



# Tee Cha Chitl

*Getting Well Again*

nuučaañuł / Nuu-chah-nulth  
Community-Driven Diabetes Approach

By Rachel Dickens, Zach Cameron and Tabitha Robin





Geena Powa Haiyupis is a Two-Spirit artist with roots in Coast Salish and Nuuchahnulth Nations. Artist statement for *Tee Cha Chitl - Getting Well Again* logo:

*The courageous path through diabetes resilience is directly related to our nutrition connection.*

*Let the sun, moon and salmon remind us of these very cycles of life.*

*Like the moonlight guides our dark path, the sun brings growth and the cycles of life are imitated by the salmon. Our lives are constantly in motion like the water and tides of change.*

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*Thank you to Melody Charlie for the event photos.*

*Thank you to the ɣaʔuukʷiʔaʔ / Tla-o-qui-aht Language Department  
for the Nuuchahnulth language support.*



Nuu-chah-nulth youth digging for clams in Huu-ay-aht territory.



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# Introduction

The name nuučaʔnuł (Nuu-chah-nulth), loosely translates to “all along the mountains and sea,” or “people who dwell along the mountains” (Atleo, 2004). This vast traditional territory of the Nuu-chah-nulth-aht (Nuu-chah-nulth Peoples), once rich in ocean resources and root gardens, provided all the sustenance needed for holistic wellness (Cote, 2022). The Nuu-chah-nulth food system has been greatly disrupted by colonialism and its legacy. Only recently have western approaches to diabetes considered what Indigenous Peoples have always known: that diabetes is a symptom of colonialism and is a direct result of the trauma inflicted by land dispossession, poverty, the residential school system, and related colonial policies, including the imposition of a colonial food system and enforcement and surveillance of a sedentary lifestyle through land governance (Cote, 2010; 2016).

10.4%<sup>1</sup> of on-reserve Nuu-chah-nulth Peoples are living with type 2 diabetes. For on-reserve First Nations Peoples across Vancouver Island, the prevalence of type 2 diabetes is 9% (First Nations Health Authority, 2019) and 17.2% for on-reserve First Nations Canada-wide, compared to 8.9% for the general population of the nation-state of Canada (Public Health Agency of Canada, 2011; 2022). Physiologically, type 2 diabetes is defined by a lack of insulin production (the hormone that lowers blood sugar levels), the inability of the body to use its insulin (insulin resistance), or a combination of both these factors.

Across what is now known as Canada, Indigenous Peoples are vocalizing the truth about colonialism’s adverse effects on health, while resisting its

ongoing assaults and undertaking resurgence efforts to revitalize connection to land, culture, and food-systems to promote holistic wellness (Robin, 2019). This report is part of a larger call from the Nuu-chah-nulth-aht to understand how re-establishing relationships with land, food systems, and encompassing knowledge systems, including teaching and learning, can support those living with type 2 diabetes, and prevention for future generations. Throughout this report we will share the knowledge gathered at the *Tee Cha Chitl “Getting Well Again”* Strengthening Gathering as part of a Canadian Institute of Health Research (CIHR) Initiative: *Diabetes Prevention and Treatment in Indigenous Communities: Resilience and Wellness*.

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1 Statistics taken from Nuu-chah-nulth Tribal Council diabetes health registry.

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# Background

The Nuu-chah-nulth-aht include many groups of people who live along the west coast of Vancouver Island and their Makah relatives on the Olympic Peninsula of Washington State. Beginning from the south, the Nuu-chah-nulth Peoples of Vancouver Island include the Pacheedaht, Ditidaht, Huu-ay-aht, Tse-shaht (čišaaʔaḥ), Uchucklesaht, Toquaht, Yuu-cluth-aht (Yuułʉʔiʔaḥ), Hupacasath (Hupačasath), Tla-o-qui-aht (ł̓aʔuukwiʔaḥ), Ahousaht, Hesquiaht, Mowachaht/Muchalaht, Nuchatlaht, Ehattesaht, and Kyuquot/Cheklesah (Ka:ʔyu:ʔkʔtʔhʔ/Che:kʔtles7etʔhʔ) (modified from George, 2003). As Salmon People, the Nuu-chah-nulth-aht hold a respectful and responsible relationship with the natural world. The protection of traditional food systems, and thus the sacred relationships to all living things is embedded in the Nuu-chah-nulth philosophy hišukʔiš čawaak (everything is one), ʔuu-a-luk (taking care of), and iisaak, (respect) (Atleo, 2003; Cote, 2016).

## The Nuu-chah-nulth Tribal Council

In 1958, 14 Nuu-chah-nulth First Nations formed the Nuu-chah-nulth Tribal Council (NTC), with the goal of increasing the Nuu-chah-nulth's political influence and advocating for self-determination. The NTC has taken steps to dismantle power imbalances, systemic discrimination, and inequitable care provided by settler-run organizations to meet the unique needs, cultural and otherwise, of the Nuu-chah-nulth Peoples.

The transfer of health services from Health Canada to NTC in 1988 has allowed for the NTC to provide Nation-driven and culturally safe healthcare services and programs to the on-reserve population of 12 Nuu-chah-nulth First Nations. Health services, overseen by the NTC Director of Health, includes Nursing, Child and Youth Services, Teechuktl Mental Health, Health Benefits, and Health Research, staffed by Registered Nurses, Registered Dietitians, a Certified Diabetes Educator, Clinical

Counsellors, Mental Health Workers, Cultural Workers, and Researchers.

Since 2005, the NTC has also overseen the Nuu-chah-nulth Fisheries, Uu-a-thluk, translating to “taking care of,” increasing Nuu-chah-nulth participation in the harvesting and management of aquatic resources. In 2009, a court win by the five Nations of Ahousaht, Tla-o-qui-aht, Hesquiaht, Mowachaht/Muchalaht and Ehattesaht, supported by the NTC and Uu-a-thluk, demonstrated a momentous act of sovereignty of their food system. After more than a decade of legal preparations and 123 days in court, the Supreme Court of British Columbia ruled the Nuu-chah-nulth Nations have the right to harvest, barter, and trade all species of fish found within their traditional territory, dictated by their own unique cultural, economic, and ecological considerations.



Elder Archie Little being honoured and blanketed

## Research with the Nuu-chah-nulth Tribal Council

Over the last 19 years, the NTC, in collaboration with Nuu-chah-nulth Nations, has been engaged in Nuu-chah-nulth-led research practices, working towards self-determination and self-governance over health research. Following the 1980's Bad Blood controversy, where Nuu-chah-nulth blood was 'loaned' out for genetic research without consent by a University of British Columbia (UBC) academic, the NTC formed the Nuu-chah-nulth Research Ethics Committee to ensure ethical protocol for all research within Nuu-chah-nulth communities is followed.

Currently the NTC is engaged in the CIHR-funded *Indigenous Healthy Life Trajectories Initiative (I-HeLTI); hishuk-ish tsawalk (everything is one, everything is connected): Restoring healthy family systems in Indigenous communities* project, exploring how environmental factors and Indigenous social determinants of health (including, poverty, racism, intergenerational trauma, housing, geography) interact with a child's genes during conception and throughout their lifespan. Additionally, the NTC's CIHR-funded *kwiss hen niip - Change for Emergency Care Services in Rural and Remote Indigenous Communities in BC* project, and the Public Health Agency of Canada-funded COVID-19 Vaccine Project are strengthening internal capacity for research. The CIHR-funded *Developing a Research Agenda to Realize the Vision of an Effective, Culturally Relevant*

*and Wellness Focused Nursing Service Developed in the Nuu-chah-nulth Way* project, weaves traditional Nuu-chah-nulth wellness knowledges into NTC healthcare approaches, furthering the development of Indigenous ways of being, knowing, and doing health research.

These projects all intersect on diabetes care and support. Type 2 diabetes was identified as a priority area in the I-HeLTI project's community engagement (along with heart disease and mental health) and holds highlighted relevance in the COVID-19 Vaccine, Emergency Care, and Nursing projects. In 2019, a NTC-hosted gathering brought together the three Vancouver Island First Nations families (Coast Salish, Nuu-chah-nulth and Kwakwaka'wakw) to discuss a potential Island-wide diabetes approach. Community members and Health Directors identified diabetes priorities, including better access to community support, resources, and medical services, and addressing concerns of discrimination and shame from health practitioners. From this, diabetes programming under *Tee Cha Chitl "Getting Well Again"* was conceptualized and the NTC Health Department actively engaged in a new approach to diabetes, centering Nuu-chah-nulth values, culture, and traditions.





Char's Landing, Hupacasath/hupačasath and  
Tse-shaht/číšaaʔath traditional territory



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# Tee Cha Chitl “Getting Well Again”

## Nuu-chah-nulth Community-Driven Diabetes Approach

On May 19 and 20, 2022 a CIHR-funded *Strengthening Gathering for the Tee Cha Chitl - Getting Well Again, Nuu-chah-nulth Community-Driven Diabetes Approach* project took place, part of larger ongoing efforts to explore Nuu-chah-nulth strengths-based approaches to diabetes. The Gathering supported Nuu-chah-nulth-aht to share their stories and experiences on how colonialism has impacted traditional food systems, connections to culture and traditional wellness approaches, visions for addressing the resultant increased burden of type 2 diabetes, and how to protect future generations from this disease. There was urgency in the call. With renewed awareness and knowledge about how colonialism has led to higher rates of diabetes, steps towards decolonizing health and wellness will lay the foundation for culturally relevant diabetes research through strengthening connection to land, culture, and traditional food systems. The intention of the Gathering was to support a full proposal to CIHR for a multi-year research project to host Community-Driven Diabetes Wellness Retreats in Nuu-chah-nulth Territory.

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# The Strengthening Gathering

The Gathering hosted representatives from 12 Nuu-chah-nulth First Nations, alongside allies in healthcare and academia, in Port Alberni, a central meeting place for all Nuu-chah-nulth Nations located on Hupacasath/hupačasath and Tse-shaht/číšaaʔaṭḥ territory. The venue was a culturally safe and familiar setting, met accessibility needs, and allowed for catering of traditional foods, ceremony, and smudging. Meals were catered by a Tse-shaht/číšaaʔaṭḥ caterer and included traditional, familiar, and diabetes-friendly foods.

Guided by the Protocols and Principles for Conducting Research in a Nuu-chah-nulth Context, and the Ownership, Control, Access, and Possession (OCAP™) framework, this knowledge gathering event was community-driven and Nation-based, focusing on a priority of the Nuu-chah-nulth communities (NTC, 2008; First Nations Information Governance Centre, n.d.). Ethics approval was received through the University of British Columbia, and included consent for gathering stories and photo releases. The Tri-Council Ethics standard of research with Indigenous Peoples was upheld to ensure an ethical space for dialogue. Consent for the use of identifying names in this report was obtained prior to report publication.

The two-day event began with prayer by honoured Elders Dave Frank (Ahousaht) and Cliff Atleo Sr, Wickaninnish (Ahousaht). Hereditary Chief, Al Ross (Hupacasath), and Deb Foxcroft (Tse-shaht) led the territory acknowledgements. The Master of Ceremonies

(MC) Les Dorian (Ucluelet) relayed the purpose of the Gathering: to reimagine a Nuu-chah-nulth diabetes approach, centering Nuu-chah-nulth values and culture, and to propose a series of CIHR-funded Diabetes Wellness Retreats. The Uut Uuštukyuu Society facilitated ḥaaḥuupa [teachings], meal songs, ceremony, brushings, and traditional medicine consultations. The opening talk by ḥaasʔaḷuk, John Rampenan (Ahousaht), detailed his journey of reconnecting to his territory through language, and how he and his wife Nitani Desjarlais, kamâmakskwew waakiituusiis, have raised their 11 children to challenge settler colonialism by embedding Indigenous values throughout every part of their family's life. Ḥaasʔaḷuk's opening talk helped to frame the discussions over the following days by sharing the Nuu-chah-nulth worldview of interconnectivity and interrelationships, a framework for cultural and spiritual wellness and harmony:



When we taste foods for the first time again and we remind our palates, our traditional palate, of those foods, it's feeding our spirit as well as our body. And so, you know there's so many different layers to the importance and the significance that our food has to offer... And so, the medicines of our ancestors, the practices that we have, all of the ways that our ancestors formed a way of life that was interconnected with this environment. We often hear the term *hišukʔiš cawaak* or *hišukʔniš cawaak*, we are all one and interconnected, or *čawaackʷiniš*, that we all come from one source or one root.

ńaasʔaʔuk, John Rampanen

Participants living with diabetes shared their experiences through story and witnessing including Elders Archie Little and Wally Samual, Keith Atleo and Paul Sam. Knowledge was gathered through surveys, table discussions, and a sharing circle. 74 people attended the Gathering including Nuu-chah-nulth community members living with diabetes, those active in traditional food work, Nuu-chah-nulth Nations' health, cultural and wellness workers, youth, Traditional Healers, Knowledge Holders, Elders, as well as Health Authorities representatives from Island Health (IH) and First Nations Health Authority (FNHA), local and national organizations' representatives from National Indigenous Diabetes Association (NIDA), the Indigenous Sports, Physical Activity and Recreation Council (ISPARC), and academics from University of British Columbia (UBC) and Simon Fraser University (SFU).

Participants gathering for the Dinner Song.



# Research Activities

Invitations were sent to Health Directors of the 12 Nuuchahnulth Nations who receive health services from the NTC, and their Community Health Representatives, Nation Cultural Workers, and Family Support Workers upon the approval of the Health Directors. The NTC Dietitian and Diabetes Educator engaged community members living with diabetes to join the event. Travel, accommodation, and a small honorarium was provided. Invited guests were encouraged to identify others to attend the event and attendance of families and children was emphasized to offer multiple perspectives on wellness. A total of 15 Traditional Healers and Medicine People from the Uut Uuštukyuu Society were funded separately (NEIHR Research Development Grant) to join the event.

Daniel Young-Mercer from ISPARC FitNation leading a movement break.





# Sharing Stories and other Research Activities

## The Surveys

Surveys were developed in collaboration with Nuu-chah-nulth Elders, community members and academics. These questions were workshoped in one Nuu-chah-nulth community prior to the event. All surveys were completed anonymously. The surveys were made up of two parts totaling 63 questions. An intake form queried participants' Nation, on-reserve/off-reserve status, age, sex/gender, household size, health history, and family health history. The sensitivity and trigger potential of questions regarding residential school system/day school attendance was acknowledged with a statement advising caution regarding upcoming questions.

Part one of the survey, the *nuučaahuł Traditional Foods Survey*, asked about traditional foods and barriers to access, historic practices, language in relation to traditional foods, traditional medicines, and perceptions on links between food and chronic disease. This was followed by a food-frequency and taste preference table, including 69 traditional Nuu-chah-nulth foods and 27 market foods. The second part of the survey, the *nuučaahuł Wellness Survey*, captured the four domains of holistic health: physical, emotional, mental, and spiritual. The participants' perception of the importance of each health domain, and their own experiences in health was recorded using a scale of 1-5. Open-ended questions were also used to gain a deeper understanding of the respondents' personal experiences and desires.

## Table Discussions

At the Gathering, participants were seated at one of six tables, with 8-10 participants per table, alongside a dedicated facilitator from UBC, ISPARC, IH, and one Uut Uuštukyuu Society member. Facilitators guided and recorded the discussions, based on nine questions regarding ongoing community food work, perspectives on sharing traditional knowledge, and connections between traditional Nuu-chah-nulth culture and wellness.

## Sharing Circle

The whole group gathered on day two for an audio recorded 3-hour sharing circle. Thirteen participants chose to share as part of the sharing circle. Participants were prompted to share their thinking, visions, and desires around the proposed Diabetes Wellness Retreats.

*I want my children to see the love that I give to them is with the traditional foods. When they see that I went out and I harvested these berries and I picked these berries, that the love is going into the berries when I give it to them.*

# Making Meaning

Analysis of the survey results determined totals and averages for each question. Data were also categorized (e.g. on-reserve/off-reserve, gender, and diabetes yes/no) to compare and contrast findings. For open-ended questions and table discussions, themes were developed on a per question basis. The sharing circle was transcribed and also organized into themes. Due to the small sample size and for confidentiality reasons, separate categories were not made for the data analysis. Non-Nuu-chah-nulth Indigenous participants were included as members of the nations they married into. Not all participants answered every question. To ensure consistency, percentages were calculated based on the total number of survey respondents or category totals.

Elder Wally Samual



# Results and Findings

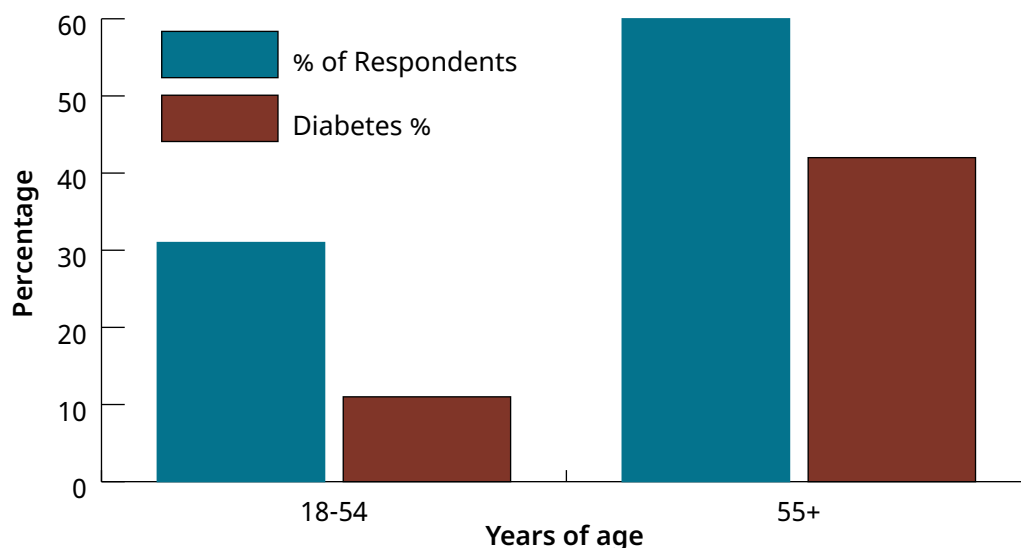
## Surveys

A total of 55 surveys were returned, completed by community members (including Elders, Knowledge holders, Uut Uuštukyuu, and youth), represented by 12 Nuu-chah-nulth Nations. The average age was 56 years old, with equal male and female participants (27 each) and one participant who identified as Two-Spirit. Thirty-four participants reported living on-reserve, 20 off-reserve, and one lived part-time on- and off-reserve. Of the 55 participants, 17 (31%) self-identified as having type-2 diabetes (Figure 1), while 45 (83%) respondents had at least one family member with diabetes. Thirty-eight participants reported having a medical condition other than diabetes, including hypertension, heart disease, high cholesterol, depression, autoimmune disease, and/or cancer. Almost all surveyed participants had either attended a residential school or day school, or had a direct family member (parent or grandparent) who did. The majority of respondents with diabetes (59%) attended a residential school or day school. Additionally, the majority of respondents, including all of the participants with diabetes, felt their health issues were connected to the foods they ate, while also expressing the importance of eating their traditional foods, and their desire for increased access to these foods.

*All of the participants with diabetes felt their health issues were connected to the foods they ate.*



Figure 1: Percentage of participants with diabetes by two age groups: 18-54 and 55+.

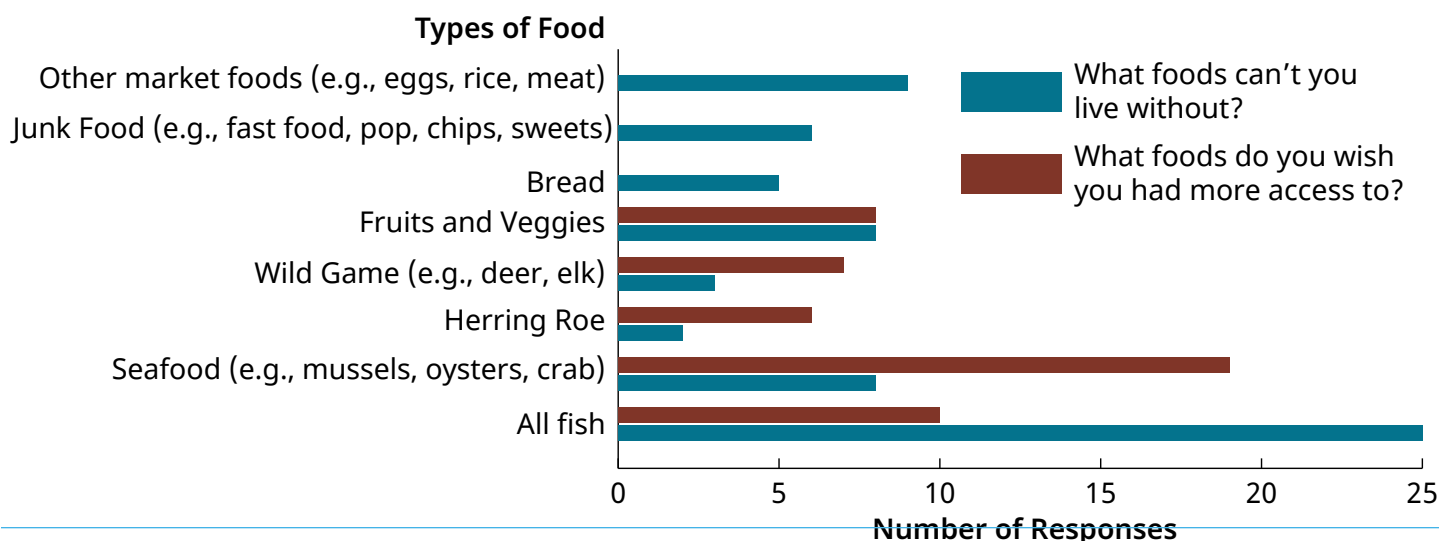


### Priority foods and availability

The *nuučaañuł Traditional Foods Survey* asked participants which traditional foods are most commonly harvested. Fish was reported as the most common, followed by wild game (deer, elk), seafood (including oysters, mussels, and crabs), and finally duck (Figure 2).

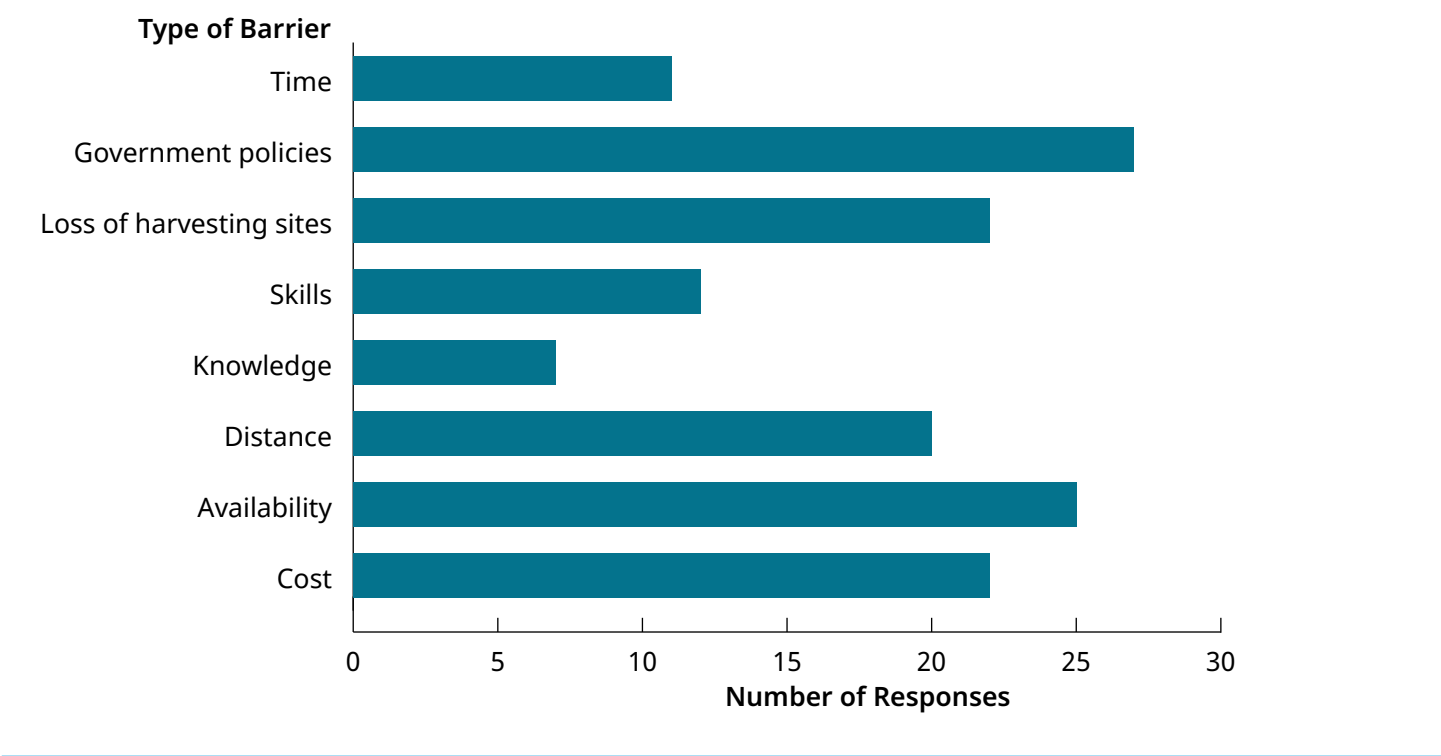
When asked which foods they could not live without, overwhelmingly, most participants reported fish (including salmon). Seafood was reported as the food most respondents wished they had more access to and the third most reported food respondents could not live without. Market-based foods, including bread, eggs, rice, meat, and junk food, were also surveyed and identified as foods respondents could not live without, though access was not a concern. Fruit and vegetables were identified as market foods respondents could not live without and wished they had more access to.

Figure 2: Participant responses to the questions “What foods do you wish you had more access to?” and “What foods can’t you live without?”



The highest reported barriers to accessing traditional foods included government regulations, availability, loss of harvesting sites, cost, and distance to harvesting sites (Figure 3). Meanwhile, skills, time, and knowledge were the least reported barriers. For nutritious foods (encompassing all healthy foods, including store-bought foods), cost, availability, and distance were the most reported barriers to access.

Figure 3: Participant responses to the question “What are the biggest barriers that you face in accessing traditional foods?”

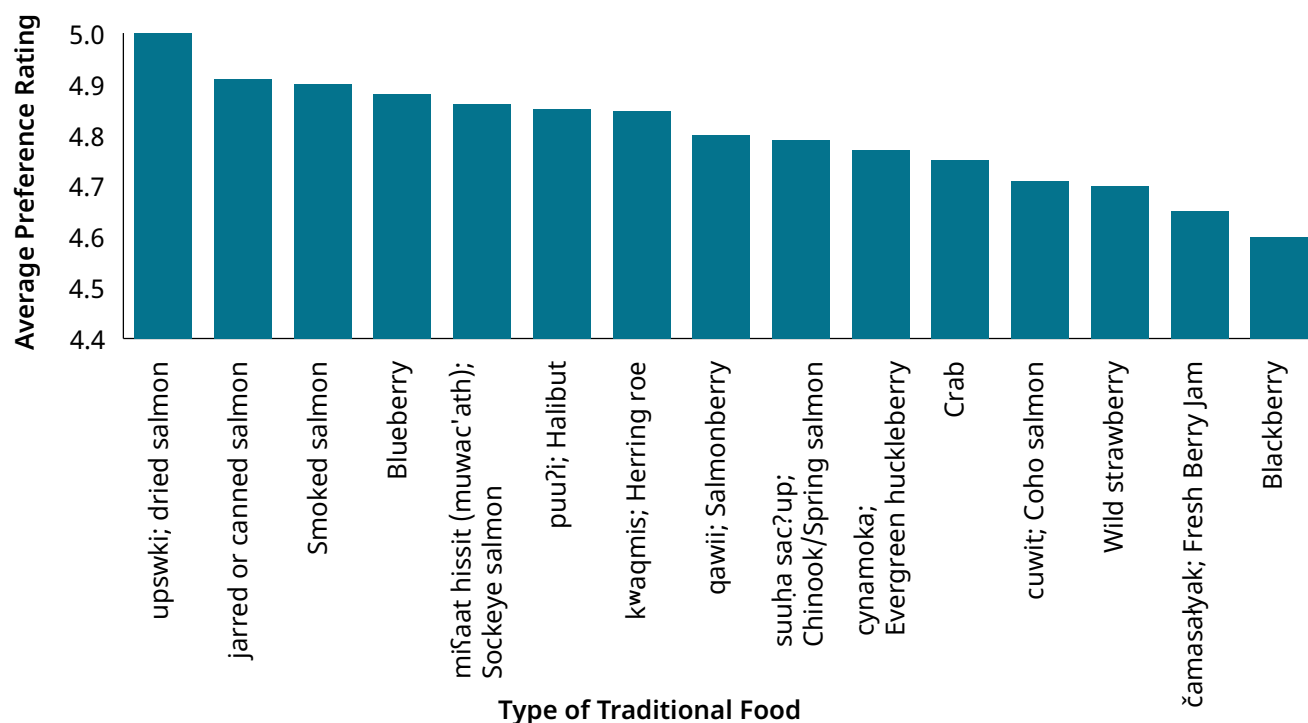


Preference and frequency

The *nuučaahul Traditional Foods Survey* also covered seasonal consumption of select traditional foods, showcased alongside their taste preference (Figure 4). Salmon and other fish were the most frequently consumed traditional foods, with jarred salmon being the most frequent. All fish had the highest average preference ratings. Berries and some seafoods such as *yaʔisi* (clams), crab, prawns, *kʷakmis* (herring roe), and *hayʔišʔup* (chiton) were reported as being consumed less frequently, though average taste preference was high. Of the 69 traditional foods on the survey, 24 were reported as ‘never consumed’ by the majority of respondents, including smoked *ʔusmit* (herring), seal, whale, goose, and *čims* (bear). For market foods, beef, chicken, and eggs were consumed by almost half of the respondents at least twice per week, and were preferred in taste over pork and processed meat. Daily consumption of homemade and store bought bread was 12% and 7%, respectively, while 20% never consumed either. Water was reported as consumed ‘every day’ by the majority of respondents, while energy drinks were reported as ‘never’ consumed by the majority of respondents.



Figure 4: Top 15 average taste preferences, on a scale of 1-5, by participants for different Nuu-chah-nulth traditional foods.



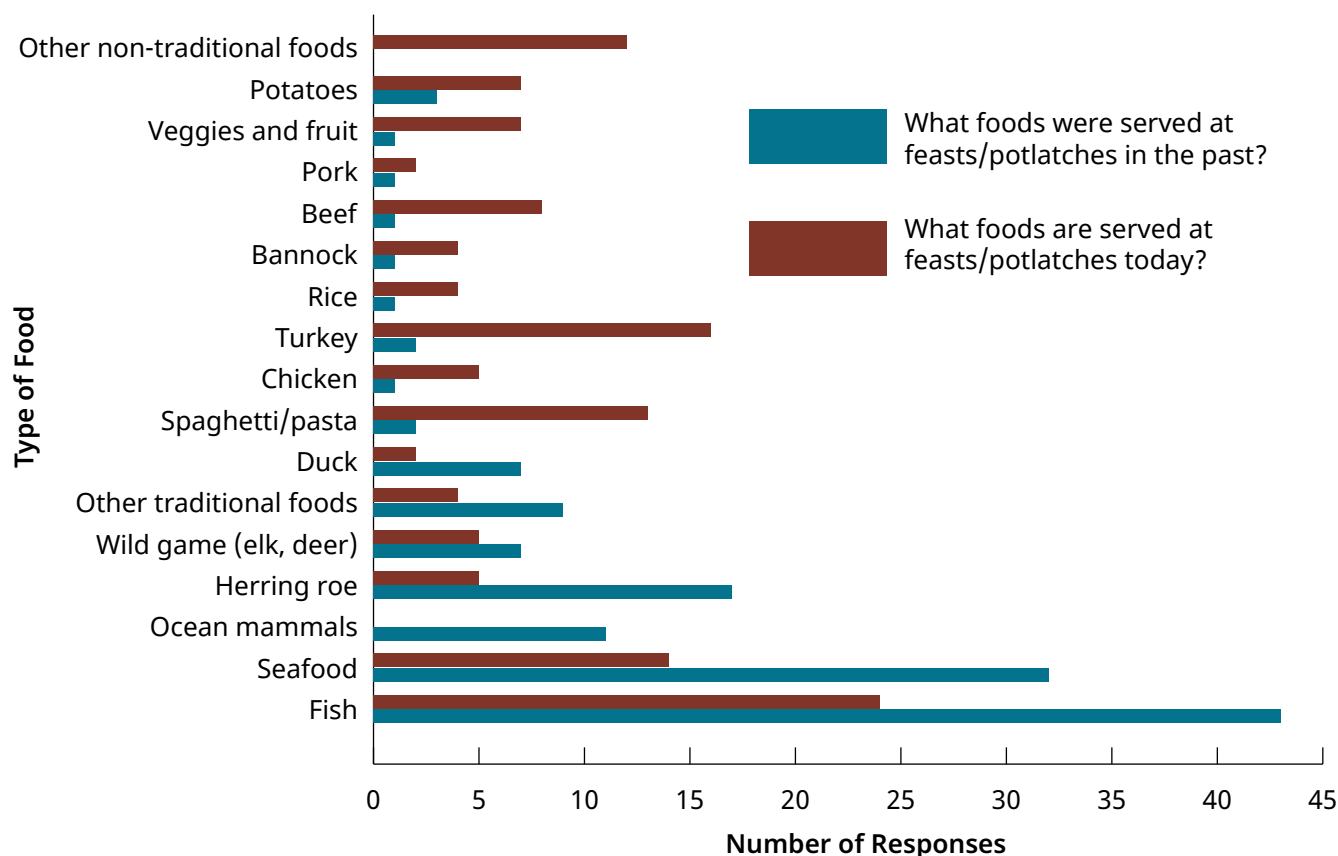
## Feasts and Potlatches

In the *nuučaahuł Traditional Foods Survey* (Figure 5), participants reported traditional Nuu-chah-nulth feasts and potlatches were most abundant in fish and seafood, followed by herring roe, ocean mammals (seal, whale, sea lion), and wild game (elk, deer). Current-day feasts and potlatches continue to serve fish and seafood, most commonly, alongside non-traditional foods such as turkey, pasta, beef, potato, and fruits and vegetables. Herring roe is less common currently, and ocean mammals are reportedly no longer served.

### Digging for ʔaʔisi (clams)



Figure 5: Participant responses to the questions “What foods are served at feasts/potlatches today?” and “What foods were served at feasts/potlatches in the past?”



## Culture

In exploring the connections between Nuu-chah-nulth language and traditional foods in the *nuučaañuł Traditional Foods Survey*, 20% of respondents ‘always’ used Nuu-chah-nulth language when referring to their traditional foods, while 50% reported they ‘often’ did. The importance of this was demonstrated in the majority of respondents who reported feeling a deeper connection with their foods and food systems when referring to the food in the Nuu-chah-nulth language.

The *nuučaañuł Measurement of Wellness Survey* asked what helps participants feel more connected to their culture and what makes them hopeful for the future. Respondents focused on language, including the joy of knowing that youth are learning their language; culture, including dances, music, teachings, and connecting to spirit; and family, including youth, children, grandchildren, parents, grandparents, and Elders. When asked what supports could improve physical, mental, emotional, or spiritual health, respondents’ answers focused on support people, including in-community mental health workers, cultural healers and Uut Uuštukyuu Society, connection to friends and family, as well as learning opportunities about health and wellness, traditional food practices, and culture and physical activity. Identified barriers to improving physical, mental, emotional health, and spiritual health included limited access to effective and culturally relevant healthcare, supports for mental health and addiction, time and money, COVID-19, and colonialism.



## Table Discussions

Themes of family and community support, resilience, and the desire to support language, culture, and food programming were common throughout the table discussions. Examples of ongoing food, health, and wellness initiatives were shared and included: community gardens, food distribution programs, community pantries, language and traditional food programs in schools, feasts and other events, Elders' lunches, community fish days, the work of local harvesters, Nuu-chah-nulth Nation fisheries, traditional medicines, and traditional health approaches.

Overall, there was a strong desire to improve diabetes care and prevention, though participants stressed that to be successful there must be continuity in support. Short-term programming has not helped with ongoing barriers to healthy food access. Identified barriers included loss of language and practices related to traditional foods, remoteness (expensive market foods, limited access to health professionals), climate change, government regulations that limit access to traditional foods, environmental pollutants, over-harvesting by industry, and damage to ecosystems. In addressing diabetes and holistic wellness, participants felt their communities would benefit from more workshops

and wellness events, incorporating traditional food, language, and culture.

Participants were clear that traditions and teachings should be treated as sacred, and also need to be passed on to the younger generations. Though some sacred knowledge should only be passed through families, there was consensus that traditions must be passed down and shared. The richness and depth of the Nuu-chah-nulth language was discussed as integral to knowledge translation, recognizing much context is lost when translating words and concepts into the English language. Participants acknowledged the immeasurable loss of traditional food knowledge, especially for plant species, but held hope knowing that there are still some Nuu-chah-nulth who hold this knowledge.

Residential school survivors expressed feelings of shame and internalized racism, identifying the loss of transferring knowledge to their children as an act of 'protection' in response to the anti-Indigenous racism and colonial violence they had endured for practicing their culture. There was urgency in the need to feel empowered to break the colonialism-induced negative cycles.

Jeremy Speller facilitating a table discussion.



## Sharing Circle

Participants were asked to share their visions for diabetes support and prevention in their communities, and to share their own experiences with diabetes. Significant comments were identified, creating the foundation for the three themes: *Racism and barriers to healthcare*, *Traditional foods and medicine for wellness*, and *Healing through culture and future generations as leaders in wellness*.

### Racism and barriers to healthcare

Access to healthcare services and experiences of anti-Indigenous specific racism and discrimination in the healthcare system were important themes during the sharing circle. Many participants, including Matilda Atleo, shared experiences of racism and mistreatment at hospitals or by physicians, and how for some, the ongoing racism and prejudice in the healthcare system keeps them from seeking out medical attention. Matilda Atleo's experience of losing her late-husband due to mistreatment in the healthcare system was one of many stories of loss.

*He never checked his blood sugars or he would tell his sisters 'Oh I go to the doctor regularly,' but he never did. And I think the reason he didn't go to the doctor, because the doctor would scold him. And I don't know how many of you can imagine somebody talking to George like that, telling him what to do and stuff. So he never went to the doctor. And the day he died... he kept needing to go to the bathroom like every half-hour. And I knew something was wrong. And I said 'Come on, I want to bring you to the hospital. Right now.'... 'Come on let's go. I want to bring you.' 'Nope. I don't want to go there. Nope. I refuse to go there.' ... He needs to go to the bathroom again. He goes upstairs, collapses and dies. He had a massive heart attack.*

Matilda Atleo

Ron Dick came to the sharing circle to share his experiences with the healthcare system and healthcare professionals.

*And I don't really trust that hospital anymore... they just weren't very nice to me. Especially when I had the stroke there at the West Coast General Hospital... 40 minutes before a nurse would come in and check me. I couldn't get out of bed because I just had a stroke, I couldn't move my right side. You know, I had to go to the washroom really really bad, but the nurse just didn't come in. And that was my first stroke.*

Ron Dick

Survey completion by participants, facilitated by Erin Ryding from Uut Uuštukyuu Society.





Other participants also expressed how racism continues to impact their ability to access healthcare services. The ongoing struggles the Nuuchah-nulth-aht face in accessing compassionate and culturally-safe healthcare services led participants to discuss the importance of the NTC services for on-reserve community members living with diabetes. Tom Campbell shared how NTC's diabetes services have helped the lives of many community members from his Nation.

*... I am going to fight for her [continued services] through NTC. You know and I kid you not, she's probably saved quite a few lives in Ahousaht. There's lots of people in Ahousaht that have diabetes. Some in their early 20s, some in their early teens. Anybody that works in that kind of field, she has all the info... I know she visits a lot of other people in the other communities too. So we need people like this.*

Tom Campbell

While Tom and other participants stressed the need for more government funding for the NTC to provide additional on-reserve healthcare services, Elder Wally Samual, who lives off-reserve, described the importance of Nuuchah-nulth-led services to also be available for the off-reserve population to keep the Elders well.

*I just want to thank the Tribal Council [NTC] and First Nations Health [Authority] for including all our members, our nations, no matter where we live. I often ask people who don't live on the reserve, we ask for help and we're told 'oh we can't help you, you live off-reserve.' Lots of our Elders, that happens to them, they call for help from a nurse. Some nurses bend the rules and they come and help us but quite often, it depends who the manager is, they say 'oh no we can't help them they're off-reserve.' So that's a thing that happens to us, that's a truth.*

Wally Samual

Diabetes Dietitian Rachel Dickens

Wally is a strong voice for the urban Elders who are not able to access the NTC healthcare services. Les Dorion furthers this concern, reminding the group that the majority of the Nuuchah-nulth population are urban and are ineligible for the Nuuchah-nulth-led services.

*And for the most part most Nuuchah-nulth tribes are 70% urban. Right? So that in itself is a challenge and I think that needs to be addressed as well from my perspective. We're still Indians. We're still Nuuchah-nulth. And the opportunity to live back on the rez is almost zero because of the Indian Act and the infrastructure or lack thereof.*

Les Dorion

Regardless of on-reserve/off-reserve status, all Nuuchah-nulth are subject to the overarching colonial healthcare system and spoke to the need for more culturally-relevant healthcare programming. Collectively, the resounding theme was how to ensure the wider Nuuchah-nulth community can access the care they need and are entitled to, expressing concern for each other over individual health needs. Elder Archie Little shared his vision for a healthcare system that from free of prejudice and discrimination.

*So whoever goes to the hospital – we don't want to be treated any differently, we don't want to be treated special. We want to be treated just like anyone else. We want to be treated as a human being, you know, regardless of colour.*

Archie Little



## Traditional foods and medicines for wellness

The desire to keep people well, to lessen the reliance on the healthcare system, was described in the context of how traditional foods and medicines can promote wellness. This was described beyond physical health. For the Nuu-chah-nulth-aht who gathered, it encompassed community health, relationships with the land, and spiritual connectedness.

Embedded in the conversation around traditional foods is the violent colonial disruption to traditional foodways, and how this has resulted in traditional foods being replaced with nutritionally poor western market-foods, and an increased burden of type 2 diabetes in Nuu-chah-nulth communities. Nitanis Desjarlais shared how she had observed the burden of diabetes in her family growing up, and how she is working to overcome this pattern with her children.

*But you know, when they took away the access to our foods, we were given these big things of flour, big things of sugar, big things of salt and lard in replacement. So what the grandmothers did is they took that and they turned it into something that became their love that they put into that food... We didn't know at that time that it [diabetes] was diet related. We didn't know that the love she was putting into the bread was the very bread that was killing us....*

*...I want my children to see the love that I give to them is with the traditional foods. When they see that I went out and I harvested these berries and I picked these berries, that the love is going into the berries when I give it to them. So that the relationship they have with food, they see "Oh my dad went out and got clams." That's love. And then I have to say like the bread, and those pieces, and the čamas [something sweet] is not what we celebrate. We celebrate the máayi [salmonberry shoots] or the different foods that come within the seasons. And I would take them out and I want them to know that's love. Because for me, I would never want them to lose me in that way because of food and our diet and our way of life.*

Nitanis Desjarlais

Elders spoke of the need to follow a more traditional way of eating for good health, and how their Elders passed on knowledge of traditional foods and medicines during a time when traditional foods were the main source of sustenance. Elder Archie Little spoke of the good health he witnessed in his Elders on a traditional food-based diet, with support from Traditional Healers.

*My grandmother, my great-grandmother, 116 years old, she didn't depend on mamalíi [people of European decent?] doctors. She depended on our diet, and she depended on her doctors...in our communities to stay healthy.*

Archie Little

Participants shared how traditional foods help support their diabetes. Archie shares how he has found balance with diabetes through his modern take on a traditional food-based diet.

*Like I said, I don't want to talk about my diabetes. I control my diabetes through diet, I don't have to take medication or I don't have to take insulin. I eat fish, eating resources really helps. I rarely eat potatoes or rice. I usually put on a chunk of fish on the barbeque and grab a salad, that's all I will have for dinner. I don't stuff myself anymore.*

Archie Little

Tom Campbell shares how consuming traditional foods also means challenging western-informed meal structures.

*When there's fish around I will have fish for dinner, fish for breakfast, fish for lunch the next day.*

Tom Campbell

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2 mamalíi translates to people with floating houses, or people who came off the sea



Participants spoke of the barriers to accessing their traditional foods, including the ecological impacts of fish farms, the rise in sea otter populations, and increases in tourism. As April Lucas shared, the discourse needs to switch to addressing the barriers to accessing her traditional foods.

*I think one of the things that we struggle with is it is so easy to say 'let's get back to our traditional eating,' We can't do that... I was a saltwater person. Was, because I seldom see a fish out my front door, on my table. I don't know how long it's been since I've had fresh fish. Crabs. Oysters, Clams...so this is really important for me. I don't know what I can do to help make changes.*

April Lucas

Many participants shared their personal observations on the decline in access to fish and seafood due to imbalanced ecosystems, industry, and increased boat traffic (including sports fishing tourism), and other services that cater to tourism over the harvesting of food. Harvey Robinson of Uut Uuštukyuu Society shares how government regulations have impacted his ability to access traditional foods.

*...there's a real concern here about going back to eating our traditional food... And the beaches, there's no more clams. And our people used to travel up there during clam time in our fish boats to harvest clams. So it worries me that they're [sea otters] going to eat everything we need.*

Harvey Robinson

Participants discussed that overcoming these barriers to access starts with respect and care for the land. Elder Wally Samual reinforces that this respect is foundational for good health.

*There's a lot of things that affect our seafood. All of the things. Way different from when I was a kid. There wasn't as much traffic, there wasn't as much damage from the logging on our seafood. You know there's a lot of boats around now, a lot of people around. In Ahousaht Harbour we used to have fish, we used to have fish in the harbour. Now we don't. We used to have shellfish right in the harbour, and now we don't. So there's a lot of other things that affect our natural foods that protect everything, be careful how we treat our Mother Earth. And again I know it's hard to live off the land, there's many of us who go hunting, I go to Save-On.*

Wally Samual



Fresh qawii (salmonberries).

## Healing through culture and future generations as leaders in wellness

Throughout the sharing circle, participants living with diabetes shared how they care for themselves by eating traditional foods when available. Participants identified that healing communities from diabetes must also encompass cultural connectivity, which includes ceremony, physical activity, and fostering knowledge translation in youth. Connection to culture is a known predictor of wellness (Chandler & Lalonde, 1998). Elder Ma'tuah, George Frank, Uut Uuštukyu Society, shared the Nuuchahnulth worldview that everything is connected, and how connection with spirit is an important component of physical health.

*And she'd be doing a ceremony, because ceremony is very important. I learned that I had to do a ceremony before I went out to do any harvesting. And I get to where I want to harvest, I do a ceremony and ask the Creator or even the animals to show me where the medicine is. And that medicine will help you, it will speak to you, says 'I'm ready, I'm ready.' And after doing the harvesting you do another ceremony. Bring it home, preparing the medicine, you're continuing that ceremony right 'til the end. Even when you're delivering it to the people you do a ceremony. Explain to them what the medicine is and what it can do for them. But it's to believe, to believe in the medicine that it's going to work. If you don't believe in it it's not going to. ... So it's to believe in the Creator who provides this medicine for us. It's the belief in Mother Earth where this medicine grows... All the nutrients that are put into those plants come from the animals. They come from the fish, they come from the birds, they come from the deer - the muwač. It adds all those*

*nutrients into the wilderness, into the woods. So it's important to know what the medicines are and what they do for you, and to believe that they work for you.*

Ma'tuah, George Frank

Participants shared the importance of Indigenous ways of knowing, cultural continuity, and identity for wellness. Qwyatseek Rampanen, offering a youth perspective, shares how as a whaling people, cultural identity is embedded in the Nuuchahnulth-aht. There is respect for ancestral knowledge, which instructs one on how to be well.

*I think that historically our people were the only whalers in the area and that's pretty powerful, because the physical conditioning that went into harvesting whale was very intense. So I get a lot of pride from that and the history of our people. Wanting to get back to that, that physical strength that we had, and reintroducing traditional food back into our diets, I think that's really important.*

Qwyatseek Rampanen

Sharing Circle on Day 2 of the Gathering.







Jarred mi?aat (sockeye salmon).

Participants shared how harvesting traditional foods is one way to achieve physical fitness, and how community can provide inspiration to keep active for physical health. For Elder Wally Samual, culture can be a motivator for physical activity, which helps him with his blood sugar levels.

*... that's the thing respecting your body, your family's, and everyone else. Be active. If I sit still, my sugar level goes up. I've got to get up and do something, walk around, go somewhere and then it goes down. I was a little overweight after working in the office for many years. I got a little chubby. After a while I started losing the weight. A friend said, hey Wally you lost some fat. I said 'yeah I lost my baby fat'. I know a lot of lifestyles, you know you sit around, eat doughnuts, chocolate, and that. You know like it's great to have these fit people around keep you moving once in a while. You know, keep moving once in a while. But you can do that in your culture. Learn those dances, moving around. That's physical fitness too.*

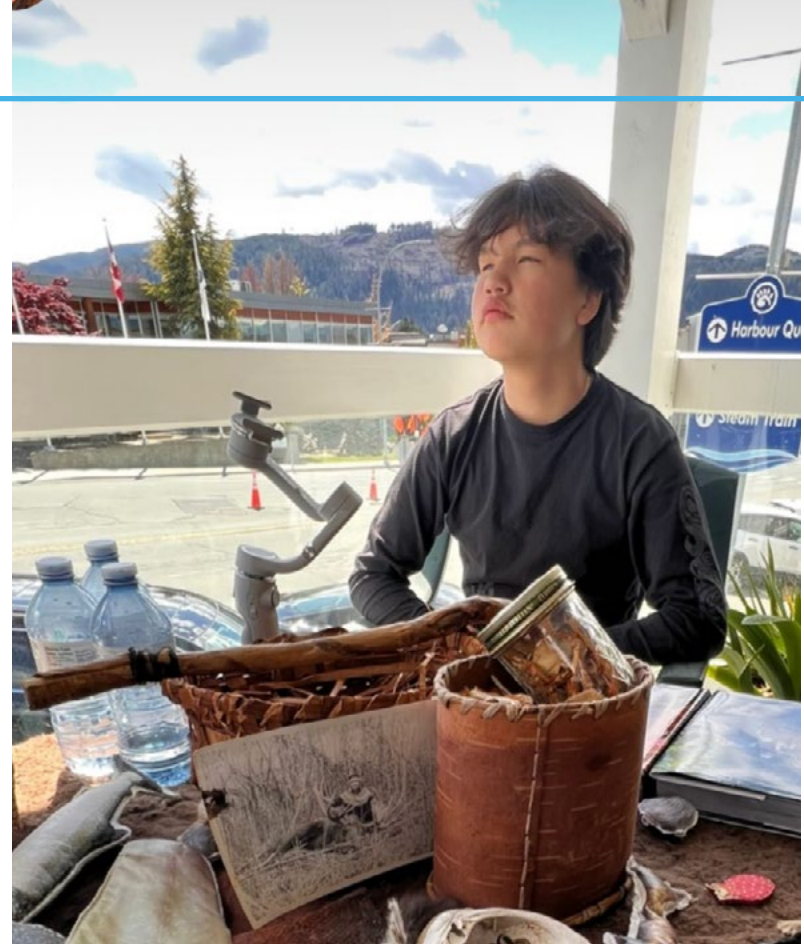
Wally Samual

Participants shared how healthy communities and kinship networks are an essential determinant for wellness. Elder Archie Little expressed the need to go back to a more traditional way of eating together, for good health.

*... spend more time eating together because that's how we grew up. Because, remember I stated my mother, and I'm sure all mothers, breastfeed. They are chewing up food, especially fish, it's our natural resource, and they were feeding them to us as soon as we could have solids. That's when we started eating our own foods and we need to get back to that. Because it makes us healthy, it makes us strong. And you know the sad part about it is when we were young it was normal, all mothers did it. It wasn't out of character. And now people stare at people and get angry because a mother is feeding her child in the normal way.*

Archie Little





Many participants shared stories of how youth are integral to the health of a community and Nation. For Jackie Jack, a mother and NTC community wellness worker, creating an environment where youth can experiment with foods together is one pathway towards a healthy community.

*Things are growing, kids are learning, and our youth are willing to learn and try new things. You can't say you don't like something until you try it. So let's keep trying, keep offering them good things. The good foods. Shifting. 'Cause our children watch what we eat, our children watch what we drink... I've done jam and our youth, our boys and our girls... we just picked berries that were around there and we made jam... they made it. They went and picked the berries, they cleaned the berries, they made the jam. They helped process it and they took it home. And to me that's what we want. That's what we want. Capacity building - teaching our families how to do it themselves.*

Jackie Jack

Participants shared that just as youth can help inspire the family unit, they also inspire love, which is foundational to a healthy community. Tom Campbell encouraged participants to look beyond conventional medical depictions of wellness, sharing that for him spending time with his family is medicine.

*I've got five grandchildren... Once I see them, that's my medicine there. That's a big medicine, should be for all of us. Archie talked about his grandson yesterday. Those kinds of things, we have to grasp on to it. You know you can smile forever and ever with grandchildren. You know, take care to remember some of the simplest words are ... "I love you. We love you." We need to remember that... I say it to my grandchildren all the time.*

Tom Campbell

Above and right: The Rampanen family's traditional foods table display



Youth are seen as a gift from the Creator and to be spiritually, emotionally, and mentally well is to spend time with family, particularly youth. Many participants shared the responsibility of the family, and the community, to pass on wellness practices to the future generations. By growing and changing food practices and advocating for care of natural resources, from within both the family and community-units, Elder Archie Little shares the hope he sees for the future generations.

*And we've planted the seed with these young people about making a choice and speaking up about that choice. So we can do it, you know, we can, we can teach our kids that. Stay healthy. Be healthy... Today that seed is planted... Now it's up to us to water those seeds so our kids will say no, our kids will correct us, no, you can't have that. It makes me sick. That, you know, we need to listen to our children, we need to hear them, and we need to follow what they say, because we never ever want our kids to pass before us... And so we grow together... We need to stand fast to make change so all of our children will be okay... We can fix it with our diet, we can fix it with our natural resources... And I hope somebody hears me... All of you, it's great, 'cause we need to go home and talk about it now. We need to go home and improve, and we need to go home and teach. I just wish all our health people were here from our First Nations. You know, communication is something that we need to work on. Yes, people are interested. People want to learn. We bring it, as parents, forward, and hope that we can seek change in our time. That things get better. That First Nations peoples be leaders again because the world is watching how we prepare food and we need to take that seriously.*

Archie Little







Hesquiaht kwakmis  
(herring roe)



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# Conclusion

With growing awareness of the damaging consequences of colonialism on Nuu-chah-nulth ways of life, the Nuu-chah-nulth are embarking on their own wellness journeys, embedded in the power of storytelling and through sharing personal experiences. Sharing, listening, and learning from one another is key in moving forward, because contained within Nuu-chah-nulth knowledges and language are insights into being well. There is a responsibility to carry these stories and practices forward for youth and future generations. They represent a future where diabetes care and management may become unnecessary; where instead, diabetes prevention is the focus of community wellness. As *háasʔaʔuk*, John Rampanen shares, allowing youth to be a witness to this vulnerability is to guide them towards a wellness path where they can be self-determining, drawing upon their innate strength as Nuu-chah-nulth-aht.

*... this issue that we're here to really focus on, to hyperfocus on diabetes. It's preventable. In almost all parts, it's something that we can avoid if we can elevate our way of thinking and being around these things. And quite often, and I know in my own life and with my own health, it's usually only too late when we start to really kind of understand those pieces. And so the hopes are that, for our children and the next following generations, that it doesn't have to be too late for them to have that understanding.... And how do we do that? Well we share our stories. We share our experiences; whether they're hard stories and challenging stories of perseverance and resilience and hardship; or if they're stories of success, like going out onto the land and some of the other things that we have as families to share. We need to hear all of those stories. We need to be able to let out those stories, those of us that are holding them. We need to be able to hear them, the young ones, and see and have that transparency and that honesty and that approach to life so that they're not confused by things that they encounter later on in their life as adults, that they understand it and that they're prepared for it...*

*...and so the hopes are that, for our children and the next following generations, is that it doesn't have to be too late for them to have that understanding. That they can be raised and groomed and nurtured in a way where they are going to be more predisposed to be healthy. Where they're genetically predisposed to be strong. Where they're going to live long lives and have a long life expectancy. *haahtuuʔ* we call that; when you live well over the age of 100, which used to be common.*

*háasʔaʔuk*, John Rampanen





Above: Nuu-chah-nulth community members gathering in Hupacasath/hupačasath and Tse-shaht/čišaaʔatḥ traditional territory

Below: Jessie Newman, Dietitian from Island Health, facilitating a table discussion





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