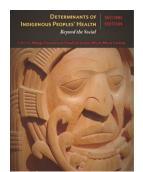
## National Collaborating Centre for Indigenous Health



### Centre de collaboration nationale de la santé autochtone

#### Beyond the Social: Author Interviews



Welcome to <u>Beyond the Social</u>: <u>Author Interviews</u>, a video series produced by the National Collaborating Centre for Indigenous Health. The NCCIH focuses on innovative research and community-based initiatives promoting the health and well-being of First Nations, Inuit, and Métis peoples in Canada. All of the contributors interviewed in this video series, from the highly-acclaimed book <u>Determinants of Indigenous Peoples' Health in Canada</u>: <u>Beyond the Social</u>, share a common concern with improving the health of Indigenous peoples in Canada and beyond. In sharing First

Nations, Métis, and Inuit traditional knowledge alongside Western academic and medical knowledge, the authors demonstrate the potential gains of walking in two worlds, integrating the best of both Indigenous and Western knowledge, and honouring and respecting the diverse healing and medical practices available to us today.

# Video - Chapter 18: Knowing Who You Are: Family History and Aboriginal Determinants of Health, with Brenda Macdougall



Brenda Macdougall, Chair of Métis research at the University of Ottawa, emphasizes the importance of sharing narratives about the power of kinship relationships for repairing the circle of family and restoring Métis identity, which is critical in the rebuilding of healthy citizens and healthy nations. The values of reciprocity, mutual support, generosity, decency, and order, which are

crucial to successful family relationships, also influence individual and community behaviours and actions, helping to promote health and well-being at a broader collective level.

#### Transcript

I'm Brenda MacDougall. I was raised in Saskatoon. My father's family is originally from the Fort Edmonton Métis families who migrated to the Red River Settlement in the 1850s and 1860s, and from there we dispersed across western Canada. When you are Métis, you are from a collectivity and our responsibilities to other are greater than our responsibilities to ourselves. I think knowing and understanding that shapes the way you respond to and interact with your community, but it also changes your self-reflection of yourself. And so being healthy is being a

part of that collectivity, and knowing your lineage is a part of that. If you can't be from a community because it no longer exist – and there's so many of our communities that no longer exist – those things are contributing factors to not only your personal health, but the health of our larger communities, our larger nation.

I think they are inter-related, intertwined because it's about responsibilities as opposed to rights. So often we talk about a rights-based dialogue – our rights to this, our rights to that – but we very rarely speak about our responsibilities to one another. When you feel like you are a part of a collectivity, it makes it easier to deal with your day-to-day stuff, it makes it easier to deal with your own ... whatever your problems are, physically or mentally or socially, because you know that you have that support network that can support you and get you through the day. In turn, you also have the responsibility to uplift people. I urge especially Indigenous/Aboriginal policy makers to stop using colonial language, to stop siloing ourselves into Canadian state legal definitions of what it is to be Aboriginal in Canada because as long as we continue to allow that to happen, our communities can't be healthy.

We've forgotten our reciprocal obligations to each other. We've forgotten our responsibilities to the greater whole. And what I mean by that is that in northern Saskatchewan, although all people whose name is Moran are related to each other – they all descend from a very specific group of people – they are treated differently based on the legal category that they hold. So, the people who are Treaty have greater access to health services branches because it's funnelled through federal funds as opposed to the people who have to deal with the provincial government. The child welfare structures are different. As a consequence of these things, people think or believe that one or another in the group is getting special treatment, so they become jealous of each other. They treat each other like they are not relations. They don't tell their children that they are related to each other. These are things that would have been common knowledge 50 years ago but with the welfare state, with the provincial health care systems, with the provincial education systems, but with an overlay of federal responsibility for Indians, people have forgotten or have chosen to forget those realities of who they actually are. I think we have to stop allowing Canada to dictate who we are and that's easier said than done. I'm not optimistic, but if we don't try, then we will never start to walk past this.

National Collaborating Centre for Indigenous Health (NCCIH) 3333 University Way Prince George, British Columbia V2N 4Z9 Canada

Tel: (250) 960-5250 Email: <u>nccih@unbc.ca</u>

Web: nccih.ca

Centre de collaboration nationale de la santé autochtone (CCNSA) 3333 University Way Prince George, Colombie-Britannique V2N 4Z9 Canada

Tél: 250 960-5250 Courriel: ccnsa@unbc.ca Site web: ccnsa.ca © 2017 The National Collaborating Centre for Indigenous Health (NCCIH). This publication was funded by the NCCIH and made possible through a financial contribution from the Public Health Agency of Canada (PHAC). The views expressed herein do not necessarily represent the views of PHAC.