡩ ᡰ᠒ᡶᢣᢛᠫᢛᡟ᠘ᡶᡕ᠂ᢞ᠙ᡢᠻᡕ᠍ᡱᡫᢗ᠕᠆ᠸᠮᠲᠬᡤᡳᡆ᠆ᡓ᠋ᡆᢅᡒᠮᠮ ᡧᡫ᠘᠘ᡛᢣᡥᡗᢑᠯ᠒ᡤ᠂ᢡ᠇ᠯᡠᡕ,ᠳ᠋ᡢᠲᠲᠯᡕ᠘ᡶ ᡰᢣᠯᡥᡌᡤᢀᠺ᠆᠆ᠬᠳᠯᢗ

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In closing, Mr. Kakfwi thanked NAHO for choosing to host this conference in Yellowknife. He suggested that each delegate in attendance has the potential to create many more partnerships, many more ideas, many more voices, and many more successes.

Presenter: Dr. Judith Bartlett Chairperson, NAHO

Dr. Judith Bartlett began by saying that she would like to ensure that NAHO exists from coast to coast to coast. One of the reasons for having events like this, she noted, was so that people can come together and discuss frankly the goals and objectives of Aboriginal Peoples. She stressed that even though there are several different cultures and different ways of doing things, Aboriginal people could still work together and have a greater impact in changing their own lives.

She was pleased that so many people at the conference were willing to share their knowledge and wisdom to help others. She explained that that is NAHO's goal: to bring people together and pool resources to create understanding, and to educate each other.





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Plenary Session 5 – Traditional Knowledge and Medicine

Practising and integrating traditional knowledge and practices can play a critical role for Aboriginal Peoples in achieving and maintaining healthy lifestyles, establishing healthy relationships and making healthy choices.

Presenter: Bill Erasmus Grand Chief, Dene Nation

Bill Erasmus welcomed everyone to the conference. He said he believes the most important issue that should be discussed more broadly is the health of Aboriginal people.

He explained that many years ago, this land was filled with vibrant, strong people, but that people aren't like that anymore. They are not in control now and they allow things like drugs and alcohol to rule their lives. He noted that people need to get back to taking command of their bodies and their lives.

Mr. Erasmus explained that upon entering into treaty, people saw health as one of the big issues. People wanted guarantees because they knew that things were changing, and they wanted reassurance that they would be cared for. The question Mr. Erasmus feels Aboriginal people need to ask themselves is: do we care for ourselves or do we allow someone else to do it? The argument over the last number of years has been one of governance. He explained that there needs to be a consistent way of moving from not having the responsibility of caring for their own people to being engaged in implementing a system where they care for themselves. The only way to do that is one step at a time.

Mr. Erasmus explained that the Dene Nation has moved from being a larger organization to a smaller



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one that is set up for advocacy and co-ordinating and lobbying. He mentioned that they've spent a great deal of time politically trying to motivate people and developing their own economies; however, for some reason, they have often neglected the issue of health. He explained that unless people have strong minds and bodies and spirits, the communities will not grow. There is a great deal of emphasis on being healthy, and the best way to be healthy is to take initiative. He noted that Aboriginal people have to make choices that result in better health, like quitting smoking.

Mr. Erasmus explained that things have changed a lot in recent years because people are beginning to become more self-aware, and realizing that the decisions they make affect the whole community.

Presenter: Be'sha Blondin Nats'eju Dahk'e – Place of Healing

Be'sha Blondin told participants that Elders had raised her, and that she lived on the land, drank their medicine, and learned about the trees and rocks that were around her home. The Elders drilled into her heart that if the mind, body, spirit connection was broken, it would be disastrous, and that it would break the sacred cycle of life. She said they told her to take care of the land, and that it would in turn take care of her. They explained to her that whatever you do to the earth, you will also do to your children. If you can listen, you can learn that if one of us suffers, then all of us will suffer. We must come together and walk in a sacred way for oneness. It is possible to see the life of the heart. The heart of the man away from nature will quickly harden.



Ms. Blondin was taught this because it was the Elders' way. The law that she followed throughout her life was Dene law. More specifically: share, love each other, and be respectful to the Elders, as well as everything and everyone around you. Work hard and rest at night. Our Elders believe that if you worked hard every day, you would succeed, and that you should be polite and keep in harmony with all your relations. She was taught that young people should behave themselves and pass on the spirit of traditional knowledge, and that you should listen and speak from your heart.

Ms. Blondin also spoke of the environmental laws that the Dene people followed. The first was to stay in harmony with all the Creator's creations. She explained that no matter what race we are, we are all members of the human race. We should respect each other. We must show great respect for all living beings. We must show traditions the respect they deserve, be truthful at all times, respect the teachings of traditional knowledge, treat all aspects of life with respect, and take responsibility for our own actions. We must create balance with Mother Earth, and give back what we take from her. Ms. Blondin said that to cherish knowledge is to cherish peace, and that bravery is to face the enemy with integrity. She said that honesty is to face a situation and be brave, and that truth is to know all of these elements.

She noted that in her generation, many of the teachings from Elders were lost. She explained that parents were too busy with alcohol, drugs, cocaine, and smoking and gambling to follow these rules and to teach them to their children. She noted that for the future, people need a new vision of healing. She mentioned that Aboriginal people have been working with hospitals to put in healing centres so that they can combine modern medicine with traditional healing to treat people better.



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᠘᠘ᡫᠯᡷ᠅᠂ᢤᡥ᠋ᡥ᠙ᡟᢉᡏᡧ᠃᠒ᡏ᠐ᡫᢣᢑᡃ᠑᠆ᢑ᠘ᡌᢋᢛ᠒᠐ᡫᡪᠫᡅ ϽϤᠺᡪᠼᢑ᠑ᠮᡖᡄᢛᢗᡕ. Ċᢐᠯᡆ᠃᠒ᡏ᠐ᢋᡕ᠘ᡛᠲ᠒ᢧᡳ ϤϽϪᡆᢧ᠙ᢑᢗᠲᠶᡶᢗ᠘ᢑᡶᡳᠽᡏᠮ᠊᠘ᠮᡳᠽᡏᠮ᠊ᡓ。ᢧᠻᡖᡄᢧᠻᡏᢞᢛ ᢧᡆᢄᡟᢛᡩᡥ᠘ᡟᡶᡟᡤ᠅᠂ᡏᡲᡝᡣᢖ᠂ᡆᠮᠰᡆᡱᢛ ᢧᠻᡌ᠘ᢞᢑᡌᢗᢝ᠘ᠮᡄᠻᡏᡶᡳ᠂ᢣᡄᢧᢛ᠈ᠯᢟᢗᢧ᠙᠆ᠳᠳᡏ᠘ᠮᢣᢑᠺ ᡮ᠑᠘ᠳᠲ᠘ᠮ᠘ᡱᢖᠷ, ᠺᠻᢛ᠑ᡓ᠘ᡱᡙᡥᡓᠴ。ᢧᠻᡖᡄᢧᡑ᠑ᡥ ᢗᡶᢗ᠘ᡩᠨᡘᠻᡌᡤᡠᠲ᠘ᠸ᠘᠀ᢞᢐ᠘᠆ᢧᡑ᠑ᠨᡕ. Ms. Blondin noted that Aboriginal people have lost the ability to feel proud of who they are. She explained that she is a Gwich'in and Dogrib woman, and is proud of who she is. Looking at the vision of self-government, she noted that First Nations people have to be a lot stronger than they are now to achieve this. She explained that they have to rebuild their visions and their values, and that the only way that can be done is to use the Elders. They have the visions and they know the direction that should be taken for the future. She noted that First Nations people need to rebuild so that they have a healthy place to offer their children and grandchildren.

She then noted that there are so many forms of abuse and there need to be some solutions. She stated that First Nations need to form a justice system that will help these people without putting them in jail and creating more hate.

Ms. Blondin would like to create a program that would involve everyone, including Elders, nurses, healers, councillors, and children to rebuild First Nations people.

She suggested developing a crisis team so that when crisis comes, people are able to deal with it. The team will offer treatment and healing that will eventually allow people to treat themselves. She noted that for many years, First Nations people have talked about all the pollution that affects the fish and the plants, and the people. She urged people to get together and build a vision for the future.



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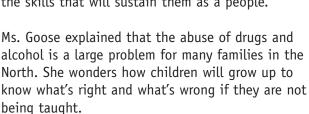
Presenter: Annie Goose Elder

Annie Goose explained that she had learned many skills growing up on the land. She became self-sufficient at an early age. Her mother had become a widow at a very young age and had to take care of her children on her own. She taught them the skills they would need to survive in case anything happened to her, and they were left to raise themselves. She noted that some days, they didn't have very much. They would have to reuse tea leaves over and over again. She explained that not having very much taught her to use all that she did have to its fullest. Her mother would try and make ends

> meet for Annie and her brother, and although they didn't always understand why they had less than others, they were always happy.

Ms. Goose explained that even though times have changed, the core values of every family should remain the same: love and respect one another, and yourself. She noted that children today learn through example, and in many cases, family members are not setting a very good example. She stressed the need for children to learn the skills that she was taught as a child -

the skills that will sustain them as a people.



She explained that on her way to residential school, they stopped in another community to pick up some other children, but they didn't want to come. The sisters had to drag them on to the plane. She noted that when they got there, they were made to eat different foods, and live a differ-





ᠴᡆᠲᡥᡩᡥ᠘ᡏᢣᢈ᠂ᢩᡠᠳ᠐ᢩᢛᠧᡣᠳᡥ ᠘᠆ᢩᠵᡬ᠘ᡀ᠀ᡀᠳ



ቴ°∿ሀՐ∟▷°፥/L৮∿ሀ. ▷°ቴ∟▷°፥ጋን° Δ/LΓጚ°ፈ∆′ልቦ°ኇ∿ቦ³ፅσ ΔՃ/°Γσ°, ΔՃ/ʹኄናንራይን° ላና/ʔ°፯°•ጋΓ° ጳʹኇናፈ°•ጋΓʹኌ. ▷′ቴ▷/ናቴ∟▷°፥ጋ° Δ/LΓጚ°ፈ∆′ል′ቴሊላ′ቴσ▷′ ለ¹Lሊ▷σላσ°, Եጚ/ʹህʹኌበЈ ΔՃ/°፥.

Γ` ቭ` ▷ቴሬ▷ፕቲቴ ዮቴጋΔኄΔና LΓኒቴ<ናሩባየሳቴሬቴራካዮቴቴ ▷ኌΓ. ▷ቴሬ▷ቴጋቴ Δቴለታቴቴናውበናላላሊሳቴራናበቴቴ Δኌቴበሰናጋታ, ላቴ ዮቴጋΔኄΔና LΓኒሊላዖበቴኒዮቴብቴ ለժጎይቦይልማናም ለፖለውበኌቦና, ርΔኒቴጋΔኄቴ ቴርቴ/ሀገበናፊላቴርኒቦና ቴኒቦኄቦቴፊዮና.

ردکو^۱۲۵۰.

ent life than they were used to. None of the children understood why they had to be there. They were taught very different lessons than what they had been taught by their families, and by their culture. She explained that they were sexually abused, which began a long and horrible cycle of a lifetime of abuse for many people. Ms. Goose told of how she had been sexually abused and carried shame for a long time. She explained that if she didn't have forgiveness in her life, she would be vengeful and hurting still. She explained the importance of forgiveness, stating that it allows you to get on with your life.

Ms. Goose noted that it's time for people to begin their own personal healings. She emphasized the need for respect of one another, and that unless people are able to rid themselves of all the things that were put on them from the time they were children, they will continue to be brought down by them.

Today, Ms. Goose is not burdened by her addictions. She explained that she has let them go because they were pushing her further and further down, with no escape. She explained

that her mother was 85 when she died and she was still teaching her lessons. She advised that whenever people attend workshops and conferences like this, they are given the opportunity to learn something. The more knowledge individuals possess, the more wisdom they are able to share.





ΡΔJ47Υ A

FUF2*P*; AUA	ᡪᡏᡄᡃᠮ᠘ᠻ᠘ _ᡷ ᢗ᠐ᡰ _ᡕ ᡕ	oble4anu duzsc	Ď⁵Ь⁵°C⁵&\°\¹°
۵Δ>٠, ٩٤٠	Gwich'inT ᠔ᠳ᠘ᡷᡃᡆᢪᠫᠴ ᠐᠘ᠽᠨ᠘ᡫᠵᡄᡊ᠊ᢖ᠋᠘᠘ᢣᡥᡅ ᠕ᡨᡏᡃᡆᡥᡥᡒᡄ᠋ᡊᢣᡟᡆᡃ᠘ᡱᠰᡄᡅᢣᡈ ᠘ᡓ᠘ᠴᢐ᠘᠋	Box 2514 Yellowknife NT X1A 2P8	867 920 2925 (ぴもĊ) 867 873 8517 (メーbマーb゚)
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ባ ግየ, ባ « Þጚ ⁶	ᠴᡆ᠌ᡊᠣ᠂ᢩᢆᡠᠳᡐᢐᡄᡅᠣ ^{ᡪᢐ} ᠘ᡱᠨ᠘᠆ᡕ᠘ᢣᡈ᠓ᡕ	Box 32 Taloyoak NU XOB 1B0	867 561 6883(ひらさ) 867 561 5902/6906 (ぴらく)
ሳ 'ሃ', ሬ°ሃ	᠘ᢛ᠍ᡰᠤ᠋᠌᠌᠌᠘ᡷ᠙᠘ᠵᠮᠲ ᠿᢩᠳᠿᢐᡄ᠋ᡊ᠊ᡖᡴᠸᡧᠫᠸᡊᠲᡥ	P.O. Box 1320 Yellowknife NT X1A 2L9	867 920 6910(からさ) 867 920 6910(からせ ^も Nancy_archer@gov.nt.ca
ሳ' αቴቴ', CΔ ል σ △ ϲ- ሳ ∿Ⴑ <i></i> ے	ባ _ግ ቦሩ	Box 58 Pangnirtung NU XOA ORO	
Ċ [^] , Ͻ Ϥ ͱ·	50 20 <t< th=""><th>Box 981 Yellowknife NT</th><th>867 873 9096 (からさ) 867 669 7826 (ぴらく) yaclfas@ssimicro.com</th></t<>	Box 981 Yellowknife NT	867 873 9096 (からさ) 867 669 7826 (ぴらく) yaclfas@ssimicro.com
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>̀፦Þ, ґ>̀፦Þ⁰በ Ͻሒ⁴		Box 2514 Yellowknife NT X1A 2P8	867 873 8951(ぴもĊ) 867 873 8545(ぴもくり npeel@ykdene.com
Λ 4 °, CΔἀ α	$^{\prime\prime}$ אירי איירי איירי איירי איירי	Yellowknife	di@theedge.ca
[‹] دΔ [،] , ج [،] C ۵ ^۰ ۵ _۳	᠘ᠴ᠘ᡃᠮ ᠔ᠳ᠙ᢞᠫᡄ᠋᠌᠘᠆᠘᠘ᢩ᠘᠘᠘ ᠈ᠲ᠙ᡶ᠘᠆᠘	Box 38 Tsiigehtchic NT XOE OBO	867 953 3033 (ぴらじ) 867 953 3408 (ぴらぱ)
ረ ċ °በ°, ረ Δ\	Nats'eju'Dahk'e (LΓ'ናል ^ቴ)		867 766 2826 (ぴらĊ) 867 766 2836 (メートートー゚゚) natseju@arcticdata.ca

ΡΔJ47Υ⁶⁶ Α

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نے, رخ ^ہ	የጋ, አረሀሀ _ሪ ሊር ሲ ድ ባ ያ ም ይ ጉ ላ ጉ ማ	Box 2514 Yellowknife NT X1A 2P8	867 920 2925 (▷SbĊ) 867 973 8517 (사망생)
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ሳ 心 ሀ _ኖ ረ, ኦ _ኖ	ንየሪ ^ቱ ርቱን ገር ማየረሳペራ ኢትህ ^ና , ትላጋ	P.O. Box 608 Yellowknife NT X1A 2N5	867 920 6504(ぴもĊ) 867 873 0158(パ゚もく゚り Jill_Christensen@gov.nt.ca
ط۶۶, ک ^ر م			
CΔ- \ ኖΔ, LΔJ ⁻	ᠮ᠋ᡊᡖᡒᢗ᠘ᢩ᠙ᠳ᠕ᡒᠾ᠍ᢩᠳᡄᡃᠮᢣ᠒ᢪᡕ ᠙ᡊᢕ᠂ᢩᠿ᠌ᢩᠳ᠕ᡒᡀᠾ	P.L. 1921B, Jeanne Mence Bldg. Tunney's Pasture Ottawa ON K1A OK9	613 952 6007 (ぴもĊ) 613 948 2110 (ノトbマト゚┛゚) MICHAEL_DAY-SAVAGE@ HC-SC.GC.CA
በল ኦ., ሳር	ጋሩያያያም ላ ነው አይነት የተመሰው ነው። ማግም አምን የተመሰው ነው	Box 39 Trout Lake NT XOE 1ZO	867 206 2838 (▷⁵ᲡĊ) 867 206 2828 (ሥቴቲሪ)



ΦΔJ47Υ° Α

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Λ ^c , فΔ [\]	ማዘው ማርያለት ማርያለት	Box 114 Aklavik NT XOE OAO	867 978 2516 (からさ) 867 978 2160 (からくり
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ለ ፡ ኃ [‹] ‹, ե ≟በ ՝	ᢧᡆᡄᢪᠣ᠂ᡬᡈᡃᠳᡐᠬᡱᡳᠾᠳ᠘ ᠙ᡃᠾᡈ᠋ᠫᡈᡅ ᡬᡠᡏᢃᡱᠾᢪᠦᡄᡅᡉ᠋ᡃ᠘ ᠘ᡠᠨ᠆ᡄᡣᠣᠲ᠘ᡠᠺᠰᠮ	Box 2338 Yellowknife NT X1A 2P7	867 873 4082(からさ) 867 920 2254 (パトゥー) berasmus@denenation.com
Δ_4ና ⁶ , />4ና	άΗD	Box 2514 Yellowknife NT X1A 2P8	867 920 2925 (ぴもĊ) 867 873 8517 (メーbマーb¹)
Δ \$፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፟፟\$`, Λ ^c	ե∟ርኇ √²∆๋° եጋ°⊁ኄዜበሶ∿Րር ፖን⇔ቦንኈበያኄበላ Dene Nation		
۵۵۰c, ادر	ᢤᡉ᠍ᡆᢐᡄᡅᢛᢥ᠘᠘᠂᠆ᠵᠳ ^ᢑ ᠘ᠴᡆ᠘ᠮ᠂ᢤᡄ᠘᠂᠘ᠫᡮᢄᡰᡗᡤᡲᡳᢈ		
3°c, D'o'	₫₽₽₹₽₽₽	Box 367 Fort McPherson NT XOE OSO	867 952 2939 (▷ጜĊ) 867 952 2212867 920 2254 (사당당당)
ል [,] የዕረት ን	ᢐᢪᡃᡳᠡ᠋ᡏ᠙ᡄᡅᢣ ᠴᡆᡩᡕ᠂ᡏᡑ᠘ᢛ᠘᠘ᠳ ᠘᠋ᠳᠳᠲ᠘ᠴᢐ᠘᠘ᡓ᠘᠘ᠳ	4702 Franklin Ave. Box 608 Yellowknife NT X1A 2N5	867 920 6546 (▷ኄĊ) 867 873 0158 (ሥቴላኄ) Trish_fitzpatrick@gov.nt.ca
ልራ ଏ °, ኣσ	<᠆ᠸ᠆᠙ᠾᠯᠬᢛ᠘ᠴ᠑ᠳᢑ	Fort Chipewyan AB	780 697 3926 (DらĊ) 780 714 4947 (らら) 780 697 3881 (ぴぱぴ)



ΡΔJ47Υ⁶⁶ Α

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ን ት ፦ , ርጎር	ᠴᡆ ^ᡕ ᡝᠬᡅᢪᢋᡕᢗᠳ᠈ᠲᠾᡷᠲ᠒ᡥᡲᢇᢈ	P.O. Box 720 Fort Smith NT X1A OPO	867 872 2772 (사망시)
d', do-	Δοθ√σς ٩Δ>Ψ/ Αμο φος ΩερσΩρερυς	Box 24 Holman NT XOE OSO	867 396 4417(ぴらĊ) 867 396 4001(イドb弋゚b゚)
4 0℃, ₹ት∟	᠘ᢧ᠙᠕ᠴ᠘ᡕ᠂᠙᠘ᢣᠷᡙᠾ᠌᠕ᠸ᠐ ᠳᡗᢛ᠋᠌ᠵᢛ ᢤᡓᠬᢤᡓᢥᠾ᠊ᢆᠥᡄᡅᡄ᠋᠋ᠯᡕ	Box 217 Aklavik NT XOE OAO	867 978 2461 (▷'bĊ) 867 978 2471 (사·b국·성·)
dئد°, ۲۹۰	᠙᠘ᢏᡊᢣ᠒ᢑᡄ ᠘ᠵ᠘ᠸᡊᢣ᠗ᠳ	Box 101 Aklavik NT XOE OAO	867 978 2381 (▷당Ċ) 867 978 2943 (사당성)
dἀ°c°, %Δσ	ᠴᡆᡄᠳ᠂ᠿᠳᡏᡆᠾᠳᡄᡅᠥ᠋ ᠙ᠾᢛ᠋᠌ᠫᢛ ᠿᠳᠿ᠋ᡱᠣᡄᡅᠣ᠋᠋ ᡐᡨᢆᠰᢣᡄᠠ᠘ᡨᡎᡓ	Fort McPherson NT XOE 0S0	winnie_greenland@gov.nt.ca
ዘባ/, ላ'፦	ארביף אל־סידע אל־סידע אל-כּעיר. אירגייף אַ קירעיר	5610 Franklin Avenue Yellowknife NT X1A 2P7	867 873 2566 (ぴらĊ) 867 873 2576 (からせ ^ら) womenyk@theedge.ca
ĤΔ°Կ°, ЬΓ/α የ~α	⊅ ^σ ረላፈ‹ ቦሬ <mark>୮</mark> ነዓ _ሥ ር		
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Η ΦΔ ^ι L ^α , ع	ᠿᠲᡀ ᠘ᡒᡚᡓᡄᡊᡃᠵᡒ᠘ᡕ᠘	Box 1320 Yellowknife NT X1A 2L9	867 873 7051(ph) Lona_hegeman@gov.nt.ca
ΗΔΦΔ ^c , //-	PUTታም. ኮሚጎብኒL UL.٩.	Box 1387 Yellowknife NT X1A 2P1	867 873 8230(ぴらĊ) 873 4124



ΡΔJ47Υ A

PUF2#22#2< 4U4	᠂᠘᠘᠘᠘᠘᠘᠘	วร?ก∢ กก ^ร ะ⊌ል⊌ ^с	D⁵Ь⁵ьС⁵&ь५⁵ь
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Ĥ ρ β°, ⊀ ∟	᠐ᢞᢣ᠘ᠳ᠘ ᠘ᢐᡄᡊ᠊ᠲ᠋ᢓ ᠕ᡐᡄᠮ᠙᠘ᠳ	P.O. Box 1500 Yellowknife NT X1A 2R3	867 669 2668 (▷ˁᲮĊ) 867 669 2833 (사바건) hoganj@inac.gc.ca
H4°4°, P°	PJc۶²PUḥљ៤c PJc۶²PUḥљſc	P.O. Box 720 Fort Smith NT X1A OPO	867 872 2772 (ሥቴረ) 867 872 2772 (ሥቴሪ)
ያ ያልኄ, የጋ ርኄ	ᢤᡒᡏᢐ᠋ᡶ ᠘ᡖᡘᢛᢗᠪ᠈ᢋ᠘ᡎᠨ᠆ᠵ᠇ᢣ᠒ᡕ ᠘ᢏᠮᡎᡕ᠂ᠿᢩᠳᠿᢛ᠆ᠵ᠇ᠳᡀ ᠘ᡨᢉ᠆ᠵᢇᠳ᠋ᡓ ᠀ᢛ᠕ᠳ	Bag 3 Rankin Inlet NU XOC OGO	867 645 8027(ぴらĊ) 867 645 8092(パらくり KIRWIN@GOV.NU.CA
ታ Δ J ^{<} , Δ ̇ C	ĠĤD		
ታ ኑ,	ΔĤΦ		
ή- Δ/J₀, CΔ 4 °	ᠻ᠋᠐ᡏᡒᡚᡒᡄᡃᠮ᠘ᡨᡳᡄᠮᡒ	Box 204 Aklavik NT XOE OAO	867 978 2381 (▷당Ċ) 867 978 2943 (사당성)
ታ °\°, b cΔ LΔ	ታብግማር ብ _ደ ማር V드ሇረው የአያትሀግር የአያት ወደ ወደ መደረ የተመሰው አንግር መደረ የተመሰው የመደረ የመደረ መደረ መደረ መደረ መደረ መደረ መደረ መደረ መደረ መደረ	5610 Franklin Avenue Yellowknife NT X1A 2P7	867 873 2566 (▷'bĊ) 867 873 2576 (사b국업·) womenyk@theedge.ca
ሁ° ን Δ , 'ሰኖ°	ጉሚነብ∢ ቦሬΓብታሁም _ር ጉሚነብ∢ ቦሬΓብታሁም	Box 1320 Yellowknife NT X1A 2L9	867 669 2333 (ÞÞĊ) Debbie Baert Reid CA Debbie_baert-reid@gov.nt.ca



ΡΔJ47Υ⁶⁶ Α

PUF45474	᠂ᡰᡆᡄᡊᢣ᠘ᠫ᠈ᡷᠻ᠐ᡤᡕ	วร?ก∢ กก ^ร ะ⊌&⊌<	Ď⁵Ь⁵°C⁵&°५°°
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اکم , ال	4β¢		
مے ۴ρί ^ι ν, δLΔc			
b ୮⁵∖ ۵, ∢ċ¹	ᢧᡆᡄᢪᠣ᠂ᢤᡃᡉᡏᡃᡆᢪᡗᡃᠳᡄᡅᠥ᠋ ^ᡗ ᠙ᡃᠾᡃᡃᠫᡃᡅᡅ ᢤᠣᡏᡃᡆᢥᡗᡃᠳᡄᡅᠦᡃᢥ/ ᠘ᡠᠨᡃᡄᡅᢣᡟᡰᡝ᠘ᡠᠰᠮ	Holman Health Centre HOLMAN NT XOE OSO	867 396 3111 (▷ਿ\C) 867 396 3221 (사나ਰਿਫ) Alice_kimiksana@gov.nt.ca
√ Π, Ρ∿	PZ [,] አያሀኒ _ራ ሌር PZ [,] አያያ ላር ማር	P.O. Box 720 Fort Smith NT X1A OPO	867 872 2772 (사망성)
dc'b , >ሲ°C	₫ኈ₫₽₽በ ΔϲͿΔϷ/₫ኈ₫ʹͼϲϲ ₫ኈ₫ኄႯჼჼͼϲϲϪͿ Δ۵۲ϲϲϪͿͿ	P.O. BOX 2363 Inuvik NT XOE OTO	867 777 8064 (Þ°ЬĊ) Joella.hogan@gov.nt.ca
j。c∇。՝ Hdvdc	مو ^ا ه الحامة حواد کا کردر می کا کا کرد	21, 111 Lakeshore Road St. Anne de Bellevue QUE H9X 3V9	514 398 7671 (ぴらĊ) 514 398 1020 (ぴらく) Harriet.kuhnlein@mcgill.ca
የ°፞፞፞፞ <mark>ፚ፞</mark> ት, ቮ ^c	۵۳٬۶۱ عودهی ۱۶٬۵۱۵ موبرد ۵۳٬۹۱۸ موبرد ۵۳۰۹ مورومی ۵۳۸٬۹۱۸ مورومی ۵۳۸٬۹۱۸ موبرد ۱۳۸۰ موبرد ۱۳۸۰ موبرد ۱۳۸۰ موبرد	Box 56 Fort McPherson NT XOE 0J0	867 952 2586 (ぴらĊ) 867 952 2620 (/トb犬ら) hswftmcpherson@hlthss. gov.nt.ca
P'Ċœ, PYÀ	₽σር∟ ርዓኦረ.₽የሏ⊃ ₽σር∟ ርዓኦረ.₽የፈ⊃ ₽σር∟ ርዓኦር.₽የፈፈላ _₽ ∇ ^с . ₂ ,٩٩ _c	Box 3443, Station D Ottawa ON K1P 6P4	613 364 4099 (DˁbĊ) 613 566 4748 (୵ºbปฺbc) rmkuptana@mus-nature.ca



ΦΔJ47Υ° Α

PUF2#J2#j< 4U4	ᡪ᠍ᡆᡄᡊ᠊ᢣ᠙᠋ᠫ᠈ᢣᡲᡌᡴᡠᡕ	วร?ก∢ กก ^ร ะ⊌ል⊌ ^с	D⁵Ь⁵ьС⁵&ь५⁵ь
دــــــٰ٠, ۲۵۲۲	фНD		
÷ኖΔ, Δ÷\	ຼ໑ͼʹϐ·ʹͼʹͰϹϼʹ ϭʹዋ·ʹͰϤ《ϲϲϲϭʹͿ· Ϥʹͼ·ϤʹͼʹϒͰ ϭʹͰϲϪ· Ϥʹͼ·ϤʹͼʹϒͰʹϭ·ϲϲϲͰʹϒʹͼ· ʹϦΔ·ΗϽϒΓ Ϥʹͼ·ϤልበͿ·	5 Hospital Road Whitehorse NT X1A 3H7	867 393 8758 (レヘームĊ) 867 393 8750 (ノートムマーb/c) Elisa.levi@gov.yk.ca
ረ የ, ነ °ጋና	ብኈብላኦበ ⁶ Δ⊂ላΔት/ብኈብኈተር _ጉ ት ብኈብኄኄካኈተርጉትዛር/ Δሷ/ተርጉትዛር ውፎየብፒ	P.O. Box 2904 Inuvik NT XOE 0T0	867 777 8063 (▷덕호) 867 777 8049 (사타당생) Sandra_lockey@gov.nt.ca
د Δ ^د , Λ ^د	PUFᢣᡚ᠙CĎ≺ᢛ ᠙᠍ᢆᡨ᠌᠌ᡒᡒ᠘ᢣ᠕ᡗᠰᡗᡓᠯᡕ ᠐᠘᠙᠐ᡒᡥ ᢩᠣᢦᢗ᠘᠂ᢅᠣᡒ᠙᠄ᢩᡩᢣᠮᢋ᠌ᠮᡕ		
L°በል4', Ċʹϲ·	く₂∇∇ନ୍ନୃ≏୍	5527 - 44th Street Yellowknife NT X1A 1H8	867 873 6121 (▷ਾਂbĊ) 867 920 4742 (사ਾਂbੋਂ\begin{array}{c} \text{bd'} \text{or} \text{prestige@theedge.ca}
ሳ ዮ, ነ ዮጋና	ᠾ᠋᠙ᡶ᠍ᡃᡠ᠄᠂ᢩᡠᠳᡏᡃᡆᡎᡗᡃᠳᡄ᠋᠋ᡊᢣᡅᢈ/ ᠘ᡠᠰᡄᡅᢣᡎᠬ	Box 1320 Yellowknife NT X1A 2L9	867 873 7953 (▷ᠳĊ) 867 873 0634 (사타시네) Sandra_mann@gov.nt.ca
LbA, Ć	ULD၎ᡕ ᠙᠙᠘᠙᠕ᡕ᠂᠘ᠮΓΓ᠘᠙ᡄ᠍ᢆ᠍ᡊᠣᠷ᠋ᡕ ᠘ᢑ᠘᠈ᡒᢆ᠘ᡕᠫᡄᡃᡊᢋᠲᡳᡄᢅᢇᠣᡓ᠋ᡕ	Yellowknife	867 669 6256 (Þ⁵ЬĊ) mcgfaffey@theedge.ca
LJΔ°, ልል ଏ °	ၨĠ᠂ᢐ᠊ᡆᠬᢐᡄᡅᠦ᠋ ^ᢗ ᠘ᢑ᠍᠍ᡖᢦ᠋᠘ᢣᢛ᠐	4702 Franklin Avenue Yellowknife NT X1A 2N5	867 920 3307 (ÞĠĊ) Vivienne_mcQueen@gov. nt.ca
L ረ ን∆°, Jና∆∢	۵ ⁻ -C _C P _D ,4 _e PU _{p,c}	Box 2338 Yellowknife NT X1A 2P7	867 873 4082 (▷당Ċ) 867 920 2254 (사당성)
⅃ ℉Ո, C∆ൎ₫°	᠘ ^ᠳ ᠍ᡉᡆ᠘ᢣ ^ᡏ ᡉ᠒ᠳ᠘ᠳ᠘᠘᠘᠘᠘᠘	Box 1320 Yellowknife NT X1A 2L9	867 920 6126(ぴらĊ)(ph) 867 873 0634(パらくし) dianne_mercredi@gov.nt.ca

ΡΔJ47Υ⁶⁶ Α

PUF4, 2479	᠂ᡰᡆᡄ᠊ᡅᢣ᠘ᠫᡷᢓᠻᡅᡤᢆᡕ	วษายาคา	Ď₅₽¿ĊċŸŗ┦¿₽
Γ ∇ 9. °54 ,C Δ ,Γ4. L.U.>,૧.	ᢦᠻᡪ᠌᠌᠕ᡕ᠘ᡒ ᠿᠲᡚ᠌ᡅᡄᡃᢇᡅᠽᡀᡳ᠌᠌᠌ᡳ᠀ᢦᡪ᠆ᢅᡣᡄ ᠘ᡐᠺ᠐ᢅᡩ	Box 1320 Yellowknife NT X1A 2L9	867 669 2310 (ぴらĊ) EA Derek Elkin Derek_elkin@gov.nt.ca
ኇ ና/ጎጓ, ժ ላሲኄ	ሀርብር	Box 1387 Yellowknife NT X1A 2P1	867 873 8230 (ぴらĊ) 867 873 4124 (メートートー゚) nwtcpdjobs@yk.com
م\ <i>ا</i> ، أـه	ᠴᡆ ^{ᠻᢐᢛ} ᡌᢛᡟ᠘ᡶᡳ᠂<ᠵᢆᡳ᠕ᡕ, ᢅᠥᢗ᠋ ᠵ᠆᠙ᠳ᠙	Δ٥٥٦	
⊿ ላሲ', δΩ°	۵۰ کنام د ۲۲ کنام	۵۵-۵۸	
ውዘ ው⁴, በሒተ	ĕΗÞ		
ρ ·Ͻኖ ϧ, δ ΔϲΛ		L.U.C.	
⟨۲٫ غ ^c Ċ ، مئ	√ς Pጋ _γ λ _ε Ρυ _γ , νου συσε	Box 2338 Yellowknife NT X1A 2P7	867 873 4082 (▷ኄ\Ċ) 867 920 2254 (ሥ\\Ċ)
ለጋ'ነት', ፦	ᡪᠬᡨᢐ᠘᠂ᠳᡒᡏ᠙᠂᠋᠙ᠳ᠘ ᠵᠬ᠘ᡓ᠙᠘ᠳ	5610 Franklin Avenue Yellowknife NT X1A 2P7	867 873 2566 (DˁbĊ) 867 873 2576 (ЉЪರೈ womenyk@theedge.ca
ኖ Δን', _•	D'bDYchefl Lclbhchec dL JhDLDNchec dedate dedate dedate dedate	Box 1320 Yellowknife NT X1A 2L9	867 920 317 (ぴもĊ) 867 873 0484 (メートートート゚) Regina_pfeifer@gov.nt.ca
Å ժ, Δ⊃ 4 ^₅	ᠮᠦᡃᢗ ᢤᢐ᠊ᡏᢐᡄᡅᠦ᠋᠘᠙᠘ᢩᡠᠰᡄᡅᡉ᠋ᡗ		
〈Δ〉', ċ ∖	¢HD PUΓЬφις		



ΡΔJ47Υ A

PUF2:PJ:P	᠘ᡆᡄᡅ᠘᠙᠘ᢋᢗ᠘᠘᠘	วร _ั กง กกะเมลงเ	Ď⁵Ь⁵°C⁵&°Ч⁵°
^{ئد} , ۹۰۲	موج لراك	Box 83 Cambridge Bay NU XOB OCO	867 983 4068 (Dริได้) 867 983 4063 (ฝริ่งสะ) rreid@gov.nu.ca
v₅, 4́4°	ባነጋት/Γ4ο, σγς ₋ L Δησημουρία Δησημουρία Α Αμουρία Αμουρία Α Αμουρία Α Α Α Α Α Α Α Α Α Α Α Α Α Α Α Α Α Α Α		
∤ 4ι>·, √በ	Ρυτροουσ _{σε} ου Βουρουσε Αραφευση Αραφουση Ευτρο Ευτρο Ευτρουση Ευτρουση	Box 172 Aklavik NT XOE OAO	867 978 2233 (DዔĊ) 867 978 2381 (ሥቴቲህ)
Δ ^{cc} , ΔÞnb		3707 Woodcroft Ave. Edmonton AB T5M 3M3	780 447 1585(ぴらĊ) 780 452 2531(ぴらくり
ረ Ľቈ፞, Òσ	۵٬۲۲۵ ۵۲ ۵۳ ۵۳ ۵۳ ۵۳ ۵۳ ۵۳ ۵۳ ۵۳ ۵۳ ۵۳ ۵۳ ۵۳ ۵۳	4905 - 48th Street P.O. Box 608 Yellowknife NT X1A 3S3	867 920 6524 (レヘートンc) 867 873 9032 (ノートレマート゚) tony_simmonds@gov.nt.ca
۲ΔΔ°, خ	مدر کا ٔ ۱۳۵۵ ته در ۲۰۵۸ Deh Cho کا ٔ ۲۰۵۵ ته در ۱۳۵۵ تا ۲۰۵۵ تا	Jean Marie River NT XOE ONO	867 809 2900 (D⁵ЬĊ)
/ -ኒ-ኑ, በ 4 ለ	በርህበላ ትራረ Genesis Group		867 873 3456 (ÞʿbĊ) 867 873 8311 (メーᲡᲙーᲫº)
CL', /Þና°	ᡏᡒᢗ᠘ᡓ᠘᠘ᡓ᠘ᡒ᠘ᡒ᠘ᡒ᠘ᡒ᠘ᡒ᠘᠘ᡒ᠘᠘ᡒ᠘᠘ᡒ᠘᠘ᡒ᠘᠘᠘ᡒ᠘᠘᠘᠘᠘᠘᠘᠘	Box 2514 Yellowknife NT X1A 2P8	867 920 2925 (▷'bĊ) 867 873 8517 (사·b弋닝 ^c)
⊃<' [,] ∢n	ଐቴብቼታርሲቴነነስ ውልሮቴ K'asho Got'ine ውልሮቴ bNLትዔቦና	Box 80 Fort Good Hope NT XOE OHO	867 598 2034 (▷ᠳ᠘Ċ) 867 598 2024 (사Ь건ᠳ)
ጋ4'በ°, ചላሴኄ	ᢦᢎᡪᠺᡕ ᠼᠵ᠘ᡧ᠋᠘ ᠕ᢩ᠆ᠵᠨ᠘ᢤ	P. O. Box 720 Fort Smith NT XOE OPO	867 872 2770 (からĊ)) 867 872 2772 (ぴらくら) nwtmn@gardtal.com



ΦΔJ47Υ A

PUF2*5* AUA	᠂ᡰᡆᡄ᠊ᡅ᠘ᢣᢗ᠘ᢣᡩᠺᠬᡤᡕ	วรรกง ทก๛ษฝงษะ	Ď⁵Ь⁵°C⁵&°\√°°
H٩ၨၞ, ⊀4ºc	ጋላያLያብራሊት⊌ ^c	Yellowknife	867 920 4657 (▷ᠳĊ) 867 444 4297 (ペップ・プ・ ▷ᠳ) glycommunications@the edge.ca
H ∂ Ż, ₹ 4 °			
¢ ኈ ሰ ⊦ , ጋ ሳ ናርኈ	ᡝᡐᡄᡌᠮ ᠘ᠴᡆ᠘ ᠘ᢖᡆ᠘	Box 580 Yellowknife NT X1A 2N4	867 920 5600 (ÞˤbĊ) 867 920 5668 (Љbጚʰปc) gvantrighem@city. yellowknife.nt.ca
≯ 4 ^{sc} , ₹c	ᡪᡶ᠈ᡓᢑᠫᡄᡅᡉᡃ᠋ᢃ᠂ᠳ᠙ᡀᢗᡬ᠕ᡄᡅᢣ᠘᠘ ᠘ᠴᡄᡅᠫᢗᡌ᠍᠍ᠣ ^ᡕ	Box 1500 Yellowknife NT X1A 2R3	867 669 2452 (ÞЪĊ) wardju@inac-ainc.gc.ca
ራ ላኒሳσ' <i>4</i> ∇,	᠘᠆ᠵ᠐ᡓ᠘᠙᠘᠙᠘᠙᠘᠙᠘᠙᠘ ᠘ᢩ᠘᠙᠘᠙᠆᠘᠆᠙ ᠘ᢩ᠘᠙᠘᠙᠘᠙ ᠘ᢩ᠘ᠳ᠘ᡊ᠘	Box 2514 Yellowknife NT X1A 2P8	867 920 2925 (▷ጜĊ) 867 873 8517 (ሥቴጚኄሪ)
%√°, Ġ >⁵°	άΗ̈́D		
۶۵ , خ۵	ᢤᠾᢣᡃᡆᢪ᠌᠌᠘ᠳ᠘᠙᠘ ᠘ᠻᢋᢛᢗ᠐ᡧ᠂ᠳᠿᠲ᠋᠘᠙ ᠘᠘ᡓᢛ᠘᠘ᠳ	3605 Pilots Lane Yellowknife NT X1A 2J5	867 669 4140 (ぴらĊ) 867 669 4138 (ノトbマト゚b゚)
ታ የ∟Δ ታ, ⊿ ባ L°	√ς Pጋ _۶ ϟያሀĻℯ	Box 2338 Yellowknife NT X1A 2P7	867 873 4082 (レˤムĊ) 867 920 2254 (メ゚bピb゚) nyakeleya@denenation.com
₹, ₫⊃⊾	[™] ሮኒላሲ የፈላ∇፣ የጋኑታያሀႱ _ራ ሊም የፈላ∇፣ የጋኑታያሀኒ የፈላ∇፣ የፈላ የፈላ የፈላ የመደ የመደ የመደ የመደ የመደ የመደ የመደ የመደ	73 Horton Crescent Yellowknife NT X1A 2P7	867 873 5509 (からĊ) 867 873 3152 (メートーᠲマ゚) azoe@nativewomens.nt.ca
₹, <%5	᠈ᡙᡣᡅᠰᡕ ᠘ᡎ᠘᠐᠘᠙᠘ ᠘᠅ᠰ᠐᠘᠙᠘	Box 8 Dog Rib Rae NT XOE OYO	867 392 6381 (▷ኄĊ) 867 873 6150 (ሥቴላኄሪ BAZOE@TLICHO.COM



ΡΔJ47Υ A

PUF2#J2#.j< 4U4	ᡪᢦᡄᡃᡊᢣ᠙᠐᠈ᡷ᠙᠐ᢆᡎᡕ	วร?ก∢ กกระเปลเร	D ^ℯ ₽ℯℴℂℯ℣ℯ <mark>۲</mark> ℯℯ
የላշ, Jሲ	ን ነት	Box 10 Yellowknife NT X1A 2N1	867 669 4300 (ph) Marie_Kelly@gov.nt.ca
- ፆ\ᡆᡃᢗᡃ, /∢ᡄ	ᠫᠨᡃᢣᡄᡅᡩ᠋᠂ᢩᠿᢛ᠐᠘ᡁᢆᡳ ᠘ᡊᢛ᠘᠘ᡎᠲ᠘ᠾᡕᢋ	Box 10 Yellowknife NT X1A 2N1	867 669 4114 (ぴらじ) 867 669 4275 (ぴらくり) sarah_leonardis@gov.nt.ca
ን' ċ ዘ ሳ '', ለጋሲ'	ΔΔΔ ^c Δ ^c baΔ5 ^c σcnσ ^c ἀσασενοί/ΔΔασενος Δα ^c υςμ	Box 390 Kugluktuk NU XOE OEO	867 982 7670 (ЉЪĊ) 867 982 7640 (ЉЪქЪ) bbernardt@gov.nu.ca
«Δ «. » Δ Δ ⁴	Δϲʹϭ·ϤʹͽϽʹͽ, Ϥʹϭ·Ϥ/ϷՈϷϭʹϤʹ /ϲʹϽʹ·៶ʹ <u>ʹ</u> δΓ, ϷϤ <u>ͻ</u> _Φ ΔΓ	Bag Service 9700 Yellowknife NT X1A 3R3	867 920 3030 (からさ) 867 873 0333 (とりてい)
ժ ሊነበ° ነ°, > ሒ ብ °	Δc°σ4%ጋ%, ጳ'ኇ4/δበδσΊ ^ς /ሬ'ጋ'\%Γ, ኦላጋαΔΓ	Bag Service 9700 Yellowknife NT X1A 3R3	867 920 3030 (▷ኄԵ) 867 873 0333 (ሥቴቲኄ)
ረ Γ ^c , በ ኖ σ	Δ፦σσιερε, σίσσιστος Των Των Ταντίστος Δε	Bag Service 9700 Yellowknife NT X1A 3R3	867 920 3030 (ぴらĊ) 867 873 0333 (からくっ)
ጋΔው, ለ፟	Campus ᠘᠆ᠳ᠐ᠳᠫ᠅, ᠂ᡤ᠂ᠳᢗᠯᠨᢗᠬᡗᠣᠳ᠘᠂᠘ᡊᠫᡃᡪᠮᠺᡘᠮ, ᠘᠆᠘᠘᠘᠘	Bag Service 9700 Yellowknife NT X1A 3R3	867 920 3030 (Þʿb代) 867 873 0333 (Þʿb代ਚਿ()
ĊĤ ^ւ , \୨ଏ <u>୦</u>	Δcጐdኈጋኈ, dጐd/DNDፚΊ ^c /ሬጋኄኒልΓ,	Bag Service 9700 Yellowknife NT X1A 3R3	867 920 3030 (아타스) 867 873 0333 (사타시아)
Ċ°ϽŻ ʹ, σḋ ^c	Δε [*] σσ [*] ን [*] , ἀ [*] σσ/ΔΠΔσ [*] Δ΄ /ሬ [*] ጋ [*] ኒልΓ, ΑσοδΓ	Bag Service 9700 Yellowknife NT X1A 3R3	867 873 0333 (トルbイトb/c)
۲۵٬٬, ۵۲	Δϲʹ·σϤʹϷϽʹ·ͱ, Ϥʹ·σϤ/ϷΛϷϭʹϤʹ /ϲʹϽʹ·៶ʹδΓ, ͰϤ <u>ͻ</u> ͼΔΓ	Bag Service 9700 Yellowknife NT X1A 3R3	867 920 3030 (▷ᠳĊ) 867 873 0333 (メームマ゚)



ΡΔJ47Υ⁶⁶ Α

PUF454 AUA	᠂ᡰᡆᡄ᠊ᡅ᠘ᠰ᠘ᡷᢗᡰᡗᡤ ^ᡕ	วรรกง ทก๛ษฝงษร	Ď⁵Ь⁵°C⁵&°\ч°
√ح, ⟨۲د	Δ፦σብኈጋኈ, ፭ጐባ/DበDσΊ ^ς /ሬንጎኒልΓ,	Bag Service 9700 Yellowknife NT X1A 3R3	867 920 3030 (▷ኄԵጎ) 867 873 0333 (ሥቴጚኄ)
Ś'L', ₹ ₫°	ᡪᡨ᠋᠘᠆ᡏ᠘᠆᠙᠘ ᡪᠳ᠘ᡒ᠘᠘ ᠘ᠳ᠘ᠳ᠘ᠳ᠘	Bag Service 9700 Yellowknife NT X1A 3R3	867 920 3030 (▷ጜĊ) 867 873 0333 (ሥቴላቴሪ
ታ ∿, <ጋሲ	ᢣᠬᢃᠣᡒ᠘᠘ ᠘ᠵ᠘᠘ᠰ᠘᠘ᠰ᠘᠘ ᠘ᠳ᠘᠘᠘ᠳ᠘᠘	Bag Service 9700 Yellowknife NT X1A 3R3	867 920 3030 (ぴらĊ) 867 873 0333 (パトイ・J ^c)
المد, ٦٥٦ ع۵۱	᠘ᠴᢃᠳᠳ᠘᠆᠘᠘ᡓ᠘᠘ ᠙᠘ᠳ᠙᠘ᠳ	Box 1747 Yellowknife NT	867 669 0783
ናሥ, ቲ	ᠴᡆᡄ ^ᡕ ᠂ᡏ᠙᠈᠘ᠳ᠘ᠳ ᡩᠳᠿᢛ᠘ᢣᡕ᠂ᢣᡆᠴ᠌᠌ᠣᢦ᠒ᡶ ᡩᡥᠬᡲᢣ᠘ᢣᢈ᠂ᢣᡆᠴ᠘ᠴ᠘ᠮ ᡠᠲᠿᢎᠽᢛᡲ᠘ᡨᡳ᠘ᢣᠲᡕ	Box 608 Yellowknife NT X1A 2H8	867 920 6552 (▷ᠳĊ) 867 873 0158 (사성국병·)
ძ ሴ°c°, Δċ\	PUΓታ _ራ ኒ	Box 63 Aklavik NT XOE OAO	867 978 2782 (DዔĊ)
ና ነ L ', Г ፆʹ c °	ΡϽ [,] አ-ΡΟΙ, Αις Αυσυρουρού Αυσυρουρού Αυσυρουρού Αυσυρουρού Αυσυρουρουρού Αυσυρουρουρουρουρουρουρουρουρουρουρουρουρου	Box 2514 Yellowknife NT X1A 2P8	867 920 2925 (D ^c bC)
ን ናት', ሳ ኄ	PUF5D4c ∇៑ᢒᡒ᠘ᢩᢙᡚᡘᡄᠸᢇᠲ᠋ᡕ	Box 68 Tsiigehtchic NT XOE OBO	867 953 3023(ぴらじ) 867 953 3408(ぴらくり)
حل، فعد	ᡏ᠘᠙ᠵ᠘᠘᠙ᠳ᠙᠘᠙ᡯ᠘᠐ᡐᡕ᠋ ᠘᠘᠙ᠳ᠘ᡊᠳ	Box 1679 Yellowknife NT X1A 2P3	867 873(パトマック) 867 873(パトラストラン)
' ሉ' L°, J ሲ	᠙ᢃ᠈ᢣ᠙ᡅᠾ᠅ᠾᡕ᠂ᠴ᠌ᢛᡕᡪ᠘ᡶ ᠘ᢛᠮᠳᢩᡖᢛᠨᠺᠮᢋ᠂᠒ᢛ᠊ᠮ ᠘᠆᠙᠆᠙ ᠘᠆᠙᠆᠘	Box 2321 Yellowknife NT X1A 2P7	867 873 3985 (ÞÞĊ)



ΦΔJ47Υ° Α

PUF2#J2#j< 4U4	ᡪᢦᡄᡃ᠘᠘᠘ᡷ᠙᠘᠘	Strud UU&PA94c	D ^ℯ ₽ℯℴℂℯ℣ℯ <mark>۲</mark> ℯℯ
የ ብ, ናንናር	∇Ρ≺ _ℓ ,υ ∖⊲¬σ∇L >,₽⊂Γ,₽,CDU ² ,ብ.	Box 2392 Yellowknife NT X1A 2P8	867 766 2165 (▷ዔĊ)
داخه, کم	᠘ᠸᠰ᠘ ᠘᠆ᡥᠣ᠕ᠳᡄᡊᢣᠲᢛᡕ ᠴᡆᢉ᠘ᡧ᠂᠘ᢞᡌᡱᡳ	5215 – 54th Street Yellowknife NT X1A 1W9	867 873 6865 (▷ኄĊ) (ph) 867 873 4420 (ሥቴጚኄሪ)
d5>, >'a	᠘ᠸᠰ᠘ ᠘᠆ᡥᠣ᠕ᡃᢐ᠊ᡄᡊᢣᠲᢛᡕ ᠴᡆᢉᠯᡤ᠂ᡁ᠙Ľᡟᡆᢝᡥᠣᡕ	Box 1320 Yellowknife NT X1A 2L9	867 766 2636 (ぴらじ) 867 873 4420 (メートート゚ー)
ን ሳ /ፅ፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞፞	ᢧᢦ _ᢗ ᡪ᠌᠕᠂᠘ᠺᡏᠨᠲᠾᢗ ᢐᢦ _ᢗ ᢣᠬ᠙᠂᠘ᢛᠻ _ᡥ ᠫ᠌᠌᠐᠋ᢐᡄᡃᢇᢣ _{ᡒᢆ} ᠾᡕ	Box 1320 Yellowknife NT X1A 2l9	
Cθ, SΔL	Δϲ ^ͼ ϧϥϒϲʹʹͰϧϲ ∇ͼϼͼϧϥϹʹʹͰϧϥͺ Ͳͼ;ϒϥͺ	Box 1320 Yellowknife NT X1A 2L9	
<°>>6°, 767°	᠘ᠸᠳ᠋ᡆᢝ᠋ᢗ ᠿᠳᠿᢛᠵᡅᡄ᠋ ᠘ᢩᠵ᠋᠘᠅᠘᠘	Box 2338 Yellowknife NT X1A 2P8	867 766 4823 (▷ኄĊ) 867 920 2254 (ሥᲡጚኄ)
ጋጐ, ትላσ	᠘᠘᠘ᡫ ᠘᠆᠘᠘᠘ᡒ᠘ ᠘᠆᠘᠘᠘ᡒ᠘	Box 2321 Yellowknife NT X1A 2P7	867 873 5509 (DዔĊ) (ph)
لخف, ۸۵۰ d⁴	Δ [‰] bαΔታ ^ኈ σσασ ^Ώ Deh Gah Gotie Dene bበLት ^ኈ ቦና	General Delivery Fort Providence NT XOE OLO	867 699 3505 (トルトイト゚)
Ⴑ ኄ , ለ⊱	Δ [‰] bαΔታ ^ኈ σϲሊσ [·] Δ ^c Deh Gah Gotie Dene ԵՈL <i></i> ት [∿] ቦ ^c	General Delivery Fort Providence NT XOE OLO	867 699 3210 (/ኑЬረ-ነ) 867 699 3210 (/ኑЬረ-ነ)
፟ ነ°ጋ" , ΔLc	᠘ᠮᠲ᠘ᢑ᠙᠘ᠳ᠘ᠳ᠘ᠳ᠘ᠳ ᠘ᠳ᠘ᠳ᠘ᠳ ᠘ᠳ᠘ᠵ᠘ᠵ	General Delivery Lutsel K'e NT XOE 1A0	867 370 3154 (DSbC)

ΡΔJ47Υ⁶⁶ Α

PUF2:PJ: QUA	᠂᠘ᡆᠸ᠊ᡅ᠘ᠰᢗ᠘ᢣ᠙ᡌᡤ ^ᡕ	วรรกง ทก๛ษฝงษะ	₯₽₽₽
ċΉ Ϥ ʹʹ, Δ <mark>ϲ</mark> /Ϥʹ	Δας ³ σ (³ σ√σςλσ ³⁶ / Δάγςλσ ³⁶	General Delivery Lutsel K'e NT XOE 1A0	867 370 3154 (D⁴bĊ)
ላ ልንት, ና ልና <mark></mark> ት	ᢐᢦᠸᠳ᠘ᢩᠳᡚᢤ᠘ᢑᡄᡳᠣ᠋᠌	General Delivery Lutsel K'e NT XOE 1A0	867 370 3022 (사 b 년) 867 370 3111 (오당)
و ⊃⊂ _و		General Delivery Lutsel K'e NT XOE 1A0	
<دْ°30, ط۵۰	Λ 2 6 6	Dogrib Rae NT XOE OYO	
ΗΔΡς, «Ύ	Ας Δος Ας	Box 2514 Yellowknife NT X1A 2P8	867 873 8951 (からさ)) 867 873 8545 (からくり)



Appendix A

DELEGATE NAME	POSITION/ORGANIZATION	MAILING ADDRESS	CONTACT INFORMATION
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Abel, Rachel	Community Health Program Health and Social Services	General Delivery Lutsel K'e NT XOE 1AO	(867) 370-3111 (ph) (867) 370-3022 (fax)
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Alookee, Anaoyok	Community Health Representative Public Health and Social Services	Box 32 Taloyoak NU XOB 1BO	(867) 561-6883 (ph) (867) 561-5902/6906 (fax)
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Appendix A

DELEGATE NAME	POSITION/ORGANIZATION	MAILING ADDRESS	CONTACT INFORMATION
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Bonnetrouge, Cheryl	Student Health Department Dene Nation	Box 2338 Yellowknife NT X1A 2P8	(867) 766-4823 (ph) (867) 920-2254 (fax)
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Brown, Karen	Youth Family Coordinator Health and Social Development Yellowknives Dene First Nation	Box 2514 Yellowknife NT X1A 2P8	(867) 920-2925 (ph) (867) 873-8517 (fax)
Buell, Mark	NAH0		
Callihoo, Tony	Healing Strategies Group		
Catholique, J.C.		General Delivery Lutsel K'e NT XOE 1AO	



DELEGATE NAME	POSITION/ORGANIZATION	MAILING ADDRESS	CONTACT INFORMATION
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Charlo, Judy			
Charlo, Theresa			
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DeLeary, Allen	Special Projects Consultant First Nations Centre NAHO		



DELEGATE NAME	POSITION/ORGANIZATION	MAILING ADDRESS	CONTACT INFORMATION
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Edjericon, Chief Richard	Yellowknives Dene First Nation Dettah Box 2514 Yellowknife NT X1A 2P8	Box 2514 Yellowknife NT X1A 2P8	(867) 873-4307 (ph) (867) 873-5969 (fax) dkravitz@ykdene.com
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Enuaraq, Sipporah	NAHO		
Erasmus, Bill	National Chief Dene Nation	Box 2338 Yellowknife NT X1A 2P7	(867) 873-4082 (ph) (867) 920-2254 (fax) berasmus@denenation.com
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DELEGATE NAME	POSITION/ORGANIZATION	MAILING ADDRESS	CONTACT INFORMATION
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DELEGATE NAME	POSITION/ORGANIZATION	MAILING ADDRESS	CONTACT INFORMATION
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DELEGATE NAME	POSITION/ORGANIZATION	MAILING ADDRESS	CONTACT INFORMATION
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DELEGATE NAME	POSITION/ORGANIZATION	MAILING ADDRESS	CONTACT INFORMATION
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Lamouche, James	NAHO		



DELEGATE NAME	POSITION/ORGANIZATION	MAILING ADDRESS	CONTACT INFORMATION
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DELEGATE NAME	POSITION/ORGANIZATION	MAILING ADDRESS	CONTACT INFORMATION
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Norris, Wayne	Aboriginal Policing, RCMP	Yellowknife	
O'Hearn, Tracy	NAHO		
Ootova, Caleb		Pond Inlet	
Paci, Dr. Chris	Dene Nation	Box 2338 Yellowknife NT X1A 2P7	(867) 873-4082 (ph) (867) 920 2254 (fax)



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Picco, Honourable Ed	Minister Health and Social Services		
Pieper, Liza	NAHO Board of Director		
Reid, Rhonda M.	Government of Nunavut	Box 83 Cambridge Bay NU XOB OCO	(867) 983-4068 (ph) (867) 983-4063 (fax) rreid@gov.nu.ca
Ring, Joanne	FAS Lakeland		
Russell, Jo	Regional Health Promotion Yellowknife Health and Social Services	Box 608 Yellowknife NT X1A 2H8	(867) 920-6552 (ph) (867) 873-0158 (fax)
Sangris, Mary Louise	Elder Yellowknives Dene First Nation	Box 1747 Yellowknife NT	(867) 669-0783 (ph)
Saunders, Emily	Alcohol and Drug/Prenatal Health and Social Services	General Delivery Lutsel K'e NT XOE 1A0	(867) 370-3154 (ph)
Semple, Judy	Attendant Inuvik Health and Social Services	Box 172 Aklavik NT XOE OAO	(867) 978-2233 (ph) (867) 978-2381 (fax)
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Simpson, Deb	Genesis Group		(867) 873-3456 (ph) (867) 873-8311 (fax)
Smith, Tiffany	Student, Nursing Access Program Aurora College, Yellowknife Campus	Bag Service 9700 Yellowknife NT X1A 3R3	(867) 920- 3030 (ph) (867) 873-0333 (fax)
Speakman, Marie	Victims' Services Worker Native Women's Association of the NWT	Box 2321 Yellowknife NT X1A 2P7	
Thomas, Sharon	A/Manager Health and Social Development Yellowknives Dene First Nation	Box 2514 Yellowknife NT X1A 2P8	(867) 920-2925 (ph) (867) 873-8517 (fax)
Tobac, Addy	Mental Health Worker Wellness Programs K'asho Got'ine Community Council	Box 80 Fort Good Hope NT XOE OHO	(867) 598-2034 (ph) (867) 598-2024 (fax)
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Van Tighem, Gordon	Mayor, City of Yellowknife	Box 580 Yellowknife NT X1A 2N4	(867) 920-5600 (ph) (867) 920-5668 (fax) gvantrighem@city. yellowknife.nt.ca
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Wasicuna, Joyce	Healing Coordinator Health and Social Development Yellowknives Dene First Nation	Box 2514 Yellowknife NT X1A 2P8	(867) 920-2925 (ph) (867) 873-8517 (fax)
Wasicuna, Robert	Elder Department of Justice Government of the NWT	Box 1320 Yellowknife NT X1A 2l9	
Watt, Robert	NAHO		
Wheeler, Ross	Addictions Secretariat Psychiatry Stn. Stanton Territorial Hospital	3605 Pilots Lane Yellowknife NT X1A 2J5	(867) 669-4140 (ph) (867) 669-4138 (fax)
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Zoe, Audrey	Acting Executive Director Native Women's Assoc. of the NWT	73 Horton Crescent Yellowknife NT X1A 2P7	(867) 873-5509 (ph) (867) 873-3152 (fax) azoe@nativewomens.nt.ca
Zoe, Barbara	Social Development Coordinator Dogrib Rae Band	Box 8 Dog Rib Rae NT XOE OYO	(867) 392-6381(ph) (867) 873-6150 (fax) BAZOE@TLICHO.COM



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Appendix B

Explorer Hotel Yellowknife, Northwest Territories

PROGRAM

Tuesday, May 6, 2003

6:00 p.m. Welcoming Reception hosted by the Dene Nation

Yellowknife Visitors' Centre

DAY 1: Wednesday, May 7, 2003

7:30 - 9:00 a.m. Continental Breakfast Katimavik Lobby

Location: Katimavik Lobby 8:00 a.m. Registration

The Health Fair will run from 10 a.m. to 5 p.m.

9:00 a.m. Opening Prayer Location: Katimavik Room

Welcome/Introduction 9:15 a.m. **George Tuccaro**

Master of Ceremonies

9:30 a.m. Welcoming Addresses **Chief Richard Edjericon**

Yellowknives Dene First Nation (Dettah)

Chief Darrell Beaulieu

Yellowknives Dene First Nation (N'dilo)

His Worship Gordon Van Tighem

Mayor, City of Yellowknife

10:00 a.m. Break

> Plenary Session: Background and Activities of the National Aboriginal Health Organization

10:15 a.m. NAHO Background and Dr. Judith Bartlett, NAHO Chairperson

Scope of Activities

NAHO Update on Current 10:45 a.m. Robert Watt, Director,

Activities Ajunnginiq Centre



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Appendix B

Valerie Gideon, Director, First Nations Centre

Lois Edge, A/Director Métis Centre

12:00 p.m. Lunch (on your own)

Plenary Session: The Environment and Aboriginal Peoples' Health

Aboriginal Peoples have a unique relationship with the environment. This session will identify trends in and share information about current work on the relationship between the health of Aboriginal Peoples and the environment in which they live.

1:30 p.m. Overview of Panel and George Tuccaro Workshop Process

1:45 p.m. Opening Remarks Rosemarie Kuptana

Panel Presentation and Dr. Chris Paci & co-presenters
Discussion The Northern Contaminants Program

Sonny Flett

Traditional Knowledge Component, Northern River Basins Study

Rosemarie Kuptana

The Value of Traditional Knowledge in

Environmental Research

Gamailie Kilukishak

The Changing Environment and Traditional

Inuit Knowledge

3:15 p.m. Break

3:30 p.m. Workshops/

Small Group Discussions

5:00 p.m. Plenary wrap up -

Meeting adjourned for the day



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Appendix B DAY 2: Thursday May 8, 2003

The Health Fair will run from 10 a.m. to 5 p.m.

7:30 – 9:00 a.m. Continental Breakfast Katimavik Lobby

9:00 a.m. The Honourable Ed Picco

Minister of Health, Government of Nunavut

"Health care in Northern, Remote, Rural and Aboriginal Canada,

Challenges faced by Nunavut."

Plenary Session: Disabilities: Perceptions and Realities

This session will identify the unique issues, challenges and barriers for Aboriginal Peoples with disabilities in the North.

9:15 a.m. Opening Remarks Davidee Arnagag

Panel Presentation and Davidee Arnagag

Discussion Disabilities issues in the Eastern Arctic

Dino Norris & co-presenters

FASD Training for Special Investigators

Doreen BaptistePolio: Then and Now **Anaoyok Alookee**

Cultural Education for Students with FASD **Audrey MacFarlane & co-presenters** FASD and Rural Alberta: Finding ways to

meet rural communities' needs

10:30 a.m. Break

10:45 a.m. Workshops/Small Group Discussions

12:00 p.m. Lunch (on your own)



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Appendix B Plenary Session: Nutrition

Sharing knowledge and information about the relationship between traditional foods, nutrition and good health in northern communities.

1:30 p.m.	Opening Remarks	Eric Shirt
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Panel Presentation and Eric Shirt

Discussion Traditional Food: A Body's Fuel for

Optimum Health Winnie Gruben

CHRs: Educating and Promoting Health

Elisa Levi & co-presenter

Incorporating Traditional Foods into

Wellness

Harriet Kuhnlein

Centre for Indigenous Peoples' Nutrition and

Environment: Dietary Studies in the

Canadian Arctic

Jill Christensen & co-presentersFood Equity: Working Together to

Address the Issue

3:00 p.m. Break

3:45 p.m. Plenary Discussion

5:00 Adjourn for the day

7:00 p.m. Feast and Cultural Location: Great Hall Presentations Legislative Assembly

DAY 3: Friday, May 9, 2003

The Health Fair will run from 10 a.m. to 12 p.m.

7:30 – 9:00 a.m. Continental Breakfast Katimavik Lobby

9:00 a.m. The Honourable Stephen Kakfwi

Premier, Government of the Northwest Territories



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Appendix B Plenary Session: Traditional Knowledge and Medicine

Practising and integrating traditional knowledge and practices can play a critical role for Aboriginal Peoples in achieving and maintaining healthy lifestyles, establishing healthy relationships and making healthy choices.

9:15 a.m.	Opening Remarks	Be'sha Blondin	
	Panel Presentation and Discussion	Be'sha Blondin Nats'eju'Dahk'e (Place of Healing) Caleb Ootova Traditional Inuit Survival Skills Paul McGaffey Healing Lodges in the North	
10:30 a.m.	Break		
10:45 a.m.	Workshops/Small Group Discussions		
11:00 a.m.	Plenary – Reporting on workshops		
11:45 a.m.	Concluding Remarks and Closing Prayer		
12:15 p.m.	Lunch (on your own)		
1:30 p.m.	NAHO Public Meeting Location: Katimavik Room		



