

**A Secondary Analysis of the Algonquins of Pikwakanagan First Nation's Response to the
COVID-19 Pandemic**

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Abstract

Mutual aid, deeply rooted in human history, has consistently emerged as a powerful mechanism of support, particularly during times of crisis. In Canada, Indigenous communities have leveraged mutual aid practices to foster resilience and collective wellbeing throughout challenges such as COVID-19. The COVID-19 pandemic revealed and exacerbated the disproportionate burden of infection and mortality faced by Indigenous peoples. This study explores the experiences of the Algonquins of Pikwakanagan First Nation who recorded no confirmed COVID-19 cases for the first 20 months of the pandemic, despite their vulnerabilities. Through a secondary analysis of qualitative data from sharing circles and interviews, this research explored the strategies used by members of the Algonquins of Pikwakanagan to safeguard their wellness throughout COVID-19. The findings provided valuable insights into health responses within Indigenous communities, emphasizing the importance of incorporating Indigenous knowledge and values into public health practices.

Keywords: Indigenous, COVID-19, mutual aid, public health

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

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List of Abbreviations

ANAC	Aboriginal Nurses Association of Canada
CIHI	Canadian Institute for Health Information
GOC	Government of Canada
HCV	Hepatitis C Virus
OCAP	ownership, control, access, and possession
QCA	qualitative content analysis
TB	Tuberculosis
US	United States

Chapter One: Introduction

COVID-19 Pandemic

In 2019, the coronavirus SARS- CoV-2 was identified in Wuhan, China, and COVID-19, the disease caused by the coronavirus, began to spread at unprecedented rates throughout the world. On March 11, 2020, a declaration of the COVID-19 global pandemic by the World Health Organization ensued (2021). The rapidly proliferating pandemic posed unprecedented challenges to communities' population health and social wellbeing worldwide, requiring swift and adaptable responses to minimize the spread of COVID-19. Governments responded by enforcing varying levels of "lockdowns" and regulations to limit social contact. Among the recommendations, government interventions included setting limits to the number of people in indoor and outdoor social, and closures of non-essential health services and businesses, schools, daycare, bars, restaurants, and recreational facilities (Canadian Institute for Health Information [CIHI], 2022). Inadvertently, the protective measures imposed led to an unprecedented level of isolation, disproportionately impacting different demographic groups such as ethnic minorities, low-income populations, and people with disabilities (Li & Tan, 2023). Amid the ongoing COVID-19 crisis, health outcomes were intricately tied to various factors such as stable housing, employment, comorbidities, functional literacy, access to health insurance, food security, availability of running water, access to healthcare services, and technological resources (Abu-Hammad et al., 2020; Mashford-Pringle et al., 2021; National Collaborating Centre for Aboriginal Health, 2012). A one-size-fits all approach to tackling the challenges posed by COVID-19 failed to acknowledge the significant influence of privilege, affluence, and racism in perpetuating inequalities. Consequently, a universal approach undermines the capacity to deliver culturally sensitive and inclusive care (Best, 2018).

Indigenous Communities and COVID-19

The Canadian constitution recognizes three distinct categories of Indigenous Peoples: Inuit, Métis, and First Nations. While ‘Indigenous’ is used as a collective term to refer to these three groups, 'First Nations' specifically denotes individuals holding Indian status under Canadian law within a recognized community. It is important to uphold the distinction among Indigenous communities. Inuit, Métis, and First Nations not only occupy different geographic regions, but also maintain unique languages, cultures, social structures, and legal and political systems (Ontario, 2019; Statistics Canada, 2018). Inuit communities are primarily located in the northern parts of Canada, while Métis communities are predominantly found in the Prairie Provinces. First Nations typically reside in territories south of the Arctic (Filice & Parrott, 2020) and encompass the largest Indigenous group, consisting of 634 communities that originally inhabited the majority of present-day Canada (Cecco, Michal & Voce, 2021). This thesis uses the term “Indigenous Peoples” to respect and acknowledge the original inhabitants of the land now known as Canada, and some of their contemporary struggles in the aftermath of colonization and oppression. In doing so, it attempts to also acknowledge the strength and resilience of the Indigenous Peoples in Canada.

Indigenous Peoples in Canada are disproportionately at risk of sustaining severe healthcare burdens from the COVID-19 pandemic such as higher infection and mortality rates (Power et al., 2020). According to Power et al. (2020), “during pandemics, Indigenous Peoples suffer higher infection rates, and more severe symptoms and death than the general population because of the powerful forces of the social and cultural determinants of health and lack of political power” (p.2737). For example, although Indigenous Peoples constitute 10% of the population in Manitoba, they made up 71% of the province’s active COVID-19 cases and 50% of

its intensive care unit patients (Mosby & Swidrovich, 2021). Such pandemic statistics are a poignant reminder of the structural disparities that influence the health and quality of life of Indigenous Peoples.

During COVID-19, engaging in healthcare was an important factor in preserving and maintaining good health (Mashford-Pringle et al., 2021). People in rural Indigenous communities faced particular challenges in accessing healthcare services (Burnett et al., 2020; Ontario, 2011). Factors that contributed to the inability to engage with healthcare resources and services included remote geographical distance of communities, as well as the limited emergency support personnel (Burnett et al., 2020). Often, healthcare facilities are located miles away from Indigenous communities, creating further barriers to timely access to medical services (Burnett et al., 2020; Mashford-Pringle et al., 2021). For instance, there are over 49 First Nations in the Northwestern region of Ontario, and in the winter, 32 of them are only accessible by plane or ice roads (Burnett et al., 2020). These disparities are highlighted in a report released by the Auditor General of Canada that emphasized that Indigenous individuals residing in remote communities in Northern Ontario did not have “comparable access to clinical and client care services as other provincial residents living in similar geographic locations” (2015, p.27).

In addition to structural barriers, ongoing racism and settler colonialism further exacerbates healthcare disparities for Indigenous Peoples (Burnett et al., 2020). Indigenous Peoples “often do not receive the same opportunities for input, collaboration, or opportunities to assist in implementing governmental changes that will reduce and/or eliminate the discrimination, racism, or inequities” (Mashford-Pringle et al., 2021, p.12). It is important for public health approaches and interventions to take into account the unique impacts of colonial policies and contexts in which Indigenous Peoples live (National Collaborating Centre for

Aboriginal Health, 2012). While there are multiple underlying contributing factors to the health disparities faced by Indigenous Peoples, many contributing factors interact and intersect, thus health strategies require the integration of multisectoral approaches to attain meaningful changes and improvements (National Collaborating Centre for Aboriginal Health, 2012).

People in rural Indigenous communities are particularly at risk of developing COVID-19-related complications that result in severe morbidity and mortality (Rodriguez-Lonebear, Barceló, Akee, & Carroll, 2020). According to members of Seeding Sovereignty, an Indigenous women-led community care initiative, “advice to buy essential sanitary supplies, work from home, wash hands, shelter in place, and buy two weeks of groceries is not feasible for Indigenous communities on reservations that have less access to resources, often live in food deserts, occupy overcrowded and sub-standard homes, and can’t afford running or hot water” (n.d., p.3). Furthermore, medical conditions and co-morbidities that increase people’s susceptibility to complications of COVID-19, such as cardiovascular disease, cancer, and diabetes, align with health burdens from colonization that have endured for generations in many Indigenous communities placing them increasingly at risk (Mosby and Swidrovich, 2021; National Collaborating Centre for Aboriginal Health, 2012; Rod et al., 2020). The heightened vulnerability to COVID-19 infections and the increased severity of health complications may be partially attributed to vaccine hesitancy amongst some Indigenous Peoples (Mosby & Swidrovich, 2021). Burnett et al. (2020), and Carr et al. (2021) revealed that challenges faced by specific Indigenous communities to receive COVID-19 vaccines went beyond acceptance or refusal and included long-standing and deeply rooted mistrust with governmental and healthcare policies and institutions. The continuum of mistrust and COVID-19 vaccine hesitancy was “more complicated than acceptance or refusal, and needed to be considered within a complex web of

historical and ongoing structural violence and settler colonialism” (Burnett et al. 2020, p.4).

During the COVID-19 pandemic, Indigenous communities faced unique and heightened challenges amidst the global crisis.

The Gap in Public Health Responses

There is a systematic lack of Indigenous knowledge, values, and traditional practices in public health responses that impacts Indigenous Peoples’ access to effective disease prevention and treatment (Hyett, Marjerrison, & Gabel, 2018). The impacts of the pandemic on Indigenous communities illuminates the systemic and structural gaps that render Indigenous Peoples disproportionately vulnerable to infectious diseases. For example, Solomon et al. (2022) illustrated how structural racism in the healthcare policy in the United States (US) exacerbated the toll of the COVID-19 pandemic on the Navajo Nation. Solomon et al. (2022) described that “messaging only in English failed Native language speakers: Culturally appropriate messaging and language could have decreased [COVID-19] incidence rates,” (p.282). Additionally, the Navajo People faced distinctive challenges that hampered their COVID-19 prevention efforts, that included but are not limited to, a lack of technological infrastructure, such as internet services (limiting contact tracing and access to public health guidelines), difficulty accessing healthcare services and personal protective equipment in a rural setting, and living in multigenerational crowded homes (Solomon et al., 2022). Collectively, the Navajo Peoples’ devastating experiences of the pandemic and increased vulnerability have been attributed to institutional biases and lack of policies responsive to their needs (Solomon et al., 2022).

Moreover, generations of colonial powers have and continue to ignore Indigenous ontologies and knowledge that exacerbates such detrimental effects (Marshall, 2021). Exercising Indigenous People’s knowledge through practices and policies has been identified as an essential

component of decolonizing research practices, supporting the need for healthcare policies and practices that are informed by Indigenous knowledge systems and values (Morton Ninomiya, Hurley, & Penashue, 2020).

The Algonquins of Pikwakanagan First Nation

The Algonquins of Pikwakanagan are a rural First Nation community in Renfrew, Ontario comprising around 450 individuals (Coburn & Moore, 2022; Gifford et al., 2023a). The Algonquins of Pikwakanagan First Nation succeeded to have no documented cases of COVID-19 in the first 20 months of the pandemic (Coburn & Moore, 2022; Gifford et al., 2023a). While the Algonquins of Pikwakanagan community chose to adopt provincial public health measures such as social isolating, wearing masks and providing vaccines, First Nation communities have federal, and not provincial, jurisdiction (Richmond & Cook, 2016). Falling out of the scope of provincial jurisdictions meant that the Algonquins of Pikwakanagan, like other First Nation communities, confronted the challenges posed by the COVID-19 pandemic without possessing the policy tools, health programs, and services extended to their provincial counterparts. As described by Gifford & Coburn et al. (2023a) in the successfully funded research proposal that was the basis for the primary study of this thesis, “this conspicuous policy vacuum left Pikwakanagan—and other First Nations—exceptionally vulnerable to the worst global pandemic in over 100 years, without the authorities to marshal comparative public health responses and primary care delivery” (p.2). In addition, federal and provincial public policies have generally not aligned with the contemporary health needs of Indigenous Peoples (Richmond & Cook, 2016). Richmond and Cook (2016) identified “a distinct absence of Canadian public policy supporting ... [Indigenous] health and well-being at the national and provincial levels” (p.2). There is a lack of public health responses that build upon Indigenous Peoples’ strengths and

needs, substantiating the need for research into pandemic outbreak responses (Power et al., 2020). The success of the Algonquins of Pikwakanagan First Nation community in navigating COVID-19 with no confirmed cases during the first portion of the pandemic, despite the public health gaps, serves as the context for this study.

Purpose and Aims of the Research

The purpose of the proposed research is to explore how Indigenous Peoples living in the Algonquins of Pikwakanagan First Nation collectively worked together to preserve their health and wellness in response to COVID-19. To accomplish this, a secondary analysis of qualitative data collected through focus group sharing circles and individual interviews was conducted. The specific objectives are:

1. To identify what the Algonquins of Pikwakanagan community members considered important in response to the COVID-19 pandemic.
2. To explore how the Algonquins of Pikwakanagan community members mobilized individual and group decision-making structures and processes to respond to the COVID-19 pandemic.
3. To understand the role of land-based practices in supporting the health and wellness of citizens living in Pikwakanagan First Nation during the COVID-19 pandemic.

These objectives aligned closely with the objectives of the primary study, *developing wise practices for a culturally safe rapid public health response to COVID-19 with the Algonquins of Pikwakanagan First Nation* (Gifford et al., 2023a), from which data for this current study was drawn. The objectives of the primary study were the following:

1. To understand how the Pikwakanagan health team, traditional knowledge keepers, Elders, and community members responded to the COVID-19 pandemic and supported vulnerable people in the community.
2. To explore how all four aspects of Indigenous wellness (Physical, Spiritual, Emotional, Mental) and land-based practices and values are integrated into the Pikwakanagan COVID-19 responses.
3. To develop wise practices to guide the integration of Indigenous knowledge and land-based values into public health responses, programs, and services during a pandemic.

Research Ethics

Research conducted within Western epistemological frameworks have generally harmed Indigenous communities in various ways, with one prominent way being the reduction of the subjectivity of Indigenous knowledge (Kermoal & Altamirano-Jiménez, 2016). Kermoal & Altamirano-Jiménez (2016) assert that Western research has a legacy of not being conducive to meaningful levels of participation from Indigenous stakeholders. In light of this, it is imperative that research involving Indigenous Peoples of Canada be carried out collaboratively and in equal partnership with communities in ways that respect Indigenous ways of knowing and doing, shares power, and demonstrates respect and concern for Indigenous Peoples' welfare (Government of Canada [GOC], 2015). The proposed study is grounded in the approaches outlined in Chapter 9 of the *Tri-Council Policy Statement: Research Involving the First Nations, Inuit and Métis Peoples of Canada* (GOC, 2015). In this chapter I emphasize the importance of respecting Indigenous knowledge, culture, and values, and highlight the need for meaningful

engagement, collaboration, and equitable partnerships between researchers and Indigenous communities (GOC, 2015).

With regards to knowledge ownership, Indigenous Peoples have their own systems for who controls knowledge and how it is disseminated (Kaplan-Myrth & Smylie, 2006). To uphold an ethical approach and promote Indigenous self-governance, this study abides by the First Nations Principles of OCAP™ (ownership, control, access, and possession) that places the control of the research processes and how information is used in the hands of First Nations community members where the study was conducted (First Nations Information Governance Centre, 2018).

Thesis Outline

This thesis consists of six chapters:

1. Chapter one is an introduction including the background, aims of the research, research ethics, researcher positionality statement, and thesis structure.
2. Chapter two is the literature review focusing on the health outcomes of Indigenous communities within and outside the context of COVID-19. This includes a review of literature pertaining to the need for healthcare policies and practices that are informed by Indigenous knowledge and values.
3. Chapter three provides the theoretical framework guiding the research study. Mutual aid, along with decolonization and Indigenous land-based practices inform the theoretical framework that underpins this study. Mutual aid is a concept that emphasizes cooperation and support within communities, where individuals come together to meet the collective needs of one another (Graeber & Wengrow, 2021; Kropotkin 1902/2021; Spade, 2020). Mutual aid principles align with worldviews that

emphasize interdependence, sharing, and solidarity (Kermoal & Altamirano-Jiménez, 2016; Kropotkin, 1902/2021).

4. Chapter four describes the research design and methodology. This includes an overview of the primary study in which the data for this secondary analysis was collected, the setting, the study participants, and data collection methods. Subsequently, I describe the data analysis process guided by Philipp Mayring's (2014) steps for inductive content analysis. Finally ethical considerations, data management and storage, and study rigour are described.
5. Chapter five presents the findings and results of the research study.
6. Chapter six concludes the thesis with a discussion of the findings and results and includes implications for policy development, nursing practice, education, leadership, and research, as well as study limitations, and conclusions.

Researcher Positionality

As a Muslim, I grew up witnessing the beauty of the concept *Ummah* in Islam, the Arabic term for 'community in faith'. This concept emphasizes the importance of unity, cooperation, and fostering solidarity in the face of adversity. Prophet Mohammed (peace be upon him) describes its essence in the following quote: "The parable of the believers in their love, mercy, and compassion for each other is that of a body. When any limb aches, the whole body reacts with sleeplessness and fever" (Jami` at-Tirmidhi, 2865). As an Egyptian-born Canadian, and visible minority growing up in Canada, I have felt the power of mutual aid in the way that the concept of *Ummah* in my life fostered a strong sense of self, belonging, and security, despite ladders of inequalities I had to climb.

Iljeoma Umebinyuo's statement, "so, here you are, too foreign for home, too foreign for here, never enough for both" (2016, p.147) highlights a core theme of my lived experiences. At the age of two, I moved from Egypt to Canada with my identity intersecting on many planes. On one hand, people often question how "Canadian" I am due to my appearance and name, but on the other hand, my mannerisms are too foreign for my place of birth. My personal and vicarious experiences with language barriers, lack of resources, & inequities in healthcare, are phenomena I am all too familiar with. Collectively, these challenges have instilled a strong conviction to promote equity in healthcare and mitigate disparities.

I have also had the privilege of witnessing different cultures and perspectives to understand that the spirit of mutual aid exists in many forms beyond my own reality. For the purpose of this research, I focused namely on Indigenous mutual aid efforts. Indigenous Peoples' mutual aid efforts have been "both a matter of survival and a powerful form of resistance to the forced dependence" that has been imposed on them through settler systems (Spade, 2020, p.16-17). As a researcher, it is important to acknowledge and reflect on my own positionality when conducting a study on an Indigenous community in Canada. I recognize that as an outsider, my perspective is limited, and I am committed to working in partnership with the Indigenous community to ensure that their voices are heard and respected in all aspects of my research.

During the summer of 2021, at the same time while I became deeply interested in working with Indigenous communities, the unmarked grave sites of Indigenous children began being uncovered, with the first site being near the former Kamloops Indian Residential School (Austen, 2021). Coincidentally, during that same summer, I dedicated myself to working as a frontline nurse in hospitals in the Yukon Territory and Vancouver Island, where the patient population was predominantly Indigenous. It was during this period that additional burial sites

were found in close proximity to the hospitals I worked in. This triggering and emotionally challenging time had me witnessing the profound impact that the residential school system had on survivors and subsequent generations. Many patients that I cared for in those hospitals entrusted me with their harrowing stories of unimaginable suffering, which continue to echo within me to this very day.

My passion to work alongside marginalized communities has since been directed towards endeavors that promote the healing and reconciliation of Indigenous communities who's traditional and unceded territories we gather and live upon. As a first-generation immigrant who resides in Ontario, I acknowledge that The Algonquins of Pikwakanagan First Nations' presence predates the establishment of colonial institutions and that they have cared for and maintained a deep connection with this land, its waters, and its resources. I pursue this research with the intention to be mindful of the wisdom and knowledge that the Algonquin Peoples have shared with us. My intention is to strive to be an ally and advocate for Indigenous rights, promote justice and reconciliation, and empower them to sustain a harmonious relationship with the land.

I have chosen to conduct a secondary analysis study with the Algonquins of Pikwakanagan First Nation to have the opportunity to work with members of the First Nation and gain a deeper appreciation of their experiences to work together to preserve their health and wellness in response to the unprecedented challenges of COVID-19. I recognize that Indigenous Peoples have a long history of being marginalized and oppressed by colonizing forces, including the Canadian government and settlers. I also acknowledge that research with Indigenous communities has too often been carried out by non-Indigenous researchers, leading to the exploitation and appropriation of Indigenous knowledge and experiences. In conducting this research, I aim to approach it with humility, respect, and an understanding that I bring my own

experiences, perspectives, and biases to this study. I also recognize the importance of decolonizing research methods and incorporating Indigenous ways of knowing and understanding into my study.

Through this, I strive to contribute to the ongoing efforts to support and empower Indigenous Peoples, recognizing that they continue to be profoundly impacted from the violent and oppressive effects of colonialism and systemic racism today. I believe that it is important for all members of society to work together to address the many systemic injustices faced by Indigenous Peoples and promote reconciliation. I am committed to working in partnership with members from the Algonquins of Pikwakanagan First Nation to ensure this research is relevant and meaningful to them. Through my study, I hope the findings can help inform inclusive and equitable public health policies and support the self-determination and healing of Indigenous Peoples.

Chapter Two: Literature Review

This literature review aims to establish the foundational knowledge for the proposed research study by conducting a preliminary exploration of relevant literature. It encompasses an investigation into the priorities surrounding Indigenous Peoples' health and wellness, specifically focusing on their healthcare outcomes during public health outbreaks. Furthermore, an integral component of the preliminary research involves examining the profound effects of colonialism on the health of Indigenous populations and decolonizing methods of inquiry. Additionally, the review explores the interconnectedness of Indigenous Peoples with the land and the historical context of mutual aid within Indigenous communities.

Search Strategy

The study's literature search chiefly centers around key issues in Indigenous health and Indigenous conceptualizations of health and community. Academic literature was gathered through the EBSCOhost, PubMed, and Cumulative Index to Nursing and Allied Health Literature (CINHAL) databases. In addition, grey literature, such as government reports, news articles, and Google Scholar, were included within the literature review as the use of varying sources allows for different disciplinary lenses on the topic of interest.

Keywords and related search terms included "Indigenous" and "COVID-19", "public health", "mutual aid", "healthcare disparities", and "decolonization". Boolean operator keywords and related search terms entailed "First Nations", "outbreaks", "population health", and "health inequality". The EBSCOhost, PubMed, and CINHAL databases, truncations, and Boolean operators, such as "OR" and "AND", were applied to narrow the search. The inclusion criteria encompassed online journals or source types, primary research articles, systematic reviews, quantitative or qualitative research studies, peer-reviewed articles, and English language literature. The literature review also primarily focused on Indigenous Peoples in Canada and the USto gain a comprehensive understanding of the specific experiences, challenges, and contributions of these populations within North America. This focus allowed for a closer examination of the unique issues faced by Indigenous Peoples in these geographic areas, considering the diverse and complex relationships with the respective governments, societies, and environments. Despite the proximity of this research to the occurrence of COVID-19 pandemic within the last three years, the exploration of articles predating the pandemic was also undertaken to comprehend Indigenous healthcare outcomes and ways of life beyond the context of COVID-19. Conversely, non-English language literature and hard copy resources which were

inaccessible, fell under the exclusion criteria. Mendeley, a reference management software, was used as a tool to organize the collected literature

The various databases search yielded 15, 078 publications and following the removal of duplicates, title, abstract, and full-text screenings were completed. Finally, 70 articles were selected based on the focus of the search strategy. See Appendix A for an inclusion/exclusion criteria table, Appendix B for a summary of the search strategy, and Appendix C for a PRISMA diagram illustrating the search results.

Public Health Policies and Implication on Indigenous Health and Healthcare in the Context of COVID-19

With regards to key challenges to health, Indigenous Peoples' healthcare experiences were explored within, and outside of the context of COVID-19. In both contexts, the literature supports the need for public health policies and procedures that are informed by Indigenous knowledge and values. As an illustration, Solomon et al. (2022) demonstrated the impact of structural racism that devastated the largest Indigenous reservation in the US, the Navajo Nation, with a fatality rate of one in every 188 people (0.5%) within their community during the COVID-19 pandemic. According to H. Wang (2021), "despite the extremely low population density, the infection rates in terms of per-capita cases in several Navajo Nation counties were among the highest in the country" (p.6). Moreover, Indigenous Peoples in the US demonstrated a cumulative COVID-19 incidence rate that was 3.5 times higher than non-Hispanic White populations (H. Wang, 2021). The experiences of the Navajo Peoples during the pandemic, along with their heightened vulnerability, were linked to inadequate policies tailored to their needs, and institutional biases (H. Wang, 2021; Solomon et al., 2022).

Examining other public health outbreak responses towards Indigenous communities further reveals political pitfalls that disproportionately exposes them to infectious diseases. An example of an ineffective public health response within Indigenous communities in Canada can be evident in the management of the 2009 H1N1 Influenza outbreak. The response highlighted several systemic issues and barriers that exacerbated the impact of the outbreak on Indigenous Peoples. During the H1N1 Influenza outbreak, Indigenous communities in Canada experienced disproportionately higher infection rates and more severe cases compared to non-Indigenous populations (Arrazola et al., 2020). According to a study by Boggild, Yuan, Low, and McGeer (2011), Indigenous Peoples in Canada faced significantly higher hospitalization rates, whereby they were three times more likely to be hospitalized, and six and a half times more likely to require an admission to an intensive care unit. Castrodale (2009) indicated that the H1N1 mortality rate for Indigenous peoples in the US was four times higher than all other ethnic populations combined. These disparities were attributed to various factors, including historical and ongoing socio-economic inequities, limited access to healthcare services, lack of cultural safety, communication barriers, and inadequate resources for outbreak preparedness in remote Indigenous communities (Arrazola et al., 2020; Charania & Tsuji, 2012; Driedger et al., 2013; Power et al., 2020).

A highly controversial event during the H1N1 outbreak was the government response to send body bags to Indigenous reserves instead of vaccinations, leading to speculation and concern that “the government of Canada doesn’t want to help the Native people...because it was cheaper...to send 500 body bags” (Charania & Tsuji, 2011, p.569). The responses to the of H1N1 outbreak highlighted the pressing need for addressing structural inequalities, promoting cultural sensitivity, and actively involving Indigenous communities in the planning and implementation

of outbreak response strategies. To improve future responses, it is crucial for public health responses to evade one-size-fits-all approaches with Indigenous communities and recognize their unique needs and challenges to ensure that strategies are appropriate, inclusive, and equitable.

Indigenous Healthcare Outcomes in the Context of Other Illnesses

In addition to responses to public health outbreaks, the literature highlights health outcomes of Indigenous Peoples in Canada with epidemiological studies revealing higher incidence of conditions such as asthma, tuberculosis, immunosuppressive diseases, and age-related chronic illnesses (National Collaborating Centre for Aboriginal Health, 2012). Mosby and Swidrovich (2021) attributed this increased risk to the “Canadian colonial policy regime that has guaranteed that Indigenous Peoples have reduced access to adequate health care, healthy food and clean water, while also experiencing much greater levels of overcrowded housing, homelessness, and incarceration” (p.E381).

Analyzing health outcomes in the context of other illnesses offers instructive examples on how to overcome barriers that persist within the pandemic. For example, in the context of the Hepatitis C Virus (HCV), Pandey et al. (2022) demonstrated the use of an Indigenous community-led model in enhancing HCV screening and treatment in this high-risk population. Low-barrier and decolonizing approaches are imperative in outbreak responses where the mistrust in Western medicine may present itself in the form of COVID-19 vaccine hesitancy, further jeopardizing their health (Mashford-Pringle et al., 2021; Mosby & Swidrovich, 2021).

Decolonizing Research Practices

Decolonizing research practices are a crucial step towards rectifying the detrimental effects of generations of colonial powers ignoring Indigenous ontology and knowledge (Marshall, 2021). The literature review revealed that the process of decolonization involves

recognizing and addressing the systemic issues that have marginalized Indigenous knowledge, perspectives, and practices. Several key themes emerged from the literature about the importance of integrating Indigenous conceptualizations of care, health, and community into research frameworks:

- 1) *Respecting Indigenous Knowledge Systems*: Decolonizing research practices requires recognizing and respecting the validity of Indigenous knowledge systems, acknowledging that they offer valuable insights into sustainable ways of living and relating to the environment (Jull et al., 2020; Morton Ninomiya, Hurley, & Penashue, 2020). Indigenous Peoples “have strengths and continuity within their societies...yet, these strengths are rarely acknowledged within mainstream academic research systems”, and to improve the health and wellness of Indigenous communities, “changes need to be made to health and social systems to foster greater inclusiveness of... Indigenous knowledge” (Jull et al., 2020, p.3-4). Incorporating these knowledge systems into practices and policies was identified in the literature to be an essential component of decolonizing research practices (Morton Ninomiya, Hurley, & Penashue, 2020).
- 2) *Addressing Historical Trauma*: According to Smith (1999), Indigenous Peoples consider history as “important for understanding the present and that reclaiming history is a critical and essential aspect of decolonization” (p.29-30). Generations of colonial powers disregarding Indigenous ontology and knowledge have left lasting traumas that has led to the loss of cultural practices, language, and traditional healing methods (Marshall, 2021). By acknowledging these long-standing traumas and actively working to redress the injustices, researchers can play a role in supporting the healing process within Indigenous communities (Datta 2018).

- 3) *Collaborative Research Approaches*: The literature review highlighted the importance of collaborative research between Indigenous communities and non-Indigenous researchers. Morton Ninomiya, Hurley, and Penashue (2020) stressed that decolonizing research practices involve engaging in a mutually respectful and reciprocal manner with Indigenous communities. Building a collaborative approach based on trust and shared decision-making can ensure that research is community-driven and aligns with the needs and priorities of the Indigenous population.
- 4) *Ethics and Informed Consent*: Decolonizing research practices demand stringent ethical considerations, whereby informed consent processes must be culturally sensitive and respectful of Indigenous values, protocols, and practices (Datta, 2018; Smith, 1999). Researchers must actively work to ensure that Indigenous participants' autonomy and agency are upheld throughout the research process (Smith, 1999).
- 5) *Reclaiming Indigenous Narratives*: According to the insights of Indigenous scholar Smith (1999), decolonization refers to a research process that centers Indigenous voices and epistemologies when engaging with Indigenous communities. Colonialism has often led to the misrepresentation and distortion of Indigenous histories and identities (Ward, 2011). Decolonizing research practices posit that researchers must strive to empower Indigenous individuals and communities to tell their own stories and shape their own narratives in research (Datta, 2018).
- 6) *Incorporating Indigenous Knowledge*: Exercising Indigenous Peoples knowledge through actionable practices and policies was identified in the literature to be an essential component of decolonizing research practices (Morton Ninomiya, Hurley, & Penashue, 2020). The literature emphasized that the incorporation of Indigenous knowledge into

policies is critical for addressing systemic inequalities and promoting sustainable development (Arrazola et al., 2020; Charania & Tsuji, 2012; Driedger et al., 2013; Datta, 2018; Power et al., 2020; Roth, 2019; Solomon et al., 2022).

In conclusion, the literature review highlights the significance of decolonizing research practices as a means of mitigating the long-standing injustices faced by Indigenous communities and promoting their self-determination. By embracing Indigenous conceptualizations of care, health, and community, and engaging in collaborative and ethical research approaches, researchers can contribute to a more equitable research landscape that empowers Indigenous knowledge and perspectives (Elendwood, Boyd, & Higheagle Strong, 2023; Lin et al., 2020; Mosby & Swidrovich, 2021; Richardson & Crawford, 2020).

Indigenous Ways of Knowing and Being and their Relationship with the Land

The book *Living on the land: Indigenous women's understanding of place* by Kermoal and Altamirano-Jiménez (2016) contains an extensive body of literature pertaining to Indigenous knowledge and informed the theoretical basis for the research as discussed in Chapter 3. The authors describe the experiences and perspectives of Indigenous women in Canada, demonstrating how deeply Indigenous ways of knowing and being are intertwined with their relationship to the land. This connection is often characterized by a profound respect for nature, a holistic understanding of the environment, and a sense of stewardship towards the land and its resources (Kermoal & Altamirano, 2016). Rather than viewing nature as a mere resource for exploitation, Indigenous ontologies recognize the intricate relationships between humans, animals, plants, and the elements. This interconnected worldview informs their approach to sustainable land use, as they acknowledge the delicate balance required for the wellbeing of all living things (Kermoal & Altamirano, 2016).

The connection with the land extends beyond the physical realm and encompasses spiritual, cultural, and holistic perspectives. For many Indigenous Peoples, the land also holds immense spiritual and cultural significance, playing a sacred role in their creation stories, ceremonies, and cultural practices (Lines & Jardine, 2019). This spiritual connection fosters a profound sense of stewardship for the land and its resources (Kermoal & Altamirano, 2016). The land is also a source of identity and overall wellbeing, whereby displacement from traditional lands due to colonization and forced assimilation, has had profound effects on Indigenous communities (Thompson & Suzuki, 2022). Within the physical realm, Indigenous communities have a vast repertoire of traditional ecological knowledge over generations essential for their survival, and is passed down through oral traditions and lived experiences (Kermoal & Altamirano, 2016).

Elders play a central role in Indigenous ways of knowing and being, especially in regard to their relationship with the land. Colomeda and Wenzel (2000) describe Elders as having a critical role in maintaining the health of the community and recognize Elders as vital source of traditional wisdom. Beyond serving as an invaluable source of traditional ecological knowledge and cultural heritage, the role of Elders is also instrumental in fostering a sense of cultural identity and community cohesion. Their teachings and stories about the land help instill a strong sense of belonging and pride in Indigenous youth, reinforcing the importance of preserving their cultural heritage and connection to the land (Kermoal & Altamirano, 2016; Mashford-Pringle et al., 2021). In the context of decolonizing research practices, engaging and collaborating with Indigenous Elders ensures that research is grounded in cultural knowledge, respects traditional protocols, and aligns with the community's priorities and values, thereby contributing to more respectful and equitable research outcomes and policymaking (Datta, 2018).

Mutual Aid and Indigenous Communities in Canada

Mutual aid refers to the practice of reciprocal assistance, support, and cooperation (Spade, 2020). It is an essential aspect of Indigenous social systems, emphasizing the interdependence between individuals, families, and the environment (Graeber & Wengrow, 2021; Kropotkin 1902/2021; Spade, 2020). Before European colonization, Indigenous societies in Canada were largely organized around kinship and community relationships. People relied on one another for collective survival, sharing resources, knowledge, and skills to meet the needs of the entire community (Graeber & Wengrow, 2021; Kropotkin 1902/2021; Spade, 2020).

This communal approach to living fostered a sense of unity, resilience, and harmony with the land (Wildcat, et al., 2014). Indigenous communities had well-established mechanisms for mutual aid, such as potlatches (Borrows, 2005; Graeber & Wengrow, 2021; Hopkins, 2017). These events were not just about material exchange, but were also of cultural, spiritual, and social significance. They served to strengthen social bonds, resolve conflicts, and redistribute wealth and resources within the community (Borrows, 2005; Hopkins, 2017). The introduction of European economic systems, land dispossession, forced assimilation, and the suppression of Indigenous cultures, disrupted the interdependent social structures that supported mutual aid (Borrows, 2005; De Loggans, 2021; Kropotkin, 1902/2021; Spade, 2020; Wildcat et al., 2014). Despite the challenges posed by colonization, many Indigenous communities have continued to embrace and practice mutual aid, contributing to their resilience and cultural vitality (Borrows, 2005; Huang, 2022; Perzyna & Bauder, 2022). In summary, the historical context of mutual aid within Indigenous communities in Canada is rooted in deep cultural traditions of reciprocity, cooperation, and interdependence. Efforts to reclaim and sustain mutual aid traditions are part of

broader movements towards healing, cultural revitalization, and the assertion of Indigenous self-sustaining practices (Spade, 2020).

Chapter Three: Theoretical Framework

The theoretical framework for this thesis involves a harmonized approach informed by scholars of mutual aid and Indigenous land-based practices. First, I describe the main tenets of mutual aid and the historical links among Indigenous Peoples, drawing on the work of Peter Kropotkin (1902/2021), Dean Spade (2020), David Graeber and David Wengrow (2021). I then briefly explore the intersections of mutual aid, colonization, and Indigenous Peoples' relationship with the land, drawing on the work of Ania Loomba (2005), Nathalie Kermoal (2016), Isabel Altamirano-Jiménez (2016) and Zoe Todd (2016).

Mutual Aid

While the term mutual aid can have multiple interpretations, it is generally understood to be the collective coordination and exchange of resources and services “to meet each other’s needs, usually from an awareness that the systems we have in place are not going to meet them” (Spade, 2020, p.13). The *systems* in this regard, are often responsible for creating or exacerbating the crisis or unjust living conditions in which people are living (Spade, 2020).

To better understand a process such as mutual aid, it is helpful to first identify what it ‘is not’ (Walker & Avant, 2005). Spade (2020) presents the juxtaposition between mutual aid and charity, describing how the two are fundamentally different, but often confused. Broadly speaking, charity can be defined as “the voluntary practice of giving money, resources, or time to an anonymous other” (Clarke & Parsell, 2022, p.310). The benefactor or person/organization where the charity comes from may be motivated by moral or religious principles or social injustices, to help the beneficiaries or receivers of the charity. However, many forms of charity are not grounded in philanthropic and humanistic compassion (Clarke & Parsell, 2022; Weiss, 2001). Instead, many charities focus on “self-interested empire-building under the pretence of public service ...[whereby] the valorization of civil society is something of an ideological ruse, a tactic deployed to distract from the core political and economic changes brought by neoliberalization” (Clarke & Parsell, 2022, p.311-312).

Furthermore, charities typically come with eligibility requirements that are determined by the benefactors, or their designates, such as those in governments, health, and social service organizations, ultimately deciding what the ‘eligibility’ requirements are and who qualifies as meeting the requirements to receive the charitable supports (Spade, 2020). The process of determining who is ‘deserving’ of charitable is often underpinned by racist and sexist beliefs,

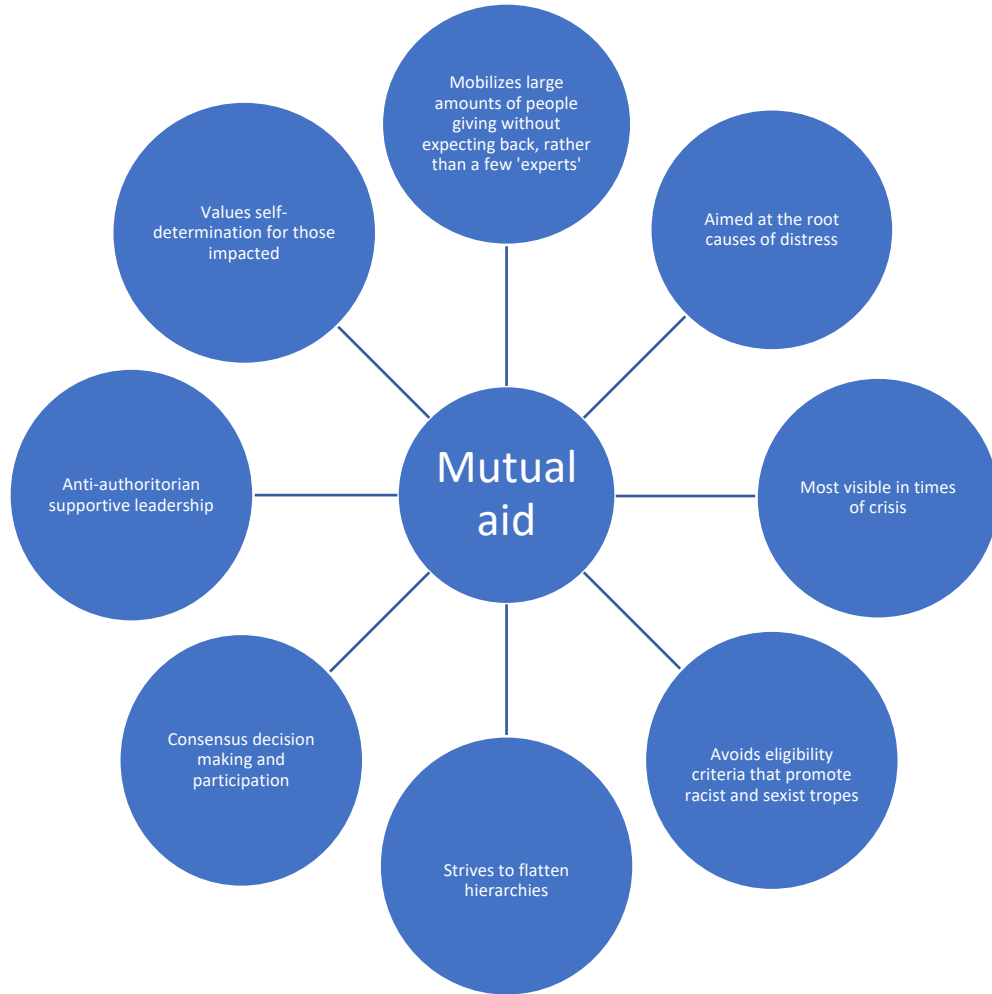
such as the pervasive view that “Indigenous children are better off separated from their families and communities, or that people are poor because of drug use” (Spade 2020, p.24). In addition, neoliberal philanthropy programs are increasingly privatized as non-profit organizations or non-government organizations that benefit people through tax shelters which are typically the rich, and function according to the beliefs and values they hold about social and economic hardships (Spade, 2020). As Spade (2020) emphasizes “charity makes rich people and corporations look generous while upholding and legitimizing the systems that concentrate wealth” (p.24). In addition, these forms of charitable programs, are band-aid approaches to managing people rather than engaging in the hard work of challenging the status quo, redistributing wealth, and fighting for social justice (Spade, 2020).

Mutual aid in contrast, emphasizes that people do not always need to be exclusively rescued by charity benefactors, governments, ‘experts’, or the rich. Instead, mutual aid cultivates a society where individuals have a voice in all aspects of their lives by building practices and systems that allow for collective self-determination (Spade, 2020). Mutual aid does not falsely separate politics from injustices, but rather invokes collective action for change based on a shared understandings that the conditions in which many people are made to live are unjust. Breaking the norms that perpetuate injustices may involve breaking the laws that enable the injustices, often through mutual aid movements. Other contrasting components of mutual aid include mobilizing large amounts of people who are guided by shared values and understandings of the causes of inequalities, rather than a few people who are considered ‘experts’ or hold positions of power that maintain the status quo. Moreover, mutual aid projects resist the use of eligibility criteria that further stigmatizes people and takes grassroots approaches to connect people with social movements that address the causes of inequities (Spade, 2020).

Spade describes anti-authoritarian and non-hierarchical leadership approaches to support mutual aid (2020). Historically, many early societies were organized on robustly egalitarian lines and relatively free of ranks and hierarchies with no need for authoritarian rulers (Graeber & Wengrow, 2021). Similarly, mutual aid illustrates how individuals can come together in non-authoritarian ways, demonstrating how human activity can be organized without the need for coercion (Spade, 2020). A supportive leadership approach is hence the preferred approach in mutual aid, in contrast to domineering leadership which intrinsically roots itself in individuality, competition, and domination. Supporting and recognizing shared values that guide a community can create collaborative and non-hierarchical teams that are conducive to addressing challenging decisions (Littman et al., 2020). As expressed by Spade (2020), “to win big, we need to build leaderless and leaderful groups” (p.71) whereby everyone has the strength and skills to lead. Creating efficient, transparent, and participatory decision-making structures and processes within groups requires deliberate efforts that are vital for the success and growth of mutual aid in a collective (Spade, 2020).

In the 2020 forward by Ruth Kinna in a reprint of Peter Kropotkin’s (1902/2021) book on mutual aid, Kinna explains how the theory of mutual aid is sometimes represented as an overly optimistic portrayal of human nature. Rather than a proposition about the state of peoples’ aspirations and motivations, mutual aid is described as a theory about the capacity of people to shape and be moulded by their environments (Kinna, 2020; Kropotkin 1902/2021). Mutual aid is about providing support when people need it, without requiring any return compensation or conditions, and is most visible in times of crisis when societies are unable or unwilling to act (Kinna, 2020). Altogether mutual aid is a powerful force. Figure 1 provides a summary of the main characteristics of mutual aid as described by Spade (2020).

Figure 1: Summary of Attributes of Mutual Aid Described by Spade (2020)



Background of Mutual Aid

Mutual aid is not limited to contemporary times. Throughout the course of history, people have worked in solidarity while systems such as capitalism and colonialism have invoked structures and processes that disrupt the way people may want to connect with one another (Kropotkin, 1902/2021; Spade, 2020). According to Kropotkin (1902/2021), “the nucleus of mutual-support institutions, habits, and customs remains alive with the millions; it keeps them together; and they prefer to cling to their customs, beliefs, and traditions rather than to accept the teachings of a war of each against all” (p.197). Theories of the ‘state of nature’ hypothesized

about life before organized societies came into existence and will be briefly discussed as a background to mutual aid, begging the long disputed philosophical question “are humans innately good or innately evil?” (Graeber & Wengrow, 2021, p.15).

In the 17th century, English philosopher Thomas Hobbes (1588–1679), considered to be one of the founding political theorists of Western modern liberalism, envisioned the state of nature to be innately based on self-interest, domination, and hierarchies. Hobbes asserted that life in the state of nature was “solitary, poor, nasty, brutish and short” (Hobbes, 1651 p.78) and that people will use their own devices in order to preserve their life (Graeber & Wengrow, 2021). Hobbes ascribed there to be no objective foundation for goodness in people, with each person determining what is right or wrong based on their experiences to preserve themselves (Graeber & Wengrow, 2021). Benevolence is considered limited in Hobbes’s state of nature, and, as a result, the formation of laws, police, and governments are required for people to repress their basic instincts and live compatibly together in a community (Graeber & Wengrow, 2021). In the Hobbesian view, without laws and rules, people indulge in immediate and short-term interests, without considering the effects of their behaviors on the longer-term interests of survival, procreation, and care of offspring; hence, laws are needed to suppress primal impulses for the survival and betterment of society (Lloyd & Sreedhar, 2002)

Alternatively, the 18th century Genevan political philosopher Jean-Jacques Rousseau (1712–1778) proposed that humankind descended into inequality from a state of egalitarian innocence. In other words, individuals are innately good and peaceful by nature, but their peaceful nature became disrupted by living in societies and being dependent on one another (Bertram, 2010; Graeber & Wengrow, 2021). With a focus on understanding human freedom when living in organized societies, Rousseau perceived organized societies as corrosive to

peoples' authentic state of nature, with the division of land into private property as an impetus for legal structures to protect private property (Graeber & Wengrow, 2021). The establishment of governing authorities and laws thus directed the interests of private property owners and people with wealth, creating exploitative social relations, unequal systems of wage labour, and a class society that rendered poor people subordinate (Graeber & Wengrow, 2021). While legislating divisions of land were instilled with the intentions to preserve human liberty, people inadvertently "ran headlong to their chains" (Graeber & Wengrow, 2021, p.78) as wealth became increasingly concentrated, and the ways in which people cared for one another were compromised. Rousseau explained:

The first man who, having enclosed a piece of land, thought of saying, 'This is mine', and found people simple enough to believe him, was the real founder of civil society. How many crimes, wars and murders, how much misery and horror the human race would have been spared if someone had pulled up the stakes and filled in the ditch and cried out to his fellow men: 'Beware of listening to this impostor. You are lost if you forget that the fruits of the earth belong to everyone, and that the earth itself belongs to no one!' (1754/1987, p.60)

Agricultural development was a key exogenous factor in state formation and the need for governing laws to contain violence (Graeber & Wengrow, 2021). It has been suggested that Hobbes similarly proposed that the development of sedentary agriculture began propagating political inequality since people lived for millions of years in band-level societies that were predominately egalitarian, with little or no concept of private property nor the inclination to mark out a piece of land for ownership (Y. Wang, 2021). As societies grew more complex, processes

such as capitalism and colonialism, increasingly drove people to be ‘possessive individualists’ drifting them farther and farther way from the spirit of mutual aid (Graeber & Wengrow, 2021).

While theorists such as Hobbes and Rousseau propose that social and political worlds evolved from a state of nature, as individuals and it is not clear why conflict directs their relations, “rather than dependency or attachment” (Butler, 2020, p.23). Butler (2020) further elaborates:

Of course, the state of nature was always a fiction, as Jean-Jacques Rousseau openly conceded, but it has been a powerful fiction.... It functions in many ways: for instance, it gives us a counterfactual condition by which to assess our contemporary situation; and it offers a point of view, in the way that science fiction does, from which to see the specificity and contingency of the political organization of space and time, of passions and interest, in the present (p.24).

Despite varying philosophical views on the state of nature, mutual aid is “so deeply interwoven with all the past evolution of the human race, that it has been maintained by mankind up to the present time, notwithstanding all vicissitudes of history” (Kropotkin, 1902/2021, p.181). Peter Kropotkin (1842-1921) was a Russian revolutionary geographer, and inspirational theorist of the anarchist movement. He argued that cooperation is more natural than competition among both animals and humans, declaring it to be the most important factor in the evolution of the species in contrast to the Darwinian concept of survival of the fittest (Kropotkin, 1902/2021). Providing abundant examples from both the animal kingdom and human societies, Kropotkin (1902/2021) challenged the idea that authority and power are based on biological and sociological factors. For instance, Kropotkin provides the example of mutual aid among the Kabyles, a Berber ethnic group in the north of Algeria:

the Kabyles practice it, and no difference can be detected in the external behaviour between rich and poor; when the poor convokes an “aid,” the rich man works in his field, just as the poor man does it reciprocally in his turn....Every stranger who enters a Kabyle village has right to housing in the winter, and his horses can always graze on the communal lands... during the famine of 1867–68, the Kabyles received and fed every one who sought refuge in their villages, without distinction of origin. In the district of Dellys, no less than 12,000 people who came from all parts of Algeria, and even from Morocco, were fed in this way (Kropotkin, 1902/2021, pg. 126).

Kropotkin (1902/2021) also describes customs in Swiss villages in the 1860’s that depict mutual aid such as delegating households in the gatherings for shelling walnuts; community parties to sew the dowry of prospective brides; aiding one another in building houses and harvesting crops; and exchanging children from one subdivision to the other to cultivate the ability to learn two languages. At the time, Switzerland’s spirit of mutual aid was not unusual in Europe, as similar systems and customs were described by Kropotkin within villages in France, Italy, Germany, and Denmark (Kropotkin, 1902/2021).

Mutual Aid and Indigenous Peoples in North America

Mutual aid has a longstanding tradition among many Indigenous Peoples in North America, despite cycles of colonialism. Traditions of mutual aid have been passed down through teachings and practices that many Indigenous communities today are striving to restore and amplify (Spade, 2020). Graeber and Weber (2021) describe exchanges in the 17th century between a Chief of the Wendat people, Kandiaronk, and a French aristocrat, Louis-Armand de Lom d’Arce, that exemplifies a difference in enacting mutual aid. Kandiaronk is quoted to have said:

Do you really imagine I could carry a purse full of coins and not immediately hand them over to people who are hungry; that I would carry a sword but not immediately draw it on the first band of thugs I see rounding up the destitute to press them into naval service? ... You honestly think you're going to sway me by appealing to the needs of nobles, merchants and priests? If you abandoned conceptions of mine and thine, yes, such distinctions between men would dissolve; a levelling equality would then take its place among you as it now does among the Wendat. And yes, for the first thirty years after the banishing of self-interest, no doubt you would indeed see a certain desolation as those who are only qualified to eat, drink, sleep and take pleasure would languish and die. (As cited in Graeber and Weber, 2021, p.67-68)

Kandiaronk's perspective described 'individualistic societies' as foreign to the Wendat people who were known for their reluctance to let anyone succumb to poverty or hunger, out of wanting a society where no one was in a position of abject misery. Contrary to individualistic ideas where people only care about and look after themselves, Kandiaronk characterizes Indigenous societies as being run without coercion and refusing to let anyone struggle, further depicting essences of mutual aid (Graeber & Weber, 2021). The authoritarian leadership styles and individualistic values of the French settlers during that period were starkly contrasted to the Wendat and Montagnais-Naskapi peoples who were conducive to practices of mutual aid.

Examples of mutual aid can also be observed in the ways of life among the Inuit, where there is a collective belief that resources obtained through hunting and fishing belong to the entire community (Kropotkin, 1902/2021). It has been observed that when someone in an Inuit community becomes rich, they invite their fellow community members to a festival wherein they distribute their fortunes among the members. These are done as a means of not letting

concentration of wealth sever the solidarity of a community (Kropotkin, 1902/2021). On the Yukon River for instance, an Aleut family (Indigenous Peoples attached to Inuit culture) was observed distributing,

ten guns, ten full fur dresses, 200 strings of beads, numerous blankets, ten wolf furs, 200 beavers, and 500 zibelines. After that they took off their festival dresses, gave them away, and, putting on old, ragged furs, addressed a few words to their kinsfolk, saying that though they are now poorer than any one of them, they have won their friendship (Kropotkin, 1902/2021, p.96).

Indigenous Peoples' responses to injustices from colonization embodies essences of mutual aid as a form of resistance (Spade, 2020). Colonization imposed systems and structures such as land appropriation, civil laws, and punishments, that forced Indigenous People into systems of segregation, wage labor and property ownership, and disrupted how they traditionally connected with, and cared for each other (Loomba, 2005; Spade, 2020). Settlers have long worked to undermine and compromise Indigenous Peoples' self-sustaining practices by stealing their land, destroying food systems, and forcing dependency on rations given by governments or non-profit organizations (Spade, 2020). Indigenous mutual aid efforts have hence been "both a matter of survival and a powerful form of resistance to the forced dependence" that has been imposed on them through settler colonial systems (Spade, 2020, p.16-17).

Settler colonization created global wealth and power imbalances that persists in contemporary societies (Sawant, 2011). Indian literary scholar, Ania Loomba, denotes that "the process of 'forming a community' in the new land necessarily meant un-forming or re-forming the communities that existed there already, and involved a wide range of practices including trade, plunder, negotiation, warfare, genocide, enslavement and rebellions" (2005, p.8). Although

European colonialism is not the same process around the world, it has resulted in a traumatic and complex harmful experience to all original inhabitants (Loomba (2005). Despite varied tactics of domination, a shared feature of European colonialism was the expansion of European capitalism and massive economic imbalances that were actively created (Loomba, 2005).

The primary motivation for colonization in Canada was the acquisition of Indigenous land, rather than the exploitation of labour (Rotz, 2017). The Indian Act of 1876 enabled the forcible relocation of Indigenous People, while granting power to European colonizers to manage and monetize the lands and resources (Thompson, 2022). In addition to the exploitation of resources and land, Western forms of knowledge and power, and the erasure of Indigenous ways of knowing and doing, continues to marginalize Indigenous Peoples (Nair, 2017). For example, language perpetuates power imbalances, from labels such as ‘savages’, to the standardization of non-Indigenous languages in literature (Barry, 2020). Edward Said, a Palestinian American academic who wrote extensively about the impact of colonialism on Palestine, describes that European people perpetuated the construct of the ‘other’ as a way to justify powers of domination, assimilation, and systematically erase non-European culture, knowledge, and politics under the pretense of ‘civilization’ and ‘modernity’ (1978). Embedded within the construct of the ‘other’ is the Eurocentric perspective that views non-Europeans as having negative qualities such as laziness, barbarism, and corruption, and Europeans to be logical and ideal (Barry, 2020). These negative characteristics have been recognized in postcolonial studies as contributing to the political and cultural violence, oppression and erasure of Indigenous knowledge, culture and practices, and the assimilation of the people being colonized (Loomba, 2005; Nair, 2017; Said, 1978). In order to analyze issues pertinent to health

and wellness among Indigenous People, the historical, social and political conditions and discourses from colonialism must be considered (Gregory, 2005).

Decolonization involves dismantling dominant structures of power and oppression from colonial rule and transitioning to self-determination and self-rule (Buchanan 2015). For Indigenous People in Canada, decolonization includes reinstating and upholding Indigenous laws, relationalities, and values (McDonnell & Regenvanu, 2022). Decolonization does not necessarily require the removal of non-Indigenous People from a space but involves decentering interactions and power dynamics away from colonial hegemonic representation, as well as the recentering of Indigenous Peoples and their ways of knowing and being (Roth, 2019). As Métis/Otipemisiwak anthropologist Zoe Todd has remarked, “Decolonization requires that we change not only who is spoken about and how, but also who is present” (Todd, 2015, p.251). Decolonization requires that non-Indigenous scholars working alongside Indigenous People are attentive to the imperialistic legacies of research. Considering the detrimental effect of generations of colonial powers ignoring Indigenous ontology and knowledge, exercising Indigenous Peoples’ knowledge through practices and policies is an essential component of decolonizing research practices (Marshall, 2021; Morton Ninomiya, Hurley, & Penashue, 2020).

Indigenous Peoples in Canada have been advocating for their land rights and sovereignty for generations. Today, Indigenous Peoples continue to experience the ongoing impacts of colonialism, including the loss of their territories and resources (Borrows, 2005; Borrows, 2008). Under the recognition that the Government has failed to fulfill restorative action, Indigenous Peoples have attempted to protect and sustain their relationship to the land and its resources in their own ways:

One of the ways Aboriginal peoples have tried to maintain their lands is through the continued physical occupation or re-emergent reoccupation of significant sites.

Aboriginal peoples have sometimes exercised civil disobedience as a response to the perceived and/or real loss of lands and/or resources... This form of resistance or insistence usually occurs only if other avenues of relief are exhausted... When the Crown fails to fulfill their obligations Aboriginal peoples may use their physical presence to positively influence legislative and policy choices. (Borrows, 2005, p. 4-5)

A recent example of ongoing Indigenous resistance is opposition to the construction of the Coastal GasLink pipeline in British Columbia. The pipeline route would cross through Wet'suwet'en Nation territory, and the project has been met with resistance from many members of the Nation, who argue that it threatens their land, water, and sovereignty (Huang, 2022; Perzyna & Bauder, 2022). The dispute has led to the collective coordination by Indigenous Peoples of protests and blockades, including a rail blockade in 2020 that drew attention by disrupting Canada's transportation network (Perzyna & Bauder, 2022). The Wet'suwet'en Nation has been calling for meaningful consultation and consent on the pipeline project, as well as the recognition of their title and rights to their traditional territory. Although unresolved, the issue has sparked broader conversations about Indigenous sovereignty, resource development, and the need for true reconciliation in Canada (Huang, 2022; Perzyna & Bauder, 2022).

Mutual Aid and COVID-19

Regardless of geographical locations and time periods, examples of mutual aid can be found up to, and including, present day times. Disasters tend to exacerbate and reveal the inequalities that people in power and other elites try to conceal (Spade, 2020). Acute crises such as the COVID-19 pandemic, climate change-induced natural disasters, and the ongoing crises of

racial criminalization and wealth inequality, place the survival of people across the globe at risk (Spade, 2020). As a result, an increasing number of people feel compelled to take action in their communities, pioneering creative methods of distributing resources and aiding vulnerable members of the community. When combined with social movements demanding transformative change, these initiatives can be seen as a type of mutual aid.

The COVID-19 pandemic drove more people to learn how to organize mutual aid initiatives. A phenomenological qualitative study by Littman et al. (2022) explored the specific values and beliefs that underpinned mutual aid practices during the early stages of the COVID-19 pandemic in the United States. The researchers found that the values underlying mutual aid during this time included reciprocity, shared humanity, community-driven care, and redistribution of resources (Littman et al., 2022). Participants also acknowledged that upholding these values called for a generative and active community that was responsive to needs. Being responsive to needs, was one of the values outlining the importance of continually adjusting mutual aid practices to the most pressing needs, and adapting as those needs arise (Littman et al., 2022).

Spade (2020) speaks specifically about the COVID-19 pandemic within the context of the response of Hong Kong's protest movement. Hong Kong's chief executive, Carrie Lam, faced growing disapproval from the people in Hong Kong due to her unresponsiveness to the pandemic. As a result, Hong Kong's protest movements escalated significantly. Protesters coordinated mass mobilizations resisting police with poles, projectiles, laser pointers, and petrol bombs. Spade (2020) describes the action taken by the protesters to protect their communities from COVID-19. Despite their government's reluctance, the residents of Hong Kong mobilized a coordinated response that successfully mitigated the first wave of COVID-19 (Spade, 2020).

Their response was characteristic of mutual aid, both through the voluntary participation of community members to exchange resources, and services to care for one another, in addition to political activism to change the conditions. The residents of Hong Kong proactively did what their governments were reluctant to do, thus saving countless lives (Spade, 2020).

Indigenous Peoples' Relationship to Land

Indigenous Peoples view the land, often referred to as Mother Earth, as a living entity that is interconnected with all forms of life, including humans, animals, plants, the spirit world, and the environment. Within this living relational schema, the land is not merely a physical space where they live, but it is a source of their identity, culture, spirituality, and survival (Kermoal & Altamirano-Jiménez, 2016). The land is where ceremonies are held, medicines are gathered, and social and spiritual relationships are established. Indigenous healers depend on their surrounding environment for instance, to locate wild plants and roots that can serve as pain relievers, digestion aids, and anti-inflammatory agents (Kermoal & Altamirano-Jiménez, 2016). As described by Indigenous scholar, Glen Coulthard (2010), “relationships not only highlight the strong attachment Indigenous Peoples have to their homelands, but also underline the ontological framework that land occupies in those relationships” (p. 79). Nathalie Kermoal and Isabel Altamirano-Jiménez (2016) captivated this deep-rooted relationship Indigenous Peoples have with the land noting:

The elders have a saying: “our land is our life.” The young people are taught the skills that underlie the relationship they have with the land. The sharing of meat and hides, the collaboration in caring for the children, are all part of the healthy Métis community.

Everyone has a role to play in the well-being of others. These aspects of life are part of

the pride and the sense of belonging, being in control of one's life (Kermoal & Altamirano-Jiménez, 2016, pg. 161).

Indigenous Peoples' relationship with the land embodies many principles of mutual aid, as it is based on cooperation, reciprocity, collective responsibility, and self-determination. Many Indigenous knowledge systems emphasize the importance of reciprocal relationships that develop among people, as well as between human and non-human worlds (Kermoal & Altamirano-Jiménez, 2016). Indigenous Peoples believe they ought to act as stewards of the land and be responsible for its nourishment, protection, preservation, and sustainability for future generations, as land is not just for economic gain, but about respecting and honoring it as a sacred entity (Blake, 1977; Kermoal & Altamirano-Jiménez, 2016; The Red Nation, 2021; Thompson, 2022). This reciprocity is reflected in their traditional practices of offering thanks, giving back to the land through ceremonies, and taking only what is necessary for survival, while also ensuring that the land remains sustainable for future generations (Kermoal & Altamirano-Jiménez, 2016). Nathalie Kermoal and Isabel Altamirano-Jiménez (2016) emphasize this with Mililani Trask's statement, a founding member of the Indigenous Women's Network:

Reciprocity is the way of balance—planting precedes harvesting, sowing precedes reaping...humankind's role in the world is to be the guardians of the creation. Indigenous Peoples know that if we care for, nurture, and protect the earth, it will feed, clothe and shelter us (p.159).

This reciprocal relationship with the land is consistent with the concept of mutual aid, as it involves a collective responsibility in nurturing and protecting the earth that has been challenged by capitalistic systems that threaten the land and its resources.

Within Canada, the forced displacement of Indigenous People by the government undermines the ontological, reciprocal, and sacred relations Indigenous People have with their communities and the land, which subjects them to severe consequences such as psychological distress and cultural genocide (Thompson, 2022). Today, many Indigenous communities in Canada are working to re-establish their connection to the land and communities, and to reclaim their traditional territories. Indigenous self-determination and ways of knowing and doing in relation to the land, conforms with concepts of mutual aid that asserts societies ought to create practices and systems that allow for people to have a voice in all aspects of their lives and allow for collective self-determination (Spade, 2020). As such, Indigenous People seek recognition for their historical use and intimate understandings of the land, including their reverence for the animate and inanimate members of the earth. This recognition involves restoring ecosystems, protecting biodiversity, and promoting sustainable land use practices that reflect Indigenous knowledge and ways of life (Bowie, 2013; Kermaol & Altamirano-Jiménez, 2016). They also “want others to affirm Aboriginal [Indigenous] values, norms, customs, and laws to govern land and resource use” in a manner that respects the interdependence and interactions of the natural world (Borrows, 2005, p.17). “The colonial view of land as a place for commodification and control differs from the Indigenous view of land as the foundation of identity, relationships, and spirituality” (Thompson, 2022, p.243). This juxtaposition is encapsulated in a profound statement by Philip Blake (1977), a member of the Dene Nation from Fort McPherson:

If our Indian nation is being destroyed so that poor people of the world might get a chance to share this worlds riches, then as Indian people, I am sure that we would seriously consider giving up our resources. But do you really expect us to give up our life and our lands so that those few people who are the richest and most powerful in the world

today can maintain their own position of privilege? That is not our way... We have lived with the land, not tried to conquer or control it or rob it of its riches. We have not tried to get more and more riches and power, we have not tried to conquer new frontiers, or outdo our parents or make sure that every year we are richer than the year before. We have been satisfied to see our wealth as ourselves and the land we live with. It is our greatest wish to be able to pass on this land to succeeding generations in the same condition that our fathers have given it to us. We did not try to improve the land and we did not try to destroy it. That is not our way. (p.7-8)

In addition to rejecting the colonial and capitalistic drive to accumulate resources, three interrelated meanings of “land” to Indigenous Peoples are pronounced in Blake’s statement: land as central to material survival; land as a sense of identity, and land as a reciprocal relationship. In summary, the relationship between Indigenous Peoples and the land aligns with critical components of mutual aid, namely through the mobilization of the earth’s inhabitants to enact non-exploitative caretaking of the earth, grounded in the shared value of ethical reciprocity between human and non-human worlds.

Land Dispossession and Disputes

Treaties were historically used to formalize Indigenous-Indigenous agreements premised on a system of diplomacy. As described by Borrows (2005), many Indigenous Nations viewed treaties as formal methods of securing peace and endorsing an accord in diplomatic exchanges:

An important indigenous-to-indigenous treaty occurred between the Haudenosaunee and the Anishinabek in 1701 near Sault Ste. Marie. The agreement was orally transacted and is recorded on a wampum belt (a memory device with shells forming pictures, sewn onto strings of animal hide and bound together). The 1701 belt has an image of a ‘bowl with

one spoon.” It refers to the fact that both Nations would share their hunting grounds in order to obtain food. The single wooden spoon in the bowl meant that no knives or sharp edges would be allowed in the land, for this would lead to bloodshed. This agreement is still remembered by the two nations [today]. (p.5-6)

In contrast to Indigenous-Indigenous diplomatic traditions to cultivate a peaceful co-use of the land and its resources, Indigenous Peoples have long experienced broken promises, unequal treatment, and systemic discrimination from the Canadian Government (Borrows 2005; Borrows, 2008). Treaties between the Crown, represented by the Canadian Government, and Indigenous Peoples were not honoured, and many treaties were negotiated under coercion or without full disclosure of what signatories meant. Even when agreements were reached, the Government failed to uphold its obligations, resulting in the loss of land, resources, and cultural practices for Indigenous communities (Borrows 2005; Borrows, 2008).

Indigenous People in Canada have long been subjected to exploitative practices related to land, with their territories being taken over by settlers and settler governments for resource extraction and settlement. Early European colonizers used the term “terra nullius” (“empty land” in Latin) to justify that the land was unoccupied and free to be claimed and thus exploited (Asch, 2002). The Canadian Government used a variety of means to dispossess Indigenous People of their land, including the imposition of a reserve system, residential schools, the deceitful and disingenuous negotiation of treaties, and the creation of a legal framework that recognized the Crown’s sovereignty over the land (Thompson, 2022). Among these tactics, was the Indian Act of 1876, which established a legal framework for the colonization and dispossession of Indigenous Peoples’ land. The Indian Act facilitated the Canadian Government to steal land from First Nations people through means such as forcing them onto reserves, extracting resources,

illegally passing colonial legislation for non-Indigenous settlers to occupy land without consent, all of which contributes to the ongoing violence and genocide of Indigenous People in Canada (Borrows, 2005; Borrows, 2008).

While the Indian Act of 1876 is often cited as a defining piece of legislation, its jurisdiction was limited to status First Nations, excluding Métis and Inuit communities (Hurley & Gordon, 2009). The use of legal frameworks to perpetuate the process of colonization and the systemic oppression and marginalization of Indigenous Peoples in Canada began well before the Indian Act of 1876. Other mechanisms whereby the Canadian Government exercised political superiority over Indigenous Peoples in Canada include, but are not limited to, The Gradual Civilization Act of 1857, and Section 91(24) of the Constitution Act of 1867. Preceding Canada's confederations, statutes like the Gradual Civilization Act of 1857 laid the groundwork for colonization well before the Indian Act of 1876. The Gradual Civilization Act of 1857 was a piece of legislation enacted in Canada that aimed to assimilate Indigenous Peoples into Euro-Canadian society (Milloy, 1983; Royal Commission of Aboriginal Peoples, 1996). It was part of a broader colonial policy that sought to assert control over Indigenous lands and resources, while promoting a vision of civilization aligned with European norms and values. The act provided a framework for encouraging Indigenous Peoples to adopt European customs, practices, and lifestyles. "It provided for the voluntary enfranchisement — freedom from Indian status — of individuals of good character as determined by a board of examiners" (Royal Commission of Aboriginal Peoples, 1996, p.137). Upon enfranchisement, it offered incentives to Indigenous individuals who willingly renounced their Indigenous status and embraced Euro-Canadian ways of life. These incentives included granting them certain legal rights, such as the ability to own lands that were otherwise denied to Indigenous Peoples (Milloy, 1983; Royal Commission of

Aboriginal Peoples, 1996). The Gradual Civilization Act was designed to erode the distinct cultural and legal identities of Indigenous communities. The act failed to recognize and respect the inherent rights and cultural distinctiveness of Indigenous Peoples, leading to the erosion of Indigenous languages, traditions, and land rights (McMahon, 2017). The Gradual Civilization Act stands as a stark example of the colonial policies and attitudes that shaped the relationship between the Canadian Government and Indigenous Peoples. It significantly contributed to the ongoing struggles for Indigenous rights and self-determination in Canada.

Another critical component of the colonial state's legal framework can be traced back to Section 91(24) of the Constitution Act of 1867. This provision grants legislative supremacy to the Federal Parliament over matters concerning "Indians, and Lands reserved for the Indians" (Royal Commission of Aboriginal Peoples, 1996, p.133). As a supreme law, it forms the basis for the colonial state's assertion of authority, and both Metis and Inuit fall within the ambit of this Act. It gives the Federal Parliament the power to make laws pertaining to the legal and political relationships between the Canadian Government and Indigenous Peoples, including matters such as status, treaties, land claims, reserve lands, and the overall welfare of Indigenous communities (McNeil, 1998). It has been used to justify government policies and actions that have both supported and oppressed Indigenous communities (Chartrand, 2013; Wilkins, 2017).

Section 91(24) of the Constitution Act has been described as enabling

the federal government to unilaterally rule over otherwise independent self-determining peoples and to legislatively "control" the nations Indigenous to North America in a hierarchical and inherently colonial relationship... [whereby Indigenous Peoples] become encased in a virtual prison with no independent freedom but for that which the federal government graciously allows (Chartrand, 2013, p.182-183).

These early legal measures set the stage for the ongoing violence and genocide experienced by Indigenous Peoples in Canada today (Chartrand, 2013). The Indian Act, the Gradual Civilization Act, and Section 91(24) of the Constitution Act are just several examples of a broader framework that has perpetuated the systemic racism, oppression, and dispossession of Indigenous People from their communities, lands, and ways of knowing and doing throughout history.

The Canadian legal system continues to sanction the unjust settlement of Indigenous territories with the Indian Act and the Canadian Constitution today. While the Indian Act has undergone numerous amendments since it was first passed in 1876, it largely retains its original form and continues to impose struggles for Indigenous People including failing to extend the recognition of Indigenous rights to lands and resources, and restoration of their territories (Thompson, 2022). In 1995, The Royal Commission on Aboriginal Peoples found that, “[C]onflict over lands and resources remains the principal source of friction in relations between Aboriginal and other Canadians. If that friction is not resolved, the situation can only get worse” (n.d.). Collectively, the loss of land and resources devastated the cultural heritage, knowledge systems, and ways of being in Indigenous communities. This includes the disruption of community relations that are rooted in the foundational principles of mutual aid (De Loggans, 2021; Kropotkin, 1902/2021; Spade, 2020).

In the face of ongoing challenges, including the loss of land, resources, and cultural heritage, Indigenous communities in Canada have embraced mutual aid principles as a means to foster resilience, empowerment, collective healing, and reclaim agency and self-determination in addressing their needs and challenges (Borrows, 2005; Huang, 2022; Perzyna & Bauder, 2022). Ultimately, by recognizing the significance of mutual aid within Indigenous revitalization efforts, better support can be offered to promote initiatives that empower Indigenous

communities, strengthen cultural resilience, and foster self-determination. Prospectively, this may pave the way for more inclusive policies responsive to the values and needs of Indigenous Peoples.

Chapter Four: Study Design and Methodology

This chapter highlights the methodological approaches that informed this study, which is a secondary analysis of qualitative data to explore how people living in the Algonquins of Pikwakanagan First Nation worked together to preserve their health and wellness in response to the COVID-19 pandemic. I will first present an overview of the primary study, where the data was collected, and then describe the purpose of the secondary study. Subsequently, I discuss the historical account of a qualitative content analysis (QCA) approach as described by Philipp Mayring (2014) and explain why QCA was suitable for my research. The research setting in which the data was collected is then described, followed by an explanation of the participants, data collection procedures, data management, and storage methods. Subsequently, the data analysis steps taken in accordance with Mayring's (2014) approach are covered, and the criteria used to maintain the study's rigor are discussed next. Finally, ethical considerations and prospective benefits of the study are addressed.

Overview of the Primary Study

The primary study in which the data for this secondary analysis was collected is called *Developing wise practices for a culturally safe rapid public health response to COVID-19 with the Algonquins of Pikwakanagan First Nation*. This study initiated in 2021 with funding from the Canadian Institutes of Health Research with the overarching aim of understanding how the Algonquins of Pikwakanagan First Nation integrated Indigenous knowledge into community and public health responses to COVID-19. The objectives were identified as the following:

1. To understand how the Pikwakanagan health team, traditional knowledge keepers, Elders, and community members responded to the COVID-19 pandemic and supported vulnerable people in the community.

2. To explore how all four aspects of Indigenous wellness (Physical, Spiritual, Emotional, Mental) and land-based practices and values are integrated into the Pikwakanagan COVID-19 responses.
3. To develop wise practices to guide the integration of Indigenous knowledge and land-based values into public health responses, programs, and services during a pandemic.

A community-based participatory approach was taken involving sharing circles with Anishinaabe symbol-based reflection, and individual interviews. The participants of the study included community members, community leaders, traditional Knowledge Keepers and Elders, and healthcare providers from Pikwakanagan Health Services, including nurses, healthcare aids, nurse practitioner, and physicians.

The study was led by Dr. Wendy Gifford and Dr. Veldon Coburn from the University of Ottawa and Ms. Peggy Dick from Pikwakanagan First Nation as co-leads, and an Advisory group of five representatives from the community that were consulted at each stage of the research process. Dr. Gifford is a second-generation European settler who has worked with the Algonquins of Pikwakanagan First nations for over ten years, and Dr. Coburn and Ms. Dick are citizens of the Algonquin of Pikwakanagan First Nation.

The Current Study

The current study is a secondary analysis of data from qualitative sharing circles and individual interview from the primary study. A secondary analysis utilizes existing data to find answers to questions that differ from the questions asked in the primary research (Long-Suthehall, Sque, & Addington-Hall, 2011). It is recommended that the approaches for a secondary analysis be sufficiently close to that of its respective primary research so the data can inform the secondary analysis (Long-Suthehall, Sque, & Addington-Hall, 2011). As such, this secondary

analysis involved a qualitative research design and the research objectives of the secondary analysis adequately aligned with the primary study to allow analysis. The purpose of this secondary analysis was to explore how people living in the Algonquins of Pikwakanagan First Nation collectively worked together to preserve their health and wellness in response to COVID-19. The specific research objectives are:

1. To identify what the Algonquins of Pikwakanagan community members considered important in response to the COVID-19 pandemic.
2. To explore how the Algonquins of Pikwakanagan community members mobilized individual and group decision-making structures and processes to respond to the COVID-19 pandemic.
3. To understand the role of land-based practices in supporting the health and wellness of citizens living in Pikwakanagan First Nation during the COVID-19 pandemic.

The principal research partners from the Pikwakanagan First Nation (Coburn & Dick) gave permission for the data collected in the primary study to be used for this secondary analysis.

Research Design

This study utilized a QCA approach following the methods outlined by Mayring (2014). A QCA approach is well suited for this study as it allows for the analysis of large amounts of qualitative data to uncover patterns and themes in communication (Weber, 1990). Qualitative content analysis can be situated within a positivist or constructivist research paradigm (Mayring, 2014). This study is premised within a constructivist view where “reality is not a fixed entity but rather is a construction of the individual participating in the research; reality exists within a context, and many constructions are possible” (Polit & Beck, 2016, p.44). A constructivist

paradigm underpins the overall approach to this study as the subjective voices and constructions of meanings are the basis for understanding the phenomenon of interest (Polit & Beck, 2016).

Methodological Approach

Qualitative content analysis can be traced back to the 7th century with interpretations of the bible (Mayring (2014). By the early 20th century, one of the most influential works in the QCA field was conducted by Harold D. Lasswell who used content analysis to study the content of political propaganda (Schreier, 2012). In the 1960s and 1970s, content analysis was expanded to other disciplines, such as sociology and psychology. During this time, researchers such as Klaus Krippendorff (2004) formulated more systematic methods for QCA that included computer-aided approaches. Today, content analysis is a well-established research method that is widely used in various fields, including communications, sociology, psychology, and health (Schreier, 2012).

Hsieh and Shannon (2005) describe QCA as taking three different approaches: conventional, directed, and summative. The conventional approach is typically undertaken when literature on the phenomenon of interest is limited. It is also referred to as inductive category development as the coding system emerges from the data (Hsieh & Shannon, 2005). Researchers do not use preconceived categories for coding, instead they allow codes to emerge directly from the data, which are then organized into categories based on meaningful clusters (Patton, 2002). The conventional approach avoids imposing preconceived ideas or theoretical perspectives on the data as it gains information directly from study participants and is most appropriate when there is little literature on the phenomenon (Hsieh & Shannon, 2005). Alternately, a prospective downfall of inductive analysis is that researchers may lack a comprehensive understanding of the phenomenon and fail to identify key categories (Hsieh & Shannon, 2005).

Directed content analysis is utilized in cases where a study aims to contribute to, or conceptually extend a theory or theoretical framework (Hsieh & Shannon, 2005). Hsieh & Shannon (2005) describe the directed approach as more “structured” (p.1281) than the inductive approach as the codes are initially predetermined based on the existing knowledge of the theory at hand. The main strength of a directed approach to content analysis is that existing theory can be supported and extended.

The summative approach to content analysis involves identifying and quantifying certain words or content in text to identify patterns in the data and understand the contextual use and underlying meanings of the words (Hsieh & Shannon, 2005). Data analysis begins with word-searches and frequency counts of identified words, and the source or speaker of the words also identified. The quantification does not attempt to infer meaning, rather, it allows for interpretation of the context associated with the use of the words or phrases. Summative content analysis is often used to analyze specific content in manuscripts or textbooks and is limited by its inattention to the broader meanings present in the data (Hsieh & Shannon, 2005).

This study adopted a conventional content analysis approach using inductive coding for each of the three study objectives (what was important; decision making processes/structures; land-based practices). I followed a systematic approach for inductive coding to allow categories to flow from the data (Mayring, 2014). The inductive method of category development allowed me to gain direct information from study participants, without imposing preconceived categories of ideas or perspectives (Hsieh & Shannon, 2005). Furthermore, an inductive approach is appropriate for this secondary analysis because imposing “a Western deductive lens onto the concept of Indigenous research methods may perpetuate colonial ideals that prioritize

reductionist science” (Drawson, Toombs, & Mushquash, 2017, p.2). It is also well suited in the context of studying a phenomenon for which theory and research literature are limited.

Setting

Constructivist inquiry tends to take place in the naturalistic setting of the field of interest (Polit & Beck, 2016). In this case, the Indigenous community of interest, the Algonquins of Pikwakanagan First Nation, is an Algonquin community in Renfrew County, Ontario consisting of approximately 450 individuals (Coburn & Moore, 2022; Gifford et al., 2023). The Algonquins of Pikwakanagan are a rural First Nation community who have had no documented cases of COVID-19 in the first 20 months of the pandemic (Coburn & Moore, 2023; Gifford et al., 2023). The Algonquins of Pikwakanagan First Nation community provided an opportune case to understand their success in navigating a pandemic with no confirmed cases for almost two years. Similar to other Indigenous societies, many people in the Pikwakanagan First Nation foster knowledge systems and expertise that governs the way they care for their families, communities, “the land, the animals and the fish as a way of life” (Kermoal & Altamirano-Jiménez, p.160, 2016).

Participants and Data collection

According to Weber (1990), “content analysis classifies textual material, reducing it to more relevant, manageable bits of data” (p. 5). To accomplish this, researchers first attain text-based data. Text-based data for the current study was attained from the primary study, whereby six distinct sharing circles (n=55) and twenty individual interviews (n= 20) were completed by Fall 2021 and Spring 2023 respectively. The study participants were recruited through *snowball sampling*, wherein new participants were referred by the initial participants to procure a diverse sample (Polit & Beck, 2016). As a result, four focus groups comprised community members

(n=39), while two involved Public Health Responders (n=16), including Registered Nurses, Personal Support Workers, Community Health Representatives, Maintenance and Operations workers, and Transportation/Community Care/Senior Wellness Coordinators. The individual interviews were conducted with a total of twenty people that included ten community members and ten individuals involved in public health COVID-19 response such as healthcare providers and members of the Chief and Council.

Semi-structured interview guides with open-ended questions were used to facilitate oral storytelling. The purpose of the interview guides (See Appendices D-G) was to give Algonquins of Pikwakanagan First Nation community members an opportunity to explore how they responded to the COVID-19 pandemic as individuals and as a community. During three of the sharing circles, a series of objects from the Pikwakanagan Cultural Center were offered to participants to prompt reflections on participants' experiences and responses during COVID-19. All sharing circles and individual interviews were audio recorded. The sharing circle discussions were also video recorded for a prospective documentary film.

In the current study, transcribed audio files of the sharing circles and individual interviews were imported into QSR-NVIVO 12 qualitative software for the secondary analysis.

Data Analysis

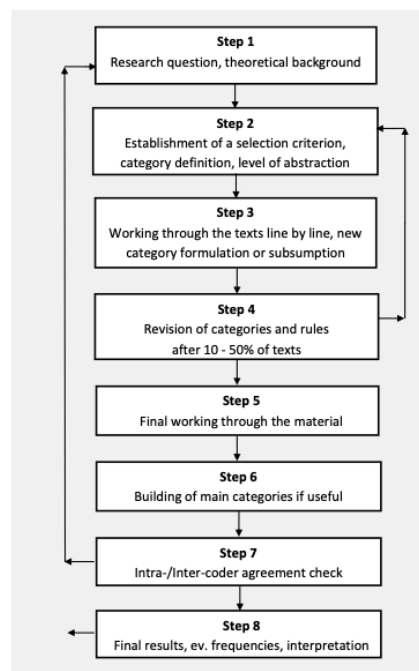
In content analysis, data is coded and analyzed to identify emerging patterns and themes. Following cycles of refining and reviewing the coding, relationships and themes can be gleaned, thereby allowing the researcher to interpret and report findings of the study. When analyzing the study data, both *manifest content* and *latent content* were considered. Manifest content is “what the text actually says—its visible components” and summaries of the manifest content often are the focus of purely descriptive studies (Polit & Beck, 2016, p. 946). Alternatively, latent content

is “what the text talks *about*, which involves interpretation of the meaning” (Polit & Beck, 2016, p. 946). For this research both latent and manifest content were considered in the inductive coding to encapsulate participants’ experiences in the findings.

Steps for the Inductive Content Analysis

Categories developed in inductive content analysis have been described as “an art” by the prominent communication scholar and researcher Klaus Krippendorff (1980) whose contributions have been influential in the field of qualitative content (p. 76). Mayring (2014) offers eight steps for conducting inductive content analysis that provided guidance and flexibility for this study (See Figure 2). The flexibility in Mayring’s steps allowed me to glean the perceptions from the study participants without imposing strict criterion on interpreting their experiences. According to Mayring, “the object of the analysis is to reduce the material in such a way that the essential contents remain, in order to create through abstraction a comprehensive overview of the base material which is nevertheless still an image of it” (2014, p.64).

Figure 2: Mayring’s Eight Steps for Conducting Inductive Content Analysis (2014)



Step 1: Research Questions

The research questions and theoretical background for this study were established as described previously.

Step 2: Selection Criterion, Category Definition, Level of Abstraction

Sets of categories were developed and organized with the formulation of main categories that, for the purpose of this study, will be referred to as *parent categories*. Mayring (2014) suggests that within inductive category development, parent categories may be “processed more deductively by introducing theoretical considerations” (p.81). Four parent categories were therefore established to analyze the data based on the study’s theoretical considerations and research questions. The four parent categories were: 1) *Important During COVID-19*; 2) *Decision-Making Structures* 3) *Structures and Processes Mobilized*; 4) *Role of Land-Based Practices in Health and Wellness*.

The selection criterion to determine the textual material to be considered for the analysis was also based on the research questions and theoretical considerations. As such, the main categories grounded in the research questions and theoretical considerations determined the relevant materials from the text to be inductively coded. As Mayring (2014) suggests, clearly defining the parent categories in advance is necessary to determine the text that is relevant to answer the purpose of the study and the level of abstraction required for the subsequent inductive subcategory formation.

Step 3: Coding the Text

The text was then read line by line to determine the relevant text material related to the study. Open coding was conducted to create subcategories under each parent category using the

words of the participants from the text material. For example, the text material that read “*my heart is my family*” was coded verbatim as an initial subcategory. Data that was meaningfully consistent and fit with the ideas in the subcategories already created were subsumed under them. Otherwise, if a passage from the text material did not fit a previously developed subcategory, a new category was formulated. Inductive coding of the textual material also led to the formation of additional parent categories (*Improvements, Community Services, Struggles, Settler Impacts, and Things that went well*) ensuring the level of abstraction continued to be met. This open coding process continued until approximately 50% of the text materials had been coded.

Step 4: Revision of Categories

After working through approximately 50% of the materials, and very few new open coding subcategories were emerging, I re-examined the coding scheme to ensure that the subcategories were coherent with the aims of the research and revised them as needed. This step involved combining subcategories to reduce their number and ensure there were no overlaps. All coded data was confirmed to represent the level of abstraction and the subcategories of the analysis. This cyclical step was applied regularly throughout the coding process to ensure the category system was stable, with little to no new categories being developed as the analysis progressed.

Step 5 & Step 6: Final Coding & Main Category Formation

Coding was completed for the entire text materials following steps 2-4 as described above. Subcategories continued to be grouped under main categories in instances that felt pertinent to the study’s research questions, and the final coding encompassed reducing the material to its core contents allowing for a “more general and more brief category system” (Mayring, 2014, p.67). As stated by Mayring (2014) "all paraphrases below this level must now

be subjected to generalization... cases of doubt must be resolved with the help of theoretical preconceptions... Paraphrases above the intended abstraction level are initially left as they are" (p. 67). This ensured that the subcategories represented and remained faithful to the underlying text material and generated a list of subcategories that reliably and accurately represented the data (Mayring, 2014).

Step 7: Intra/Inter-coder Agreement Check

The intra/inter-coder agreement step is essential in QCA because it strengthens the rigour and reliability of the findings (Mayring, 2014). Reliability is a form of analysis stability which can be conducted via *intra-coder agreement* (Mayring, 2014). To achieve this, once the majority of text material was coded, I recommenced the coding process from the first transcript without referring back to my previous coding (Mayring, 2014). I then cross-referenced the resulting two sets of codes to provide insight into the consistency of the analysis. According to Mayring (2014), if the results vary greatly, the units, categories, and level of abstraction are to be reassessed. In terms of the accuracy achieved, the approach required only minor word adjustments, rather than substantial changes. These variations were examined in accordance with Mayring's guidelines, which stipulate that the units, categories, and level of abstraction are to be reassessed only if the results vary greatly (2014). The minor modifications observed in the intra-coder agreement process therefore suggest the findings maintained a high level of reliability and consistency.

Inter-coder agreement is a method of strengthening the reliability and reproducibility of a study (Mayring, 2014). Inter-coder agreement in QCA refers to the level of agreement between two or more coders who independently code the same qualitative data for a study. High inter-coder agreement indicates that the coders are coding the data consistently and are capturing the

relevant information accurately. Mayring (2014) suggests three types of inter-coder agreement:

- 1) Providing the other coder(s) with only the texts and research question.
- 2) Providing the other coder(s) with the “content-analytical rules (procedure, units, category definition and level of abstraction for inductive category formation, coding agenda for deductive category assignment)” (2014, p.114), in addition to the texts and research question.
- 3) Providing the other coder(s) with all the materials including definitions and initial codes of the first coder for cross-reference.

Given that the inter-coders are the supervisors of this study and are also leading the primary study (Dr. Gifford and Dr. Coburn) with familiarity and insights into the text materials, research questions, and theoretical framework, I chose to provide them with all the material for cross-reference (#3 listed above). Moreover, Mayring (2014) recommends this method of inter-coder agreement as the suitable approach for explorative studies. As such, the coded NVIVO files were regularly shared and reviewed with my supervisors and meetings were held for feedback to confirm or refute the coding and uphold rigor of this study.

Step 8: Final Results

The final results from the analysis were reviewed and interpreted in collaboration with Ms. Peggy Dick the primary partner from the Algonquins of Pikwakanagan First Nation. The summarized findings were presented and discussed with Ms. Dick who evolved the final thematic categories through her theoretical lenses and lived experiences as a citizen of Pikwakanagan, enriching the interpretations of the analysis. This comprehensive approach fostered a deeper understanding of the community's experiences throughout COVID-19, shedding light on the interconnectedness between mutual aid, relations with the land, and the lives of people living on the Algonquins of Pikwakanagan First Nation.

Drawing upon theoretical perspectives, the analysis explored how the practice of mutual aid manifested within the Algonquins of Pikwakanagan First Nation. By examining findings related to mutual aid, such as acts of community solidarity and collective decision-making, the analysis aimed to highlight the manifestation of mutual aid practices within the community. The analysis further incorporated theoretical underpinnings of land-based practices, highlighted by Kermoal and Altamirano-Jiménez (2016) that brought forth culturally specific perspectives and understandings, enabling a more nuanced interpretation of the data. By considering categories that aligned with Indigenous ways of knowing and being, such as cultural revitalization efforts and land-based practices, the analysis sought to capture the unique experiences and perspectives of the Algonquins of Pikwakanagan First Nation's Peoples within their cultural context.

Ethical Consideration

Approval for this study was obtained from the University of Ottawa Research Ethics Board (uO REB #H-10-22-8398) (See Appendix H). Dr. Wendy Gifford, the principal investigator of the primary study, and thesis supervisor of this secondary research study, and Dr. Veldon Coburn, a citizen of the Algonquins of Pikwakanagan First Nation, co-principal investigator of the primary study, and co-supervisor of this thesis granted permission to the research ethics board for the data collected to be used in this secondary analysis. Additionally, primary collaborator of the primary study, Ms Peggy Dick, and citizen of the Algonquins of Pikwakanagan First Nation, approved the data to be used in this secondary analysis. Recognizing that research conducted within Western epistemological frameworks has generally resulted in non-meaningful levels of participation from Indigenous stakeholders (Kermoal & Altamirano-Jiménez's, 2016), this study was grounded in approaches outlined in Chapter 9 of the *Tri-Council Policy Statement: Research Involving the First Nations, Inuit and Métis Peoples of*

Canada (GOC, 2015). The study data and findings also abide to the First Nations Principles of OCAP™ (ownership, control, access, and possession) that places the control of the research processes and how information is used in the hands of Indigenous Peoples (First Nations Information Governance Centre, 2018).

Data Management and Storage

During the analysis and for five years on completion of the study, all electronic data will be kept on an encrypted, password-protected hard drive as per the University of Ottawa Research Ethical Board guidelines. As this is a secondary analysis, only electronic data was used. Paper records from the primary study are kept in a locked and secured research office at the Center for Research on Health and Nursing at the University of Ottawa. Only de-identified data was used for analysis and all transcripts are identified through a numerical participant ID number. For example, all names and other identifiers (such as gender and professional role) were removed and replaced with a numerical code during transcription.

Consistent with principles of OCAP, the Algonquins of Pikwakanagan First Nation own the research data and have the option to receive and retain all the study data after the study is completed. The current agreement with the Algonquins of Pikwakanagan First Nation is for the University of Ottawa to hold all the research data on their secured server in trust. Once the study is completed, all data will be securely transferred to the First Nation for their storage and retention if that is their preference. Data at the University of Ottawa will be disposed of by shredding, and securely deleted in consultation with IT professionals in the Faculty of Health Sciences at the end of the retention period, which currently is five years.

Rigour

Generating meaningful and useful qualitative research is highly dependent on the integrity of the research (Polit & Beck, 2016). Trusting that research was produced in an ethical and reliable manner is especially crucial as research findings eventually translate into practice to intervene with peoples' lives (Merriem, 2009). Lincoln and Guba (2000, p. 178) emphasize this when they probe whether a study's findings are "sufficiently authentic . . . that I may trust myself in acting on their implications?". Rigour is an essential aspect of qualitative research that helps to ensure the validity, reliability, and credibility of the findings (Merriem, 2009). It can be determined through careful attention to a study's conceptualizations, methods of data collection, analysis, interpretation, and presentation of findings. Merriem (2009) describes the rigour of a study to be contingent on factors such as the "researcher's presence, the nature of the interaction between researcher and participants, the triangulation of data, the interpretation of perceptions, and rich, thick description" (p.165). Adhering to rigorous standards also increases the confidence of the research participants who may be more inclined to share their experiences and perspectives if they believe that their contributions will be treated with care and respect (Patton, 2014). Rigour is therefore crucial for ensuring the quality and credibility of qualitative research and for maintaining the trust and confidence of the research participants. As such, the rigour of this study relied on several techniques including examining the credibility, dependability, confirmability and transferability of the research process and findings.

Credibility

Within qualitative research, credibility is a core aspect of rigour that concerns itself with how accurately the conclusions of the researcher reflect the experiences of the research participants (Merriam, 2009). Effective interviewing techniques, triangulation of data, and cross-

checking are methods of ensuring credibility. With regards to interviewing techniques, asking skillful questions, and building a trusting interviewer-interviewee rapport are key to obtaining credible and useful data through interviews (Patton, 2014). In the primary study, the sharing circles were conducted by Dr. Coburn who is a citizen of the Pikwakanagan community and Dr. Gifford who has a longstanding trusting relationship with members of the community.

Approximately half of the interviews were conducted in the community with a community member assisting the researcher to foster a positive rapport and sense of trust during the interviews. The remainder of the interviews were conducted virtually or over the phone by a university research assistant who had established a trusting relation with members of the community. The semi-structured open-ended questions provided opportunities for participants to elaborate on their experiences and “allow for a richer and fuller perspective on a topic” (Polit & Beck, 2016, p.496). This is important when working with Indigenous populations as their knowledge is often passed down orally, and their experiences may not be easily quantifiable (Kermoal & Altamirano-Jiménez, 2016).

According to Lincoln and Guba (1985), credibility can also be attained through triangulation. Triangulation involves collecting data from multiple sources or through multiple methods to investigate the same phenomenon. This cross-checking of findings is done with the aims of increasing the reliability of the data and grant a more complete and nuanced understanding of the phenomenon being studied (Polit & Beck, 2016). Various forms of triangulation exist that include, but are not limited to, using multiple data sources, using multiple researcher interpretations, and using multiple theories. Triangulation was applied in this research by interviewing different sources within the community. As such, participants of this study included community members, community leaders, traditional Knowledge Keepers and Elders,

and healthcare providers from Pikwakanagan Health Services including nurses, Healthcare Aids, Nurse Practitioner, and physicians. Triangulation was also achieved by utilizing data from individual interviews and focus groups as well. This allowed for increased opportunities for participants to reflect and elaborate on their responses. In addition, member checking involves seeking feedback from the participants on the accuracy of the researcher's findings (Polit & Beck, 2016). The primary research from which the data of this research was derived conducted member checking with the Advisory group throughout every stage of their research process.

Dependability

Dependability is another key criterion for the appraisal of qualitative research. It describes the degree to which the findings of a study are consistent with the data collected, and whether these findings can be replicated by others. To ensure dependability, researchers must document their research process in detail, including the methods used for data collection, analysis, and interpretation. Parallel to credibility, triangulation increases the dependability of this study through the use of multiple sources of data collection (Merriam, 2009). Moreover, a retrievable audit trail on the qualitative coding software, NVIVO 12, was maintained throughout this study.

Confirmability

Confirmability in qualitative research refers to the degree to which the results of a study are objective and free from the researcher's own perspectives or biases. It manifests itself in the awareness that research is never entirely objective (Holmes, 2020; Nowell, et al., 2017). According to Lincoln and Guba (1985), confirmability can be attained by maintaining regular meetings, generating an audit trail, and reflexivity. Regular meetings were held with the research committee that comprised of Dr Wendy Gifford and Dr Veldon Coburn. In addition to Dr

Gifford's longstanding relationship with the Algonquins of Pikwakanagan First Nation's community, Dr Coburn is an Indigenous scholar who was able to offer invaluable input throughout the research process. Collectively, the research team read and discussed codes and transcripts in detail, aiming to identify analytical distinctions and abstract themes and concepts. These conversations had a significant impact on the analysis, and the contributions of the research committee members helped to enhance the confidence in the findings, thereby increasing confirmability

Additionally, a retrievable audit trail on the qualitative coding software, NVIVO, was maintained throughout this study. The audit trail "offers visible evidence—from process and product—that the researcher did not simply find what he or she set out to find" (Bowen, 2009, p. 307). The identification of personal biases vis-à-vis the phenomenon of study can be referred to as reflexivity (Polit & Beck, 2016). Researchers identified three layers of reflexivity: examining self within the research, examining interpersonal relationships with participants, and examining health systems (Rix, Barclay, & Wilson, 2014). Reflexivity of the self within the research was maintained through the development of the coding frame, reflective journaling, and transparency with the self and others. In order to ensure the coding frame transcends any personal biases researchers may bring, "In the process of doing QCA, this reflexivity is acknowledged in creating a coding frame...it acknowledges your reflexivity by taking others' perspectives into account when creating your coding frame and by making the grounds for your interpretations transparent" (Schrier, 2012, p. 32-35). Schrier (2012) indicates that a method of doing this is to ensure that your categories are fully, or in part, data driven. The inductive category development from the participant interviews in the analysis of the research data maintains reflexivity in this sense. In addition, as aforementioned, inter-coder agreement is the level of agreement between

coders who independently assess and code the same qualitative data. High inter-coder agreement indicates consistent and accurate coding. The coding scheme was therefore reviewed and appraised by a research committee member, and regular sharing and review of coded NVIVO files were conducted to ensure objectivity and rigor.

Moreover, regular reflective journaling throughout the analysis and interpretation of the study data was maintained. Maintaining a reflexive journal in which personal values and interests are revisited throughout the research process allows for self-evaluations of “the impact of my personal background, perceptions, and interests on the qualitative research process” (Krefting, 1991, p. 218). A positionality statement is also included within the study, upholding the same effect as reflective journaling and increasing transparency in the study. Through a positionality statement a researcher can be increasingly aware of potential biases thereby aiding them in taking account of them throughout their research (Holmes, 2020).

Transferability

Transferability refers to the degree to which the findings of a study can be transferred to contexts beyond the study’s immediate scope. To enhance transferability, researchers need to provide a detailed description of the study's context, including the setting, participants, and other relevant factors that may impact the transferability of the findings (Bitsch, 2005). These factors are covered in detail over this chapter, in addition to Chapter 1 (Introduction).

Additionally, researchers can use theoretical sampling, which involves selecting participants and collecting data based on emerging patterns or concepts, rather than preconceived criteria. This approach can increase the transferability of the findings by allowing for the emergence of new and unexpected themes or patterns that may be relevant to other contexts or settings (Polit & Beck, 2016). Snowballing is a form of theoretical sampling, whereby the study

begins with locating a few participants who meet the study criteria and asking them to refer you to other information-rich participants (Merriam, 2012). A combination of purposeful sampling methods was utilized in the primary research that grounds the data utilized in this study (Gifford, et al. 2023).

Chapter Five: Results

Several key themes emerged that shed light on how people living in the Algonquins of Pikwakanagan First Nation collectively worked together to support their health and wellness in response to COVID-19. These themes included:

- 1) Wellbeing of the individual, family, and community across the lifespan.
- 2) Collaborative efforts between all levels of government and the community.
- 3) Culture as healing and land-based practices.

See Appendix I for a table assembled to illustrate sample coded data, serving as the basis for the derived findings.

Theme One: Wellbeing of the Individual, Family, and Community Across the Lifespan

This theme embodies the Algonquins of Pikwakanagan First Nation's collaborative efforts in safeguarding the health and wellbeing of individuals, families, and the entire community. Throughout their endeavors, whether it was sharing food, praying for the sick, or checking on Elders' needs, shared responsibility and unity was evident as the underlying principle to support everyone in the community. Participants described collecting medicine and boiling cedar "to provide cedar tea to people. Other people were bringing various medicines to each other... I was drinking cedar tea more commonly than I usually do... like anybody who got sick if they relied on any traditional medicines" (Participant 301). Participant 601 also demonstrated how friends, neighbours, and families worked in solidarity to meet one another's needs:

So a lot of our families... they are very tight and strong knitted and usually ... if there's a certain crisis or tragic event happening, a lot of members help each other. You know, friends, neighbours all those kinds of things, and they would reach out, especially in

those times of need of whether someone needed an extra chord of wood or something. You know, somebody was always helping something ... If people needed more food and some people had extra wild game available in the freezer then donating to those families in need, you know, a lot of them were fine...you knew which ones were struggling and those were the ones that were reaching out and we were always trying to like find out where we could get those services or... products that they might need. (Participant 602)

These endeavors involved extending care throughout life stages, from pregnancy and childbirth, to children, youth, adults, and Elders. Emphasis was especially placed on caring for the vulnerable of the community, that were described in the data as the Elders and the youth. These concerted efforts to care for the past, present, and future of the community were consistent with the Seven Generations Principal as described by Participant F1 from Sharing Circle 2:

And you know, the sad part about government or non-native people [is]... They don't think in seven generations ahead. We think seven generations ahead because we're responsible for the seven generations behind us, but we're also responsible for the seven generations ahead of us. So when I see most people standing on a road, for me, protecting me and my kids, and my grandkids. Wow. That's looking after the generations, that's what you call community effort, you know? And I know it's like we got to start thinking. And I'm not just saying aboriginals, I'm saying worldwide. Think of the seven generations, because we're supposed to leave this world to them once we're gone. If we don't have nothing left, the only one that's going to come and take it from them is, you know, if we're not looking after Mother Earth, something is going to happen to her, right? Yeah, so I don't know, how can you not bias or be unbiased against any human gender? What about animals, that's another thing too.

The concept of holistic wellness, encompassing mental, physical, spiritual, and emotional dimensions, was seamlessly interwoven into many participants' expressions of wellbeing. This understanding of health and wellness guided their care towards one another to be beyond the physical. As participant F7 from Sharing Circle 1 stated, the community strove to tend to the Elders' mental and emotional wellbeing in addition to their physical wellbeing:

We fed the elders, went grocery shopping for them, any type of shopping. Lots of visits, just to keep them entertained and so they didn't lose perspective of themselves, just to keep them talking and everything. Yeah, made appointments for them.

Participants also voiced the significance of nurturing the spiritual wellbeing of themselves and others through methods such as providing medicine bundles, virtual craft classes, and making smudge kits. Community members took action to keep Elders' spirits up as encapsulated in the words of interviewee 201, "my niece, [NAME], will bring communion every Sunday to her mother, [NAME] and myself after mass. So, we would receive communion almost every week ... on the reserve".

Additionally, the exploration of the wellbeing of individuals, families, and the community throughout their lifespans illuminates the challenges and constraints the Algonquin's of Pikwakanagan First Nation encountered while striving to address the collective welfare of the community. Many participants identified the COVID-19 regulations as a recurring challenge in their capacity to nurture holistic wellbeing because of the separation they experienced from their family. One participant mentioned some of them would "break the rules" (Participant M4, Sharing Circle 4) to see their grandchildren as tending to their physical health came at the cost of compromising their spiritual, emotional, and mental welfare. This dilemma was particularly evident in the discussions held during Sharing Circle 2:

Our Knowledge Keepers and our Elders in the community are people that we would go to for support, but they're also the people that we want to protect the most and they're the most vulnerable. So, it's difficult too and to have them as support people in the community when we want to try to protect them as much as we can. So that was difficult. Trying to plan programming where we wanted to have them share their knowledge and stuff, but we also didn't want to have people around them that could jeopardize their safety. So I think it was... difficult offering some programming that would help take care of people's wellness and wellbeing. (Participant F4, Sharing Circle 2)

The challenge of maintaining holistic wellness, while being segregated from one another underscores the significance of family to their wellness, and illustrates how being surrounded by family was an important source of resilience and survival for the Algonquins of Pikwakanagan First Nation as depicted by Participant 403:

I think family, like family supports, they traditionally stayed together regardless of COVID. So traditionally I think in the aboriginal community that's how they survive or move forward that their families stuck together. With or without COVID I think they continued to gather. (Participant 403)

The presence of family not only served as a source of resilience and survival for the Algonquins of Pikwakanagan First Nation, but it also resonated with the spirit of community which, at its core, thrived on mutual assistance and solidarity as Participant 401 captivated:

Culture for us is being Indigenous, being within our own community. It's going to be that we support each other. That's our culture, our culture is more so around our family supports, around the community supports we provide and it's looking out for and supporting each other as much as possible. That's probably the culture that we want to

keep more than anything... if we're looking at the Medicine Wheel and we're looking at all the different things and how the life cycle goes, we are looking after everybody.

Overall, the data exemplified wellbeing as deeply rooted in kinship, community, and mutual support amongst everyone, with the intention to uphold holistic harmony across the lifespan as depicted in the Medicine Wheel.

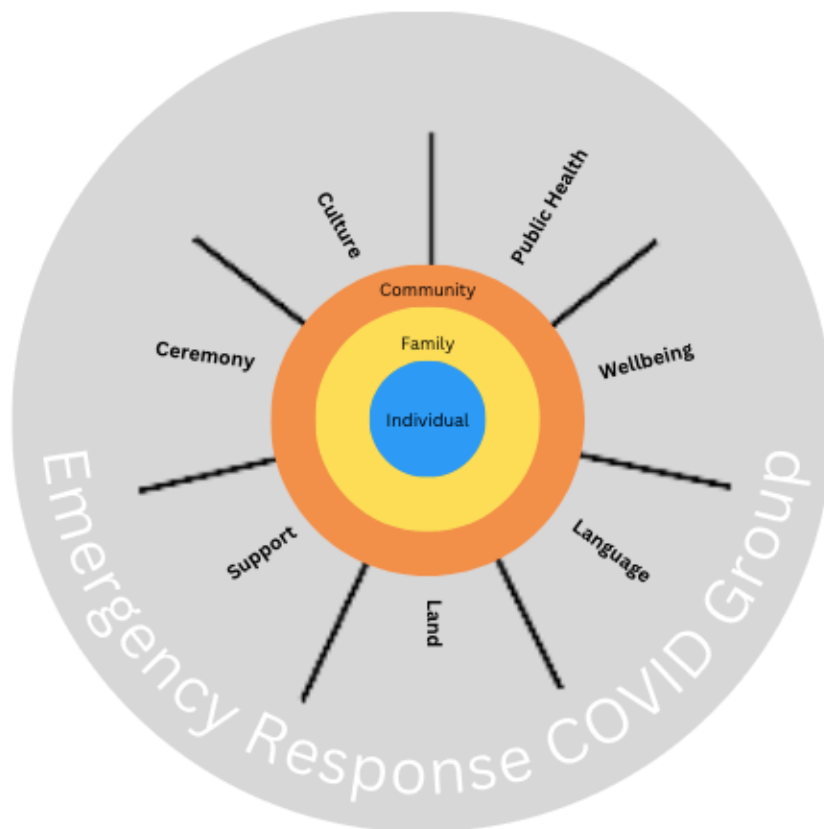
Theme Two: Collaborative Efforts Between all Levels of Government and Community

This theme chiefly centers around the decision-making structures and mobilization of community services, and encompasses the collaborative efforts among various organizations, including the Chief and Council, Federal and Provincial authorities, community services, and the community members themselves. The collective efforts of these organizations were described as working in synergy to address the evolving needs of the community in the face of the pandemic's challenges. Participant 501 described the chain of decision-making structures in the following quote:

It was a decision of the Council based on the recommendations of our COVID response team, in addition to the government recommendation, right from the Assembly of First Nation, down to the Chiefs of Ontario, down to the Anishinabek Nation, you know if we followed all the recommendations from the Canadian health official, Dr. Tam... so you know we followed the recommendations that were in place for the rest of Canada, and we just basically were able, because of our situation here and the small community with the surrounding borders, were able to block ourselves off completely from the outside world. Not restricting memberships flow to go to do groceries or medical appointments.

Embedded within these community services is the Emergency Response COVID Group (ERCG) which was developed specifically to address the community's response to COVID-19. The ERCG emerged as a blanket, extending the community's COVID-19 response to individuals, families, and the community as a whole. Figure 3 is an illustration of the ERCG response developed by Ms Dick (community partner in the primary study) during the analysis to captivate the wellbeing of the individual, family, and community as being tied to the elements surrounding their circles (Ceremony, culture, public health, well-being, culture/land, language, support).

Figure 3: Illustration of the ERCG community response



A member of the ERCG illustrated:

We want to make sure that we are still delivering a service that is within the community for the community members that we know what services they could access and that we

are, as an Indigenous community, supporting our own. And we are wrapping our community members around with a blanket and saying we are helping you, we are here to support you and protect you. (Participant 401)

By internalizing and tailoring services and supports to the community's own context and needs, a strong sense of unity and care among its members was fostered that was rooted in Indigenous sovereignty and solidarity. The metaphorical "blanket" symbolizes the safeguarding and nurturing role the ERCG undertook during this crisis. Participant 602 elaborated on a number of the comprehensive tasks carried out by the ERCG to safeguard the community:

Immediately a team was established to discuss the next steps that we needed to ensure for staff and the community members, and what were going to be our priorities. ... we really just initiated what was best to do in the community and that was, we decided to close down the community as our first step to react to this outbreak. And that's where we started controlling the security of who comes on and who leaves. We had border control, we immediately put all staff working from home so we also had to deal with like IT measures, because we were not prepared whatsoever, so we designated certain staff who would do shopping off the First Nation. And we had to ensure that we had measures for those who are low income with regards to food security.And then just the social status of keeping services available virtually... we had to purchase laptops, cameras, we had to upgrade our internet in certain areas because certain areas do not have internet services. Work with the education systems and school boards because, again, with the school getting those kids established with internet, IT hardware and software so that they can still continue their schooling. Address our post-secondary students that we sponsor as well, ensuring that again, IT measures, how they were, did

they feel safe there. Provide emergency transportation funds if they didn't want to stay and come back.... With finance, we did a lot of ordering for pandemic supplies, ensuring adequate supplies ...with our Manor, with the old age home and as well with the Health Services because they were doing the necessary precautions. We had to designate certain staff, whether they were nurses or PSWs to visit our seniors who were... we kept, who choose to stay at home but to ensure their safety, kind of like daily checks.

In addition to the ERCG, Participant F6 from SC1 depicted that the community Elders were consulted reflecting the importance of their insight, guidance, and traditional knowledge during times of crisis: “we had Emergency Response Control Group, the managers and supervisors and our client care coordinator and we also have our elders that were called upon” (Participant F6, Sharing Circle 1). This approach portrays how Elders are revered for their wisdom and experience and recognized for their roles as pillars of the community that contribute to decision-making processes. Overall, the data reflects a multidimensional and collaborative effort, combining governmental guidelines, coordination of community services, and cultural wisdom to ensure a well-rounded and effective response to emergencies.

The theme of collaborative efforts between all levels of government and community also encompasses perceptions on the ERCG and Chief and Council's leadership styles, communication strategies employed, and the inherent strengths and limitations perceived within the existing decision-making structures. While many participants attributed the success of their COVID-19 response to the good leadership on the Chief and Counsel and ERCG's part, some community members communicated feeling “isolated” (Participant F4, Sharing Circle 3) from the decision-making processes as Participant 204 described:

I wasn't like in contact because what the reserve created was like a pandemic community, and so that included just some of the healthcare workers of the health centre on the reserve and the [omitted]. And so, they're the kind of ones who set up the rules. I don't think there was really much... like they didn't really ask for advice and what not so they just kind of set these rules and what they were basically following was what the recommendations.

In addition, individual responses to the community's decision-making structures ranged from adherence to prescribed directives to the pursuit of autonomous courses of action. For instance, Participant 502 attributed the success of the community's response throughout COVID-19 to adherence to the decision-making structures:

I think everyone was just doing what they were supposed to do. Everyone was following protocol, everyone was wearing their masks, we had limited exposure to sickness at that time. I'm guessing we had that ban on non-residents coming in. So I think all that mixed together probably played a factor in why we were so limited on our cases up here.

Many participants mentioned they were motivated to follow protocols and take measures because they believed this would help them stay healthy and keep safe individually as a collective throughout the pandemic as Participant F4 states, "And I'm so happy to be able to have vaccines and everything because that is making me responsible for myself and for everyone else" (Sharing Circle 4). Some community members also took it upon themselves to take initiative to fill the needs of others as they arose. For instance, Participant F5 from Sharing Circle 2 praised a community member for the following intervention:

[Name 3] came up with an idea of offering some medicine bundles to our community. So she put together little bundles and dropped them off at every home, just to let them

know that we're thinking of them during this time, that they could reach out to take care of their spirits.

Alternately, some did not adhere to protocols, namely when they conflicted with their traditional beliefs and values. An aforementioned example of this was when grandparents would "break the rules" (Participant M4, Sharing Circle 4) to see their grandchildren despite the COVID-19 regulations to socially distance households. Another example in the data was the refusal of vaccines as narrated by Participant 405: "they're traditional ... they just didn't believe in getting the vaccine... what was there before for Indigenous people... they didn't want to put something in their body that wasn't natural".

The interplay between leadership styles, decision-making processes, and individual responses reveals the nuanced dynamics that underpin the community's resilience in times of crisis as Participant F1 from Sharing Circle 4 alluded to:

I think everybody that we've encountered, you know, friends, family, whatever, they were all doing their best and I think that's all you can ask for. And why is that? That we were all doing our best. Well, we must have had good leadership somewhere. I know personally that the first thing I heard was a phone call from a lady and she's sitting here, [NAME 3], calling, "What can we do? Do you need help? Can we get some groceries for you? Don't hesitate to call." ... That was really, really, really good. But I think that's probably the basic thing. If it comes from the top, to care, then the rest of us follow and try our best.

Theme Three: Culture as Healing and Land-based Practices

Theme three encompasses the imperative of cultural revitalization and outlines the measures undertaken to achieve this goal. The theme of culture as healing and land-based

practices includes recognition that cultural renewal, and culturally aligned public health measures, were vital for the community's overall resilience during the pandemic, as well as a means to address the legacy of colonialism. The impacts of colonialism exhibited itself within the data with some participants expressing a deep-rooted skepticism toward vaccines and the broader Western healthcare framework. Participant 301 articulated this skepticism towards non-traditional interventions in the following quote:

I'm sorry I have a little bit of trust issues. Like historically when medical stuff was supplied, like the last pandemic... They sent body bags to communities. It was very weird that they were being so, so you know, persistent on here you go, here's vaccinations. You look at the tuberculosis vaccination and the issues in history. Like you know, to me it wasn't traditional, it's trust issues.

Within the dataset, it became evident that the principles of mutual aid, such as reciprocity and collective responsibility, were not only interwoven within the fabric of community interactions but were also extended to their relationship with the land. The land emerged as a pivotal factor in their healing journey and resilience, whereby participants described a sense of reciprocal stewardship towards nurturing the land that nurtured their wellbeing. Participant M1 from Sharing Circle 4 described a sense of having a reciprocal responsibility towards nurturing the land and ensuring a sustainable environment for generations to come:

We do not inherit this land from our ancestors. We borrow it from our children." And to me, that is so important. If I was a heck of a lot younger, I think I would spend all my time trying to save the environment, alone or in a group. Because, I don't know, I think Mother Earth is rebelling. She's had it with our interference, with our pollution, with

our desecration of the land, polluting of our rivers, stripping our forests. And she's saying through the various things we see going on around us, "hey, I've had it with you humans. Now you're going to start paying.

For a number of participants in this study, their pandemic experience could not be isolated from the legacy of colonial trauma. Participant 103 provided a harrowing example of this as she recounted:

During the pandemic... the Kamloops baby... they found all these little bones of babies [REFERRING TO RESIDENTIAL SCHOOL MASS GRAVES FOUND IN 2021], and I'm a residential school survivor... and I'm thinking to myself, "Oh my god, I wonder if that could happen to some of my friends that never returned back to their residential school... I filled up my bathtub and I got undressed and went to go sit in my bathtub. And I never realized until I went up to my mid-thigh, how hot my water was. So, it was like the nun had just pushed me down into the water again... The hard part of that was being able to be there, do this all by yourself and then you try to phone a mental health worker to come and talk to you about it, and even get on the phone. And the hard part was that she didn't even phone me back until two weeks later. So, I had two weeks to be able to survive all by myself.

Moreover, this theme resonates with the broader discourse of decolonization, as the legacy of colonialism has strained the harmonious rapport with the land. When asked about culturally specific practices throughout the pandemic, Participant 204 responded:

The reserve is heavily colonized, and the culture has basically diminished. The language is gone and we haven't been practicing these things for years... we have the knowledge holders, we have the medicine healers, and artists, hunters, trappers... but not one person can be everything... we've definitely lost this as a community... when that part

of you has been taken away even before you were born, it's like a lifelong journey to bring it back.

The absence of these practices integral to their cultural fabric accentuates the pandemic's multifaceted impacts. The intrinsic link between the land, cultural rejuvenation, and the community welfare is demonstrated by Participant 301 as they discussed the impacts of COVID-19 regulations on their ability to practice land-based activities:

it did affect a lot of our traditional practices... with what COVID was restricted to having you do. So, like going into a sweat lodge was not allowed. You were going and be entering an area with people outside your bubble. Right? So, we lost a lot of ceremony over that time. We lost our Pow Wow. So, like those traditional aspects that we use for our traditional healings and our you know, our mental health was taken. You know, pandemic messed with a lot of people's mental health... we lost our traditional ... practices... So, like as for practices in medicine, like I know cedar tea was a very common conversation amongst people. (Participant 301)

At times, adaptive approaches were taken symbolizing the community's determination to honour their customs in the face of adversity, and their ability to find innovative solutions to ensure the continuation of their traditions. Participant 405 portrayed how the community creatively addressed the challenge of not being able to conduct traditional celebration of life ceremonies during the pandemic:

One example that I did find when somebody did pass away, they had on the Facebook, we had the drummers drumming honour songs for people that passed away because we couldn't go in person for the services...they would do the service for the funeral right there, and then everybody could say their good-byes and when it's, some of the families

would just make a little fire on the outside. They'd keep the fire burning while they're passing and they'd do their four medicines in the fire and we would have our drumming or somebody singing.

Interviewees also emphasized the importance of having public health approaches that integrate their holistic perspectives and Indigenous values. They highlighted the need to resist the trend towards Westernized medical models and prioritize culturally appropriate care, as

Participant 401 conveyed in their discussion of maintaining Indigenous healthcare practices:

Sometimes in the medical field we see a trend towards westernized medicines and that and models of services and that, and so I know that we've had to bring it back and say no, this is what the Indigenous community has available to them and this is what we want to maintain. So we've had to have those discussions to say that we're not westernizing the healthcare system to meet the demand from say, Public Health, that we had to look at our community first in that it had to be culturally appropriate.

Collectively, these themes encapsulate a narrative of shared responsibility, collaborative efforts, and reciprocal support. The Algonquins of Pikwakanagan First Nation's response to COVID-19 demonstrated how tending to the wellbeing of the community across the lifespan, collaborative efforts, culture, and land-based practices were a source of resilience that was instrumental to nurturing the community, showing “the beauty of ... community ...and how coming together you can make things possible” (Participant 301).

Chapter Six: Integrated Discussion

The purpose of this study was to explore the collaborative efforts undertaken by the Algonquins of Pikwakanagan First Nation to safeguard their health and wellness in response to COVID-19. This secondary analysis was guided by a theoretical framework rooted in intersections of mutual aid, decolonization, and Indigenous Peoples' relationship with the land (Loomba, 2005; Spade, 2020; Graeber & Wengrow, 2021; Kropotkin, 1902/2021; Nathalie Kermoal and Isabel Altamirano-Jiménez, 2016).

In this chapter, I discuss the results in relation to the theoretical framework and current literature through three prominent areas that emerged from the analysis: 1) holistic wellbeing 2) self-determination and 3) land-based practices as a source of resilience. I then identify nursing implications in the domains of policy, nursing practice, education, leadership, and research. Finally, I discuss the strengths and limitations of this study as well as concluding remarks.

Holistic Wellbeing

Numerous participants in this study depicted health and wellness during the COVID-19 pandemic in a manner closely aligned with the principles of *holistic wellbeing* as elucidated by Kermoal & Altamirano-Jiménez (2016) and scholars describing *the Medicine Wheel Framework* (Bell, 2014; Lavallée, 2007; Richardson & Crawford, 2020). The Medicine Wheel Framework prioritizes equilibrium among the mental, physical, emotional, and spiritual dimensions of an individual (Bell, 2014; Lavallée, 2007; Richardson & Crawford, 2020), depicting how holistic wellbeing extends from the individual to interpersonal connections and interdependence, emphasizing harmony with one's surroundings, animate and inanimate entities alike (Bell, 2014; Kermoal & Altamirano-Jiménez, 2016). Similarly, participants in this study expressed the idea of holistic wellness as “your own comfort, your own understanding of where you fit in with

everything, with your neighbours, with your surroundings, with the earth itself” (Participant M1, Sharing Circle 4).

Parallel to these notions of holistic wellbeing is the *distortion* that occurs when individuals and societies fall out of balance with themselves and their surroundings (Kermoal & Altamirano-Jiménez, 2016, p.33). Consistent with the body, mind, and spirit being interconnected elements that require harmony for a "good mind" (Kermoal & Altamirano-Jiménez, 2016, p.33), participants emphasized holistic health as an interconnection of the “whole body... if a part is missing or failing, you’re off balance” (Participant F8, Sharing Circle 2). Holistic equilibrium extends to the *surroundings* to include the societal level, where social, spiritual, and political dimensions work together to maintain balance (Bell, 2014; Kermoal & Altamirano-Jiménez, 2016).

The convergence of holistic wellbeing and perspectives from mutual aid's grassroots approach reflect a shared commitment to addressing the complexities of wellbeing beyond superficial solutions (Spade, 2020; Kermoal & Altamirano-Jiménez, 2016). Just as holistic health extends beyond the physical aspects of a person, mutual aid extends to address the multifaceted needs of individuals and communities (Spade, 2020; Bell, 2014; Kermoal & Altamirano-Jiménez, 2016). Addressing holistic health, which includes physical, spiritual, emotional, and mental wellbeing (Bell, 2014; Kermoal & Altamirano-Jiménez, 2016), required the participants from the Algonquins of Pikwakanagan community to preserve their wellbeing during the pandemic through measures that went beyond COVID-19 precautions and vaccinations. Individuals discussed their attention to care for all aspects of their wellbeing, including connecting to the land, lighting sage, boiling cedar, feeding wild birds, drumming, crafting earrings and regalia, connecting, or disconnecting from social media, and spending time with family. These multifaceted approaches to health and wellbeing during COVID-19 pandemic

highlighted participants' resourcefulness and ability to draw from both, traditional and cultural practices, in addition to public health recommendations to support their wellbeing. Just as individuals in this study demonstrated their resourcefulness in adopting a multifaceted approach to holistic health and wellbeing, the Royal Commission on Aboriginal People (1996) emphasized the importance of resources, and programs that align with the physical, mental, spiritual and emotional aspects of Indigenous individuals and communities.

Shared Humanity and Voluntary Action to Ensure “Nobody was Left Behind”

Findings from this study showed that participants from the Algonquins of Pikwakanagan demonstrated a collective commitment to ensure the holistic wellbeing of individuals, families, and the community amidst the challenges posed by the COVID-19 pandemic. The sense of solidarity and ethical responsibility portrayed in the data lends support to Kropotkin's (1902/2021) assertion that mutual aid has been ingrained in human history, is continuously being preserved, and has thrived within many Indigenous communities despite ongoing colonial violence and disruptions (Spade, 2020). Participants described a variety of actions to help during moments of "crisis or tragic events whether someone needed an extra chord of wood... or more food" (Participant 602) that were similar to Kinna (2020) and Spade's (2020) portrayal of mutual aid as providing assistance during times of need without the expectation of reciprocation. Bertram (2010) and Graeber & Wengrow (2021) describe human competitiveness and greed as transcendent during times of crisis or tragic events, allowing individuals to collaborate and prioritize each other's wellbeing. Kropotkin further illustrates the notion of shared wellbeing and mutual aid practices among an Inuit community through the communal sharing of meat and resources from hunting and fishing (1902/2021). Seeding Sovereignty, an Indigenous women-led community care initiative, exemplified concepts of community support for wellbeing throughout the COVID-19 pandemic by distributing resources such as masks and monetary support stipends

to assist vulnerable Indigenous communities impacted by the pandemic (Seeding Sovereignty, n.d.). Seeding Sovereignty focused primarily on vulnerable members of Indigenous communities (disabled, immunocompromised, single parents) to promote, “equity – redistributing wealth from families with resources to Indigenous families in need” (n.d., p.6) without expecting any personal gain in return.

Mirroring the essence of mutual aid as described by Spade (2020), Pikwakanagan community members voiced their use of collective survival efforts that extended beyond relying on government healthcare ‘experts’, particularly where broader governmental structures and institutions were incapable or unwilling to act. Spade (2020) provides an example of Hong Kong residents mobilizing protests to protect their communities from COVID-19, despite their government’s reluctance to respond to the pandemic, exemplifying mutual aid by voluntarily participating in the exchange of resources and services to support one another. Together, the collective action of the residents of Hong Kong played a crucial role in saving numerous lives (Spade 2020). Mutual aid encompasses collective efforts that extend beyond ‘higher ups’ or ‘experts’ to include residents of a community with no expectation of any favours in return (Graeber & Wengrow, 2021; Kropotkin, 1902/2021; Spade, 2020). Much like the residents of Hong Kong, Indigenous women in Seeding Sovereignty (n.p) identified concerted actions underpinned by a voluntary shared commitment. Seeding Sovereignty focused primarily on assisting vulnerable Indigenous communities impacted by the pandemic by distributing resources such as masks and monetary support stipends to promote wellness and “equity – redistributing wealth from families with resources to Indigenous families in need” (n.d., p.6) Findings from this study similarly demonstrated the emergence of voluntary efforts orchestrated by community members such as overseeing community entry points during lockdowns and delivering

traditional medicine bundles to nurture the spiritual wellbeing, to ensure that “nobody was left abandoned” (Participant, 501).

Taking Care of the Family and Community Across the Lifespan

The data demonstrated that members of the Algonquins of Pikwakanagan First Nation collectively worked together to preserve the health and wellness of individuals, families, and the community. Participants described the community's commitment to caring for one another as extending beyond the present moment; it was a dedication that spanned across generations as exemplified by the community's efforts to tend to every life stage, from childbirth to the phases of childhood, youth, adulthood, and elderhood. The commitment to care for both past and future generations was exemplified by many participants through reference to *the Seven Generations Principle*.

The Seven Generations Principle encapsulates the understanding that the actions of today have lasting impacts on the wellbeing of those who will follow in the future (Fish et al., 2023). Participants expressed how the Seven Generations principle resonated deeply within their community, urging them to consider not only the needs of the current generation, but also the needs of generations to come. In this context, the concept of mutual aid aligns with the Seven Generations Principle as it embodies an emphasis of collective responsibility and the idea of considering wellbeing of people both present and future (Fish et al., 2023; Graeber & Wengrow, 2021; Kropotkin 1902/2021; Spade, 2020). Furthermore, the intersection of the Seven Generations Principle and mutual aid underscores the interconnectedness of community, environment, and human wellbeing. Rooted in the reciprocal relationship with the land, the data captured how the interconnected worldview of the Seven Generations Principle, guided members of the Algonquins of Pikwakanagan community's actions to nurture, uplift, and support one another in a collective commitment.

The Family Unit and Social Bubbles

The concept of a ‘social bubble’ encompassing one's family or social circle, emerged as vital coping mechanism for maintaining overall wellbeing that participants described as a “the thing that saved us... [and] a mental break” (Participant F7, Sharing Circle 1). Kaplan-Myrth and Smylie (2006) describe the Indigenous epitome of ‘living a good life’ similarly with the notion that, “in order to have a good life for yourself, your family, and your community, you cannot do it alone; partnerships are your survival” (p.8). Participants in this study highlighted how being surrounded by family was not only essential for their overall wellbeing, but reciprocally, it was also a key source of resilience and survival. In a like a manner, the importance of family extended beyond the physical realm, as family held deep emotional and cultural significance with participants explaining that “traditionally ... that’s how they survive or move forward, that their families stuck together” (Participant 403). The sense of togetherness and interdependence within families was described as a hallmark of their survival strategy during the COVID-19 pandemic lockdown that transcended many of the challenges posed by the pandemic. The solidarity to fulfill one another’s survival needs, especially in times of crisis, aligns with mutual aid concepts (Graeber & Wengrow, 2021; Kropotkin, 1902/2021; Spade, 2020).

The inability to interact with loved ones during the COVID-19 pandemic was highlighted in the data as a significant strain on wellbeing, as one participant noted, "not [being] able to interact with friends and family... causes a real strain when you’re not able to interact with the people that you love"(Participant 502). Consistently, a descriptive study on Indigenous experiences within Canada throughout the COVID-19 pandemic found “Indigenous communities and nations are kinship-oriented which presents difficulties for following the public health guidelines of physical distancing and limiting close contact to one’s household and/or immediate family” (Mashford-Pringle et al., 2021, p.8). In this study, it was revealed that some participants

would "break the rules" (Participant M4, Sharing Circle 4) to spend time with their grandchildren to tend to aspects of their emotional and mental wellbeing, emphasizing the significance of these family connections to holistic wellness throughout the COVID-19 pandemic.

The data portrayed that the Algonquins of Pikwakanagan considered it essential to support and care for their family unit during the challenges posed by the pandemic. The commitment of people within the community to support all aspects of their family's holistic health needs was evident through initiative and actions such as bringing communion to the elderly for their spiritual wellbeing, providing smudge kits and medicine bundles, running virtual programs for the children, delivering board games to the homes, acquiring groceries for the elderly and taking them to their medical appointments, and promoting mask use and COVID-19 regulations. These initiatives and actions extend beyond physiological aspects of health to collectively encompass emotional, mental, spiritual, and cultural dimensions, epitomizing the community's comprehensive approach to wellbeing and aligning with Indigenous holistic health (Bell, 2014; Kermoal & Altamirano-Jiménez, 2016).

Community

The concept of community described by participants in this study extended beyond the immediate family unit and was grounded in supporting others, regardless of formal affiliations. According to participants, the Algonquins of Pikwakanagan community reflected a deep sense of inclusivity and respect, where individuals outside the immediate family line were considered extended family members. In parallel, a qualitative study with the Algonquins of Pikwakanagan demonstrated that participants' concept of family embodied a broad definition where "family was described as a complex network of people, relations, and connections that do not correspond to settler conceptualizations of the nuclear family" (Gifford et al., 2023b, p.389).

The expansive scope of community-care, according to participants, extended not only to Pikwakanagan First Nation, but also to neighboring First Nation communities. The broader mission to support surrounding communities aligns with mutual aid's essence of communities coming together to support one another, regardless of specific affiliations or boundaries, reflecting mutual aid's core principles of solidarity and cooperation (Graeber & Wengrow, 2021; Kropotkin 1902/2021; Spade, 2020). The approach described in the data reflected a supportive network by considering their home community, but also recognizing the needs of communities outside their geographical borders. The consideration beyond their home community demonstrated how mutual aid can extend beyond individual groups or affiliations to create a network of support that benefits a broader range of people in times of need (Graeber & Wengrow, 2021; Kropotkin 1902/2021; Spade, 2020). Such a supportive network can be likened to the depiction of mutual aid among the Kabyles group in northern Algeria as described by Kropotkin (1902/2021). The spirit of mutual aid during the famine of 1867-1868 extended beyond their own community to include strangers, whereby any newcomer entering a Kabyle village was given shelter during the winter months, and their horses were welcome to graze on their land (Kropotkin, 1902/2021). Overall, participants from this study voiced operating in solidarity as a global community.

Study findings also emphasized the importance of fostering a collective sense of responsibility and shared wellbeing, echoing broader principles of decolonization and community-based cooperation (Loomba, 2005; Spade, 2020). The sentiment "White people don't share like we do" expressed by one participant is similar to the values of the Wendat people, an Iroquoian-speaking nation in the Great Lakes region of Canada (Graeber & Wengrow, 2021). Kandiaronk, Chief of the Wendat in the late 17th century, emphasized the Wendat peoples' aversion to allowing anyone to suffer from poverty or hunger, portraying a vivid contrast to what

he refers to as 'individualistic societies. Both Kandiaronk's perspective, and views expressed by participants in this study, challenge individualistic paradigms and ideologies, exemplifying the essence of mutual aid (Graeber and Wengrow, 2021; Kermoal & Altamirano-Jiménez, 2016; Overmars, 2010). A collective approach to community sharing resonates with the principles of decolonization that seek to dismantle oppressive systems and re-establish connections based on equity and understanding (Buchanan 2015; Loomba, 2005). Many participants in this study expressed ideas that challenged colonial constructs, such as individualism that perpetuates divisions and exclusions. Instead, they described a tradition of treating others as family, embracing a more holistic and harmonious vision of community.

Elders and their Symbiotic Relationship with Youth

The data illustrated Elders in the Pikwakanagan First Nations as revered, pivotal figures, whose presence maintained a vital link to Indigenous culture, language, wisdom, and knowledge. Similarly, Kermoal & Altamirano-Jiménez (2016) illuminates how the role of Elders fosters social cohesion, which is a cornerstone of mutual aid. The academic literature similarly affirms Elders as holding Indigenous knowledge that guides social relationships and co-existence (Colomeda & Wenzel, 2000; Mashford-Pringle et al., 2021). As expressed by the Inuvialuktun activist, Rosemarie Kuptana, "the new knowledge is incorporated into a holistic worldview and becomes part of the explanation of the entire ecosystem as a whole and explains the working of the ecosystem and not just an isolated particle" (2008, n.p.). Knowledge-sharing mechanisms are instrumental in sustaining harmonious social relationships and collective wellbeing, with Elders' teachings playing a notable role in nurturing an intergenerational connection, reinforcing the importance of community and culture (Burnett, 2022; Kermoal & Altamirano- Jiménez, 2016; Mashford-Pringle et al., 2021). The impact of the Elders on youths' formative years was reflected by many participants in this study such as "both my grandfather and my grandmother

had a lot to do with my younger years and formation... They had a lot to do with how I turned out” (Participant M1, Sharing Circle 4).

Consistent with the community dynamic depicted in this study, Kermoal & Altamirano-Jiménez (2016) describe Indigenous Elders “as teachers of the youngest children, [that the Elders taught] to be contributing members of their societies...through formal, non-formal, and informal education” (p. 156). The Elders’ roles, as teachers in the community, was described among the study participants, where the Elders played an instrumental role supporting the youth's journey into spirituality, self-discovery, as well as navigating challenges that impacted their community during the pandemic. Participants described that concerns for the wellbeing of the Algonquins of Pikwakanagan's youth were frequently discussed within the community, especially regarding challenges related to drug use and mental health. Mashford-Pringle et al. (2021) attributed the mental health and addictions crisis that was exacerbated throughout the pandemic in many Indigenous communities to the disconnection from ancestral lands and a loss of cultural identity, precipitated by the impact of non-Indigenous governance on traditional territories- a phenomenon revibrated by the study participants.

The description of the relationship between youth and Elders within the Algonquins of Pikwakanagan community aligns with Kermoal & Altamirano- Jiménez (2016) depictions of attitudes between youth and Elders in Métis communities:

The Elders teach the young people as an act of love for them as individuals, for their families and for the community. Teaching is an expression of love for the Métis way of life and the land. The Elders always say: “our land is our life.” The young people are taught the skills that underlie the relationship they have with the land. The sharing of meat and hides, the collaboration in caring for the children, are all part of the healthy Métis community. Everyone has a role to play in the wellbeing of others. These aspects

of life are part of the pride and the sense of belonging, being in control of one's life.
(p.161)

As stated by Keramoal & Altamirano-Jiménez (2016) "Indigenous knowledge is a source of resistance and decolonization" (p.8), and Mashford-Pringle et al. (2021) describe youth as the future of the community. The preservation of Indigenous knowledges with Elders can serve to be a form of resilience, fortifying both the community's cultural heritage and its capacity to challenge colonial systems that sought to eradicate their culture and traditions (Burnett et al., 2022; Thompson & Suzuki, 2022).

In a public health report on the COVID-19 experiences of Indigenous Peoples throughout Canada, Mashford-Pringle et al. (2021) found that protecting Elders and Knowledge Keepers was a challenge for Indigenous communities while utilizing their knowledge for the betterment of the community. Consistently, participants in this study revealed that the pandemic posed challenges for the Algonquins of Pikwakanagan in seeking the support, knowledge, and wisdom from their Elders. According to Morton Ninomiya, Hurley, and Penashue (2020), the disconnection between externally imposed policies and a community's wellbeing can lead to unintended consequences that include the loss of irreplaceable cultural assets. The gap between external policies and individuals' wellbeing was widened through the COVID-19 vaccine policy, with some participants describing how the policy hindered their ability to seek support, knowledge, and wisdom from their Elders: "losing very versed traditional individuals like very versed people in traditional history and language over vaccination policy that was implemented was crazy".

Previous research has highlighted the challenges Indigenous communities face when policies do not align with their values, needs, or unique circumstances (Datta, 2018; Solomon et al., 2022). The dissonance underscores the importance of policies and interventions being

developed and implemented in manners that engage with Indigenous People and uphold their perspectives and priorities (Datta, 2018; Solomon et al., 2022). Decolonization involves reclaiming control over all aspects of community life, including policies and decisions that affect cultural preservation and knowledge transmission (Datta, 2018; Kennedy et al., 2022; Loomba, 2005). Consistent with ideas of decolonization, the gap in aligning policies to Indigenous values and needs reinforces the ongoing struggle for Indigenous autonomy and self-determination (Bowie, 2013).

Self-Determination

Mutual aid is based on principles of collective self-determination rather than coercion, and values self-determination for people impacted by crises such as the COVID-19 pandemic (Spade, 2020). Bowie (2013) and Kermoal & Altamirano-Jiménez (2016) also describe self-determination as a principle deeply intertwined with wellbeing. The importance of self-determination is similarly inherent in participants' experiences voiced in this study with regards to community-based structures and services, decision making processes, matters related to food sovereignty and security, and the overall public healthcare approach.

Richardson & Crawford (2020) discuss the pandemic, during which numerous Indigenous communities demonstrated their commitment to self-determination by enforcing regulations that control entry into their areas. In their commentary, Richardson & Crawford (2020) reported that Indigenous communities used more stringent measures, such as community closures, than those in nearby municipalities, a finding that is consistent with measures taken by the Algonquins of Pikwakanagan First Nation. Other notable examples of self-determination from participants were the implementation of healthcare resources that aligned with cultural norms, as expressed by a participant: “having services in the community is really important and having been provided by our community members. Most of our nurses are Indigenous nurses...

we wanted to make sure that ... if they're going to see a healthcare provider that they're seeing us out there" (Participant 401). Having nurses from the community deliver community-based services was a value expressed by participants that has been identified in other studies (Hunter and Cook, 2020; Williams, 1999). Participants in this study expressed that the presence of Indigenous nurses held special meaning, as it ensures visibility and accessibility to healthcare services while resonating with the concept of self-determination. By delivering care in a manner reflective of their community's values and needs, participants described a sense of empowerment, enhancing wellbeing, especially in challenging times.

Consulting Elders

Findings revealed the community engaged Elders in decision-making processes by consulting and seeking their teachings throughout COVID-19, exemplifying the value placed on their insights, guidance, and ancestral wisdom in times of crisis. Engaging Elders as pillars in their communities and actively contributing to decision-making processes has been described in the literature (Elendwood, Boyd, & Higheagle Strong, 2023; Mosby & Swidrovich, 2021) and research suggests that colonial power dynamics are challenged by collaborative frameworks that place Indigenous voices at the forefront of decision-making processes (Datta, 2018; Kennedy et al., 2022; Morton Ninomiya, Hurley, & Penashue, 2020; Roth, 2019). Consulting Elders in community-based decision making demonstrates a commitment to decolonization, a process that entails shifting away from hierarchical and top-down approaches to dynamics more conducive to mutual aid and self-governance (Datta, 2018; Spade, 2020). The integration of community cultural perspective reflected a response strategy that combined governmental directives, coordinated community services, and insights of cultural heritage to ensure a comprehensive and effective emergency response deeply rooted in self-determination.

Food Sovereignty

Food sovereignty embodies the principle of self-determination, a fundamental aspect of mutual aid, decolonization, and Indigenous wellbeing (Coté, 2016; Kermoal & Altamirano-Jiménez, 2016; McDonnell & Regenvanu, 2022; Spade, 2020). The critical role of food sovereignty in preparing for crises like pandemics was described in the data as empowering communities to be self-sufficiency and resilience. Establishing food sovereignty has been found to mitigate the need to rely on external resources and is instrumental in navigating emergencies (Levkoe, McLaughlin, & Strutt, 2021), particularly in the COVID-19 for Indigenous communities (Power et al., 2020). In addition, the concept of food sovereignty is an expression of self-determination and resistance to the historical challenges many Indigenous communities face from settler colonial systems that sought to dismantle self-sustaining practices (Coté, 2016; Kermoal & Altamirano-Jiménez, 2016; Levkoe, McLaughlin, & Strutt, 2021; McDonnell & Regenvanu, 2022; Spade, 2020). As explained by Spade (2020), “settlers have long worked to undermine Indigenous people’s self-sustaining practices by first destroying food systems and then forcing dependency on rations given at forts and missions and now, by settler nonprofits” (p.16). Mutual aid efforts to reclaim authority over their food resources is a “matter of survival and a powerful form of resistance to the forced dependence” (Spade, 2020, p.16-17). Establishing food sovereignty aligns with aspects of decolonization and illustrates Indigenous agency in reclaiming control over sustenance and countering historical power dynamics (Coté, 2016; Levkoe, McLaughlin, & Strutt, 2021; Spade, 2020).

Stigmatization in Food Security

Mutual aid initiatives stand in opposition to the utilization of eligibility criteria that can exacerbate the marginalization of individuals (Spade, 2020). Similarly, some participants in our study stood in opposition to eligibility criterion for food services. It was expressed that community members’ sense of “pride” (Participant F2, Sharing Circle 1) inhibited them from

seeking assistance due to the extensive personal information required to receive food, leading them to feel stigmatized. Instead, community members favored traditional methods of sharing resources, such as communal feasts, which held a sense of dignity and respect for participants. The data revealed that the preferred approaches were seen as less intrusive to their sense of self-worth as it acknowledged the needs of those who might hesitate to seek help and resonated with more traditional Indigenous ways of sharing. Clarke & Parsell (2022), Spade (2020), and Weiss (2001) have additionally observed that charitable efforts in a neoliberal environment often involve eligibility requirements set by those in positions of power, which can influence who qualifies for aid and contribute to further marginalization.

Public Health Approaches

Richardson and Crawford (2020) highlighted the importance of public health strategies aligning with Indigenous values rather than Western medical models, describing how ‘Western medicine’ prioritized physiological aspects over holistic wellbeing, neglecting mental, emotional, and spiritual aspects. For many participants in this study, holistic wellness involved being able to be surrounded by family as Participant 701 stated, “That was the worst part...there’s a lot of people who have lost their loved ones without even saying goodbye, without being able to visit, so that our elderly sat by themselves in a hospital for their last three weeks, and died alone”. Participants highlighted their apprehension towards Western medicine, such as the observation that ‘Western medicine’ promotes “pills and all that kind of garbage...in our system. So how natural are we now?” (Participant F6, Sharing circle 3). The juxtaposition of Western biomedical approaches and Indigenous holistic wellness underscores the ongoing challenge of delivering effective care within the settler healthcare system (Doenmez et al., 2022; Richardson & Crawford, 2020). As Kaplan-Myrth and Smylie (2006) posit, “how does one reconcile a nebulous, metaphysical worldview to a scientific-based community that does not acknowledge

this crucial touchstone of Indigenous thought and practice?” (p.34). Applying Indigenous conceptualizations of health can enable the progression past biomedical models that view health as the absence of disease (Dykhuisen et al., 2022).

According to participants, the commitment to self-determination for healthcare was also important to the community. With regards to vaccination policies, some participants recounted community members refusing the COVID-19 vaccines due to their beliefs, with one participant suggesting “not thinking so much from the Western mindset could have been a better way of approaching it” (Participant 301). The call for shifts away from colonial influences emphasizes the importance of acknowledging and respecting Indigenous values in healthcare decisions for Indigenous communities.

Richardson & Crawford (2020) illuminate the enduring impact of Western health practices on Indigenous self-determination and, consequently, health inequities faced by Indigenous communities. The historical legacies of colonization continue to shape the way Indigenous communities perceive and respond to western public health recommendations (Richardson & Crawford, 2020). An example can be seen in Inuit communities in Nunavut where individuals experienced a high incidence of Tuberculosis (TB) and found the historical and ongoing impact of colonization significantly contributed to the high incidences of TB (Møller, 2007). As described below, public health measures involved a complete dismissal and lack of respect and autonomy for Inuit decisions:

Healthcare people do not treat patients with respect. It is as if they don't care to explain anything, like the patients won't understand anyway, and the healthcare people know better. People are generally not told about things. They are not informed so that they can have a choice. The doctors or nurses choose for them (Møller, 2007, n.p.)

The legacy of misaligned practices, violence, and discrimination has left a profound impact on Indigenous Peoples, emphasizing the need for healthcare systems to radically reform (Charania & Tsuji, 2012; Møller, 2007) and a shift away from colonial paradigms towards systems and structures rooted in Indigenous values and self-determination, where Indigenous communities determine and shape their own healthcare practices (Bowie, 2013; Datta, 2018; Kennedy et al., 2022; Morton Ninomiya, Hurley, & Penashue, 2020; Roth, 2019). Indigenous self-determination is intertwined with the broader goals of decolonization and mutual aid, whereby Indigenous communities reclaim control over their wellbeing and healing practices.

Land-Based Practices as a Source of Resilience

Land-based practices hold strong significance for many Indigenous communities and can serve as a foundation for healing and resilience, cultural identity, spiritual connection, and communal cohesion (Borrows & Inquiry, 2005; Kermoal & Altamirano-Jiménez, 2016; McDonnell & Regenvanu, 2022). Overmars (2010) describes Indigenous relations with the land as embodying a holistic framework and collectivist approach “where the needs of the community supersede the needs of any individual” (p.89). Research with Indigenous Peoples has shown that land-based activities can reaffirm cultural identities, spiritual connections, and strengthen collective resilience (Borrows & Inquiry, 2005; Kermoal & Altamirano-Jiménez, 2016; McDonnell & Regenvanu, 2022; Overmars, 2010). Consistent with the literature, a collective approach fostered by the land-based practices was pronounced in the Algonquin’s of Pikwakanagan community enabling them to care for one another effectively during COVID-19.

The study findings suggest that members of Algonquins of Pikwakanagan community drew upon shared values, intergenerational knowledge, and land-based practices to support themselves and one another during the COVID-19 pandemic. Caring for the community’s collective wellbeing manifested in various ways, such as sharing resources, traditional healing

practices, or knowledge transmission. Participants described activities and practices akin to mutual aid that took place throughout the pandemic to support the wellbeing of the community as a whole remained paramount. According to participants, their relationship with the land was embedded in a collectivist approach that sustained cultural identity and enhanced their capacity to support and care for each other. Study results showed an interconnectedness of cultural values, land-based practices, and responding collectively to challenges from the pandemic, demonstrating resilience and strength showing semblance to many other Indigenous communities in the face of adversity (McDonnell & Regenvanu, 2022; Overmars, 2010).

Traditional Healing

Many participants spoke of the healing essence of land-based practices where the act of spending time in nature was a healthy way to deal with the COVID-19 crisis. Participants described collecting medicine and boiling cedar “to provide cedar tea to people. Other people were bringing various medicines to each other... I was drinking cedar tea more commonly than I usually do... like anybody who got sick if they relied on any traditional medicines” (Participant 301). The practice of exchanging medicinal remedies or teas has mutual aid principles, where community members provide support and resources to one another to navigate challenges together (Graeber & Wengrow, 2021; Kropotkin 1902/2021; Spade, 2020). Similarly, Kermoal & Altamirano-Jiménez (2016) reveal the significance of traditional medicines within Indigenous communities and their contribution to overall health, immunity, and resilience. Mashford-Pringle et al., (2021) also documented that, in their responses to the COVID-19 pandemic, some Indigenous communities across Canada “worked with Elders, Knowledge Keepers and other culture practitioners to plant and harvest medicines and foods for traditional healing and medicines” (p.7). Study participant indicated that they collectively utilized traditional medicines for communal wellbeing and showcased how land-based practices can be harnessed,

strengthening the sense of unity and care within the community, while also promoting holistic wellbeing.

Cultural and Social Cohesion

Participants defined land-based activities as being important for facilitating the transmission of cultural knowledge and fostering social cohesion. For instance, as COVID-19 restrictions began to be lifted, community activities began to take place and it “was a big mental health boost, having the Pow Wow and having everyone together and being able to rejoice and celebrate with everyone” (Participant 502). Participants emphasized the importance of resuming these activities when the COVID-19 restrictions were decreasing. Traditional land-based practices, such as the Algonquins of Pikwakanagan’s annual Pow Wow, were described as offering a holistic approach to wellbeing that harmonized a deep-rooted connection to the land and the teachings. By engaging in land-based activities such as the gathering of traditional medicine, smudging, hunting, and building traditional canoes and crafts together, participants from the Algonquins of Pikwakanagan relayed that they were reviving aspects of their cultural heritage. Zoe Todd (2016) suggests that heritage and land-based practices are “more than simply a utilitarian pursuit” (p.203) and can serve as a source of strength that sustains Indigenous Peoples for generations. Beyond offering food security, land-based practices give families opportunity to spend time together, create memories essential to collective identity, forge a sense of connection with the land and their ancestors, and offer opportunities to share knowledge of traditional ways of life with children (Todd, 2016).

In the context of decolonization, "Indigenous knowledge is a source of resistance and decolonization... because Indigenous knowledge is inherently tied to land, there are particular landscapes, landforms, and biomes where ceremonies are held, certain stories recited, medicines properly gathered, and transfers of knowledge properly authenticated” (Kermoal & Altamirano-

Jiménez p.8-10). Research with Indigenous Peoples has shown that the land can serve as a living archive of stories, traditions, and teachings that shape individual identity, collective consciousness, and guides ethical interactions (Datta, 2018; McDonnell & Regenvanu, 2022; Smylie, Olding, & Ziegler, 2014). As one participant in this study related, returning to the land “and learning about my family, my ancestors, my traditions, it means a lot to me because it’s my pride.” (Participant M2, Sharing Circle 3). McDonnell & Regenvanu (2022) also emphasize the pivotal role land holds within Indigenous knowledge systems in understanding the material and spiritual world, but also in knowing oneself, ascribing “Land is sovereignty. Without Indigenous people holding their land there is no pathway to decolonization” (p.235). Participants from this study similarly expressed that engaging with the land and land-based activities reaffirmed their relationship with each other and the environment, nurturing both individual wellbeing, and the broader community's wellbeing.

Impact of the Pandemic on Land-based Practices

The pandemic both augmented and complicated many participants' connection to the land. Mashford-Pringle et al. (2021) state that, over the pandemic, “being on the land allowed Indigenous Peoples to (re) connect with traditions and ways of knowing that may have been shuffled aside in busier times as many were not working or working reduced hours because of the pandemic” (p.17). Similarly, community members of the Pikwakanagan First Nation expressed they had more time to appreciate their immediate surroundings, engage in outdoor activities, and immerse themselves in the land's teachings with reduced external distractions and increased time spent at home. Many participants described how the ability to spend more time engaging with and appreciating the outdoors was a source of peace and calm amidst the worries of the pandemic. Consistent with the literature, participants communicated that rekindling their relationship with nature served as a reminder of the intrinsic connection between their

Indigenous identity, wellbeing, and the environment (Bell, 2014; Kermoal & Altamirano-Jiménez, 2016; Lavallée, 2007; McDonnell & Regenvanu, 2022).

While the pandemic provided an opportunity for many participants to reconnect with the land, it also introduced complex challenges that hindered traditional forms of connection. Power et al., (2020) assert that the COVID-19 pandemic caused unprecedented disruptions to Indigenous cultural and land-based practices. Disrupting relations to the land has had particularly devastating consequences for many Indigenous communities as cultural practices can have a profound impact on Indigenous health (Bourke et al., 2018; Mashford-Pringle et al., 2021). For participants from the Algonquins of Pikwakanagan First Nation, the restrictions imposed to curb the spread of COVID-19 disrupted many land-based activities such as sweat lodges, Pow Wows, and other gatherings that they described as integral to their spiritual and cultural connection with the land. Mashford-Pringle et al.'s (2021) research with Indigenous communities across Canada similarly describe “that ability to connect with land and ceremony was heavily restricted and difficult during the first wave of the pandemic” (p.17).

Adaptability

Research with Indigenous Peoples has demonstrated that throughout history and in the face of ongoing challenges, Indigenous Peoples have consistently displayed resourcefulness and resilience (Power et al., 2020). Similarly, and despite the obstacles of the pandemic, community members that participated in this study described many examples of resilience and adaptability. For example, participants described using virtual ceremonies and online gatherings to maintain connections with community members to uphold traditions and uplift each other's spirits, while upholding COVID-19 public health recommendations for self-isolation with limited social contact. While the COVID-19 lockdown disrupted community members from engaging in traditional ceremonies and events, the strategies used to connect with each other and continue

cultural practices emphasized their resilience and adaptability in the face of adversity. Similar adaptive measures have been described in other Indigenous communities to mitigate loneliness during the pandemic (Mashford-Pringle et al., 2021).

Participants in this study also acknowledged the importance of fostering an approach that remained responsive to the changing requirements of their circumstances throughout the pandemic. The commitment to remain responsiveness to a population's evolving needs is an attribute that resonates with principles of mutual aid (Littman et al., 2020; Spade, 2020). As articulated by Littman et al. (2022), the value of being responsive to needs aligns seamlessly with the essence of mutual aid, underlining the significance of continuously fine-tuning mutual aid practices to meet the most urgent and evolving requirements. Example interventions tailored to the community's cultural needs, while adapting them to COVID-19 regulations, was addressing their "need [for] ceremony" (Participant 204) with drive by feasts. The community's commitment to remain adaptably responsive within their collective wellbeing narrative can be likened to Spade (2020) and Littman et al.'s (2020) described depictions of mutual aid.

According to Kermoal & Altamirano-Jiménez (2016), "Indigenous knowledge evolves and changes over time and these new forms are a valid expression of indigeneity... that continue to guide alternative visions of social relationships and coexistence" (p. 8). Likewise, Spade (2020) describes adaptability as a prerequisite of mutual aid practices whereby people may be required to

build new ways of surviving that are based in our principles of liberation and collective self-determination. We must imagine and build ways of eating, communicating, sheltering, moving, healing, and caring for each other that are not profit-centered, hierarchical, and destructive to our planet. (p.100)

The preservation of *our planet* is subsumed within mutual aid, whereby Spade (2020) emphasizes the collective determination to foster sustainable and responsible land-use. Similarly, Indigenous scholar, Linda Tuhiwai Smith (2021), ties relations with the land to self-determination. In this study, participants voiced actively engaging in efforts to re-establish their bonds with the land and community. Notable examples include “online activities for crafts such as beading and dressmaking and... One young woman who actually did a hide tanning video... there was some really creative ways to keep those cultural practices in place” (Participant 501). Challenges experienced by the community during the pandemic prompted reflection among the study participants on the importance of revitalizing cultural practices and sovereignty. Numerous participants highlighted the need for self-determination to adapt to the evolving circumstances brought about by the pandemic, while preserving the core essence of their cultural traditions. The interplay between adapting to the circumstance, in accordance with Indigenous self-determination, aligns with Spade’s (2020) principles of mutual aid as he asserts societies require practices and systems that allow for people to have a voice in all aspects of their lives to allow for collective self-determination.

The Seven Generations Principle and Land-based Practices

Indigenous communities maintain a strong conviction in their role as custodians of the land, bearing the responsibility of nurturing, safeguarding, conserving, and ensuring its sustainability for upcoming generations (The Red Nation, 2021). For many Indigenous communities, the land transcends economic utility and is a sacred entity to be respected and cared for (Blake, 1977; Kermoal & Altamirano-Jiménez, 2016; The Red Nation, 2021; Thompson & Suzuki, 2022). Borrows (2008) describes that central to this perspective is the recognition of the Seven Generations Principle, which prominently guides land-based practices and the commitment of many Indigenous populations to intergenerational sustainability.

Consistently, numerous participants in this study shared the belief that “We do not inherit this land from our ancestors. We borrow it from our children... Mother Earth is rebelling. She’s had it ... with our pollution, with our desecration of the land, polluting of our rivers, stripping our forests” (Participant M1, Sharing Circle 4). Borrows (2008) emphasizes that the Seven Generations Principle supports sustainable practices, responsible resource management, and the preservation of cultural traditions that hold valuable ecological knowledge. Decolonization rejects the colonial mindset that prioritizes immediate gains from resource extraction from the land, disregarding the impacts on future generations and the environment (Datta, 2018; McDonnell & Regenvanu, 2022; Thompson & Suzuki, 2022). Alternatively, sustainable land use principles, are a form of resistance to the capitalistic colonial legacy of resource extraction, environmental degradation, and dispossession (Kermoal & Altamirano-Jiménez, 2016; The Red Nation, 2021; Thompson & Suzuki, 2022). Participants from the Algonquins of Pikwakanagan First Nation described the need to care for the land that cares for them, exemplifying reciprocity, and collective self-determination – aspects characteristic of mutual aid and principles of decolonization.

Implications

The implications of this study will be discussed in terms of healthcare policies, nursing practice and education, leadership, and research.

Policy

The study participants’ experiences throughout the COVID-19 pandemic highlighted the need for healthcare policies that recognize the importance of self-determination for Indigenous Peoples and contributions to health and wellness. Drawing on research with Indigenous communities, Indigenous perspectives must be incorporated into healthcare policies to achieve health equity and decolonize healthcare systems (Arrazola et al., 2020; Charania & Tsuji, 2012;

Driedger et al., 2013; Datta, 2018; Power et al., 2020; Roth, 2019; Solomon et al., 2022).

According to Richardson and Crawford (2020), integrating Indigenous values into care can better address health disparities, distrust in healthcare, barriers to access, loss of traditional healing, interference with Indigenous self-determination, and inappropriate care and resource allocation.

Policy makers must recognize the significance of land-based practices and their role in supporting health and wellness (Mashford-Pringle et al. 2021, Overmars 2010). Mashford-Pringle et al. (2021) emphasize land-based practices as being especially crucial to many Indigenous communities during challenging periods such as the COVID-19 pandemic. Creating policies that align with the values and priorities of the communities they serve, are vital factors for supporting Indigenous communities in their healing journeys and upholding the principles of cultural autonomy and self-determination (Borrows & Inquiry, 2005; Kermoal & Altamirano-Jiménez, 2016; McDonnell & Regenvanu, 2022; Richardson & Crawford, 2020).

Creating vaccination policies that are sensitive to the unique needs of Indigenous communities, while also demonstrating respect for the historical colonial contexts, are also crucial to ensure equitable access to vaccines (Manca et al., 2022; Mosby & Swidrovich, 2021). Research with Indigenous communities emphasizes that vaccination programs should adopt trauma-informed approaches and acknowledge Indigenous Peoples' mistrust towards "Western" medicine given the colonial trauma experienced by Indigenous People (Ellenwood, Boyd, & Higheagle Strong, 2023; Mosby & Swidrovich, 2021). Mosby and Swidrovich (2021) contend that adopting a trauma-informed approach involves recognizing ongoing injustices and working to create a safe and supportive environment for vaccination.

Lin et al. (2020) suggest that effective policies must start with genuine engagement with Indigenous communities at decision-making tables about healthcare policies and programs.

Kaplan & Smylie (2006) share a metaphor about community-government engagement:

The governance of this country has to be the difference between the teepee and the dreamcatcher: Only a few people fit into a teepee, but everyone can sit around the table with the dream catcher – to figure out what is working in some places and move on when there are things that aren't working. (p.32)

Indigenous scholars have voiced that governments and healthcare organizations must collaborate with community leaders, Elders, and Knowledge Keepers to co-design vaccination programs (Ellenwood, Boyd, & Higheagle Strong, 2023; Mosby & Swidrovich, 2021). Ellenwood, Boyd, and Higheagle Strong (2023) assert that Elders and Knowledge Keepers are respected and trusted within Indigenous communities, rendering them highly effective at conveying COVID-related information to community members due to the trust and confidence the community places in them. Furthermore, Richardson and Crawford (2020) suggest that whenever possible, Indigenous-led public health initiatives must enable “Indigenous People to determine their own paths to healing and to health for their communities” (p.E1100). Collectively, community-led initiatives often have a deeper understanding of community needs and are more likely to build trust within the community (Ellenwood, Boyd, & Higheagle Strong, 2023; Mashford-pringle et al., 2021; Mosby & Swidrovich, 2021).

Recognizing and involving traditional healers and Indigenous healthcare practitioners in healthcare policies can also build trust within the community and ensure policies are rooted in cultural understanding and community needs, narrowing the gap between Western medicine and traditional healing practices (Ellenwood, Boyd, & Higheagle Strong, 2023; Mosby & Swidrovich, 2021; Richardson & Crawford, 2020). Overall, policies aligned with Indigenous values and practices are needed to promote equitable access to vaccines, contribute to the healing and reconciliation of Indigenous Peoples, and strengthen the overall public health response (Mosby and Swidrovich, 2021).

Nursing Practice

The insights gleaned from this study accentuate the importance of culturally safe and community-centered care. Integrating culturally safe practices into nursing care can enhance patient outcomes and promote a sense of agency and empowerment (Bourque Bearskin, 2011; McBride et al., 2022; Tremblay et al., 2021). The pervasive and ongoing presence of trauma described by participants during the pandemic underscores the importance of trauma-informed care with Indigenous People. Trauma-informed care in nursing is grounded in understanding the profound and lasting effects of trauma on individuals and communities (Gifford et al., 2023; Hart-Wasekeesikaw & Gregory, 2009). According to Indigenous scholars, Tujague & Ryan (2021), trauma-informed care involves trauma screening, the establishment of secure therapeutic relationships, and the skillful management of patient distress, essentially minimizing the potential for re-traumatization by attentively addressing individuals' needs. Tremblay et al. (2021) argue that nurses must recognize the depth of historical trauma and the ongoing repercussions it has on Indigenous individuals' health. By adopting trauma-informed care principles, nurses can potentially support the healing and resilience of Indigenous People, fostering trusting, and recognizing their stories of strength and survival (Tujague & Ryan, 2021).

As Diers (2004) remarks, nursing is not solely caring for the sick, but also includes “tending of the entire environment within which care happens” (p.1). According to Dykhuizen et al. (2022), many Indigenous patients find the biomedical model within healthcare institutions dehumanizing and leading them to experience mind-body separation, as well as separation from family and community. Nurses must recognize Indigenous patients may have broad definitions of family that require care to accommodate large groups of people (Canadian Nurses Association, n.d.; Gifford et al., 2023; Mashford-Pringle et al., 2021). Nurses must also be trained in cultural safety, which includes respecting the community's role in healing processes

and acknowledging their contributions to the patient's wellbeing (Canadian Nurses Association, n.d.; Gifford et al., 2023; Tujague & Ryan, 2021). Respecting the community's role in healing may involve creating a flexible environment within healthcare settings to accommodate the presence and participation of extended family members and community leaders. Indigenous scholar, Bourque Bearskin (2011), suggests that incorporating these implications into nursing practice can help address the unique needs and perspectives of Indigenous patients and their communities. Understanding and respecting these cultural nuances can foster a healthcare environment where Indigenous patients can heal and stay connected to their culture and community (Eni et al., 2021).

Education

The Aboriginal Nurses Association of Canada (ANAC) recommends that nursing programs teach students to reflect on their own biases and privilege and to recognize the power dynamics that exist in healthcare settings (2009). Cuellar et al. (2008) and Kellett & Fitton (2017) state that cultivating self-awareness among prospective nurses is vital for providing culturally safe care. Cultural safety was first described by Maori nurses to emphasize the importance of creating a healthcare environment for Indigenous patients to feel safe, respected, and heard (Bourque Bearskin, 2011). Bourque Bearskin (2011) expands on the concept of cultural safety, explaining that it is rooted in critical social theory and goes beyond cultural practices, focusing on recognizing the social, economic, and political positions of certain groups to enable nurses to address healthcare disparities, improve healthcare access, and challenge unequal power dynamics. The ANAC (2009) state that training on cultural safety should include an understanding of the historical and contemporary impacts of colonization on Indigenous communities and the ways in which cultural practices contribute to healing and wellbeing. By recognizing power dynamics in healthcare and fostering self-awareness, prospective nurses can

ask moral questions to uncover and confront disparities within the healthcare system (ANAC, 2009; Cuellar et al., 2008; Kellett & Fitton, 2017).

McGibbon et al. (2014) declare that nursing knowledge is highly influenced by Western medical ideas that focus on scientific facts and observable information. According to McGibbon et al. (2014) and Overmars (2010), Western approaches tend to ignore that people live within families, communities, and societies, which are interconnected and influenced by politics. For example, although nursing programs may promote considering the "whole" person, course sequences in nursing schools breaks down entities into smaller parts, such as the division of nursing curricula into adult nursing, pediatric nursing, mental health nursing, and so on (McGibbon et al., 2014). Over-reliance on empiricism and the dissection of holistic frameworks, such as Indigenous wellbeing, into isolated parts, impedes nursing's capacity to comprehend and accommodate the unique healthcare needs of Indigenous communities (McGibbon et al., 2014). As McGibbon et al. (2014) argue that embracing the appropriate frameworks becomes particularly significant when considering the enduring effects of colonization on our understanding of health and wellbeing. Hence, when discussing evidence-based practice in nursing education, which heavily relies on empirical evidence, it becomes imperative for students to question and challenge the perspective and worldview in which biomedical evidence originates and understand the erasure of Indigenous knowledges in the Western healthcare system.

Nursing education should introduce students to the diverse range of traditional healing practices within Indigenous communities. Understanding the value of holistic practices used by Indigenous communities, such as smudging, sweat lodges, and traditional medicines, can help nurses support their patients' choices and integrate these practices into care when appropriate (Kellett & Fitton, 2017; Mashford-Pringle et al., 2021; Overmars, 2010). Learning Indigenous

practices can allow nurses to appreciate the holistic approach to health and wellness that is often central to Indigenous ways of knowing and doing (Cuellar et al., 2008). By cultivating cultural safety, nursing programs can prospectively produce healthcare professionals to provide respectful and effective care to Indigenous communities.

Leadership

Effective leadership is crucial for the successful implementation of culturally safe emergency preparedness plans and mutual aid networks (Littman et al., 2021; Richardson & Crawford, 2020; Spade 2020). Richardson and Crawford (2020) assert leadership that supports the integration of Indigenous knowledge and practices into healthcare policies and practices is important for Indigenous communities to receive care appropriate to their unique needs and to assert their sovereignty. Similarly, leadership is described by Littman et al. (2021) and Spade (2020) as playing a pivotal role in facilitating, organizing, and sustaining mutual aid efforts. According to Littman et al. (2021) and Spade (2020), effective leadership within mutual aid initiatives involves engaging with their communities in a meaningful manner.

The inclusion of Indigenous perspectives in emergency preparedness planning and implementation, as described by Richardson and Crawford (2020), is fundamental in promoting effective health responses. Richardson and Crawford (2020) state “in Canada, almost all Indigenous communities have pre-existing emergency preparedness plans... grounded in the local context of each community, including its language, culture, and physical and social environments” (p.E1100). Effective emergency planning for pandemics therefore must draw on the inherent strengths and consult with the existing Indigenous leadership figures, such as Elders, Knowledge Keepers, and community members to effectively co-create emergency preparedness plans and mutual aid systems that reflect local needs and cultural values. This participatory approach requires identifying community member needs and preferences, and involving them in

decision-making, while preserving their cultural integrity (Richardson and Crawford (2020). Participatory approaches foster trust and ensures that public health responses are genuinely community-driven, while also demonstrating a commitment to Indigenous self-determination and repatriation of land (Elendwood, Boyd, & Higheagle Strong, 2023; Mashford-Pringle et al., 2021; McDonnell & Regenvanu, 2022; Mosby & Swidrovich, 2021). Altogether collaborative leadership rooted in community engagement can promote unity and resilience in the face of emergencies and ongoing challenges.

Research

To engage in the process of decolonization and foster an inclusive, equitable, and culturally safe approach, Smith (2012) asserts that researchers must re-evaluate their methodologies and priorities. The importance of Indigenous led research and methodologies can be encapsulated in Zoe Todd’s remark that decolonization demands “that we change not only who is spoken about and how, but also who is present” (Todd, 2015, p.251). Indigenous research necessitates methodologies that involve communities and reciprocate in a manner where community members determine what is considered useful and relevant (Gifford et al., 2021). As outlined by Smith (2012), inclusive methodologies encompass Indigenous involvement in the planning process, execution, consultations, and collaborative responsibilities for data analysis, writing, and dissemination of findings.

Developing Indigenous research also requires “Western researchers to create shared spaces that legitimize Indigenous knowledge, acknowledge the tainted history of research with Indigenous Peoples, and recognize the inherent rights of Indigenous Peoples to self-determine knowledge for understanding the world” (Gifford et al., 2021, p.7044). It is in these shared spaces that Indigenous Peoples can self-determine knowledge and influence policy, as

highlighted by Lavallée’s remark that “the development of theory through Indigenous worldviews by Indigenous researchers and the subsequent influence of policy by Indigenous people are essential” (2007, p.131). Ultimately, establishing an equitable research environment is necessary to guiding meaningful public health research that respects Indigenous worldviews and allows Indigenous researchers to shape theory and policy.

Furthermore, given that policy and programming originate from research, future research involving Indigenous communities should employ Indigenous epistemologies that respect oral traditions (Kovach, 2021). Expanding on the current study, qualitative studies may be promising in capturing nuanced insights and data from the perspectives of Indigenous Peoples. Incorporating more “qualitative approaches to knowledge-gathering, such as storytelling, sharing circles, journaling, and unstructured interviews, are all conversational and open-ended” (Enuaraq et al., 2021, p.10) allowing for the versatility required to accommodate Indigenous oral traditions (Kovach, 2021). By centering research on experiences, perspectives, and practices, research can have a significant capacity to enhance Indigenous wellbeing when conducted in a culturally safe, respectful, and community-centered manner (Datta, 2018; Morton Ninomiya, Hurley, & Penashue, 2020; Smith, 2012).

Strengths and Limitations

Strengths

An inherent strength to this study was the partnership and engagement of the people from the Algonquins of Pikwakanagan First Nation in all aspects of the study. The utilization of a qualitative research design allowed for a deep exploration of the lived experiences and narratives of community members. In addition, the ongoing engagement of the community was an inherent strength in this study underscoring the significance of respectful and collaborative research partnerships with Indigenous communities. The research benefited from the active engagement

of community members through sharing circles and individual interviews as their willingness to share personal stories and insights enriched the data and ensured that the findings were grounded in the community's lived realities (Polit & Beck, 2016). Inductively deriving findings from the voices of community members also enabled findings to capture nuances, emotions, and perspectives that might have been overlooked.

At every phase of the research process, Professor Veldon Coburn, a member of the Pikwakanagan community and co-supervisor of this study, provided invaluable insights and guidance. Furthermore, Ms. Peggy Dick, a Registered Nurse and Client Services Supervisor at the Pikwakanagan Health Services and Family Health Team, played an active role in the analysis. These participatory approaches allowed the research to align with the community's understandings and priorities and through these approaches, was committed to decolonizing efforts. Lavallée (2007) describes “decolonizing Indigenous research frameworks incorporate Indigenous theoretical knowledge” (p.131). A strength of this research was centering participant voices and drawing on Indigenous literature to reveal the intricate complexities of Indigenous experiences and perspectives and uncover a rich repertoire of cultural wisdom, traditional practices, and ancestral teachings.

Limitations

Collectively, although this study holds several strengths, including its qualitative approach and community engagement, it is essential to acknowledge its limitations. While the study provides valuable insights into the experiences of the Algonquins of Pikwakanagan First Nation, the findings may not be transferable to other Indigenous communities as each community has a unique historical, social, and cultural context. As a secondary analysis, the reliance on data from the primary study limits the control over the data collection process. Moreover, this study focuses on concepts that were not the focus of the primary study, thereby

constraining the extent of information concerning the subjects of interest in this secondary analysis (Ruggiano & Perry, 2019).

Recognizing these strengths and limitations enriches the understanding of the study's scope, implications, and potential areas for future research and practice.

Conclusion

The collaborative efforts described by participants from the Algonquins of Pikwakanagan First Nation in response to the challenges posed by COVID-19 were explored in this study. Guided by a theoretical framework rooted in mutual aid, decolonization, and connections to the land, this research drew inspiration from scholars who explored these intersecting subjects. Throughout this study, insights spanning three key areas were synthesized and discussed: holistic wellbeing, self-determination, and land-based practices as a source of resilience.

Through this secondary analysis, insights were drawn on how participants engaged in practices akin to mutual aid to confront and overcome challenges to their health and wellbeing amidst the COVID-19 pandemic. Consistent with the literature and theoretical frameworks, the data revealed that mutual aid was deeply rooted in many practices described by participants and emerges vividly during emergency responses. Aspects of mutual aid were a unifying principle demonstrated through cooperation, shared responsibility, collective wellbeing, and self-determination. Study participants relayed these practices in relation to the land, community resilience, and Indigenous revitalization efforts. Collectively, the study findings bear implications for nursing across multiple domains, including policy development, nursing practice, education, leadership, and research. The findings accentuate the importance of recognizing and respecting Indigenous ways of knowing and doing, emphasizing the need for culturally safe healthcare practices, and promoting community-led efforts to aid in the broader goal of enhancing the holistic health of Indigenous Peoples.

Altogether, this study has shed light on the resilience, resourcefulness, and strength that members of the Algonquins of Pikwakanagan First Nation portrayed while navigating the COVID-19 pandemic. It is my hope that findings from this research will inform nursing practice and contribute to broader efforts towards the self-determination of Indigenous Peoples in pursuit of health and wellbeing.

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Appendices

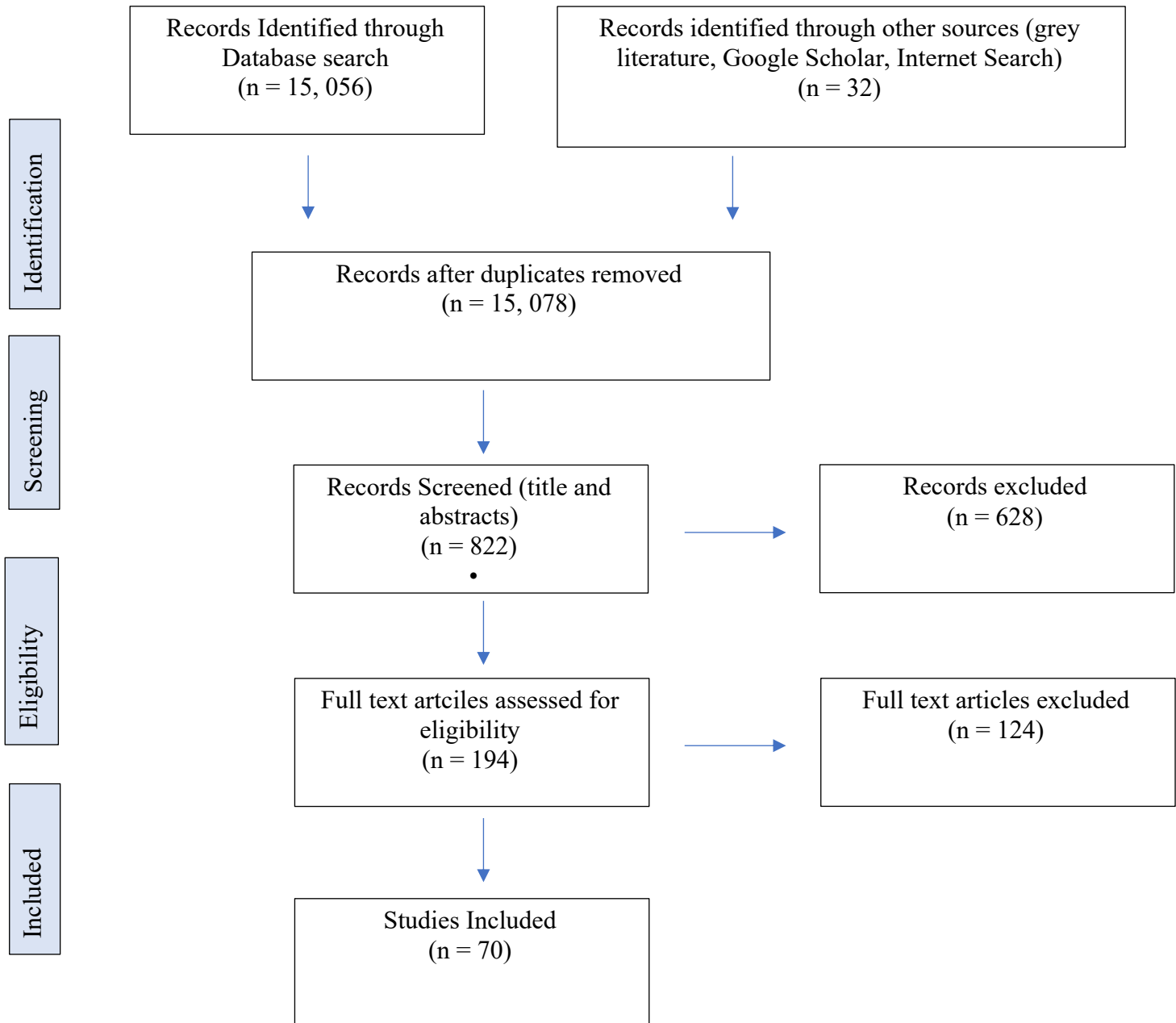
Appendix A: Inclusion and Exclusion Criteria

Criteria	Inclusion	Exclusion
Population	Indigenous	Other
Focus of Study	Outbreaks, mutual aid, and decolonization	Other
Country	Canada and United States	Other
Full text	Available in electronic sources	Unavailable, hardcopies
Language	English	Other

Appendix B: Literature Search Strategy

Search Strategy	Specific information relevant to search strategy	Number of documents (meet inclusion criteria)
EBSCO Host Database Search	Limits applied to all searches: English, available in full text online, North American context	18 Total
	S1 Canada OR Canadian OR Canadians OR in Canada OR United States OR America OR USA OR U.S OR United States of America) AND (indigenous or native or aboriginal or indians or first nations or metis or inuit) AND (covid-19 OR coronavirus OR 2019-ncov OR sars-cov-2 OR cov-19 OR pandemic OR lockdown OR isolation OR outbreaks OR pandemics OR epidemics OR Public Health OR Community Health OR Population Health	
	S1 = 2111 results	
	S2 Indigenous Research Methodologies OR Decolonizing Methodologies OR Decolonization OR Decolonisation OR Decolonizing OR Decolonising	
	S2 = 1881 results	
	S3 (indigenous or native or aboriginal or indians or first nations or metis or inuit) AND (mutual aid OR mutual aid groups OR mutual aid campaigns OR mutual aid initiative)	
	S3 = 9 results	
CINHAL database	Limits applied to all searches: Research articles, Open access	16 Total
	S1 (Canada OR America OR United States) AND (Indigenous OR Aboriginal OR First Nation) AND (covid-19 OR pandemic OR outbreaks)	7 removed as duplicates from EBSCO Host
	S1 = 6950 results	
PubMed Database	Limits applied to all searches: Free full text, 5 years, MEDLINE, English	24 Total
	S1 ((Canada OR Canadian OR Canadians OR in Canada OR United States OR America OR USA OR U.S OR United States of America) AND (Indigenous OR Native OR Aboriginal OR Indians OR First Nations OR Metis OR Inuit)) AND (S3 covid-19 OR coronavirus OR 2019-ncov OR sars-cov-2 OR cov-19 OR pandemic OR lockdown OR isolation OR outbreaks OR pandemics OR epidemics OR Public Health OR Community Health OR Population Health)	3 removed as duplicate from CINHAL
	S1 = 11, 297	
Google Scholar	The following website was hand-searched through the menu titles; keywords were entered into search bar	11 Total
	Keywords: Canada, United States, North America Indigenous, COVID-19, Pandemic, Outbreaks, Population Health, Healthcare Disparities, Decolonizing research	

Appendix C: PRISMA Diagram



Appendix D: Sharing Circle Interview Guides for Community Members

SHARING CIRCLE GUIDE

Community members

"The purpose of this session is to understand your experiences with and responses to the COVID-19 pandemic, and how public health supported your health and safety as a member of the Pikwakanagan community, and your opinion about what was helpful and what was challenging..."

We invite you to share any items such as photographs, art, or symbols that hold meaning for you in relation to your wellness during COVID-19 pandemic. While we talk, we ask you to refer to these items to express how you are experiencing or have experienced wellness during COVID-19, and how the community has supported wholistic wellness during COVID-19.

We have provided some questions about basic demographics that we invite you to complete and get back to us for our study. Thank you. We will now discuss how wholistic wellness has been supported during the COVID-19 pandemic?

1. Can you describe what wholistic Indigenous wellness means to you? How does sex, gender, and age influence Indigenous wellness?
Probe
 - Male, female, non-binary, two-spirit
 - Youth, Teens, middle-age, Elders
2. How did the Pikwakanagan community support your wellness during the COVID-19 pandemic?
Probe:
 - Spiritual, mental, emotional, physical wellness
 - Honouring community knowledge and traditions
3. In what ways has the community response been helpful (or not) to support wholistic wellness?
 - Spiritual, mental, emotional, physical wellness
 - Honouring community knowledge and traditions
4. Can you describe how sex, gender and age influences Indigenous wellness? How has sex, gender and age influenced wellness during the COVID-19 pandemic?
Probe
 - Male, female, non-binary, two-spirit
 - Youth, Teens, middle-age, Elders
5. In what ways can the community's response to COVID-19 be improved to support Indigenous wellness and land-based values
Probe
 - Spiritual, mental, emotional, physical wellness
 - Honouring community knowledge and traditions
 - Art, land/nature, traditional practices
6. How did *public health* directions from the federal, provincial, and municipal governments (such as Renfrew County and District), influence your responses to the COVID-19 pandemic?
 - Do you feel that the government's *public health directions for* COVID-19 have been suitable for Pikwakanagan community? Please explain why or why not.
7. Do you have any recommendations for modifying / adapting the *COVID-19 public health responses for* First Nations people?

Closing comments:

- a) Summarize discussion.
- b) Do you have any other comments or stories you would like to share?

Thank you for your time

Appendix E: Sharing Circle Interview Guides for Health Service Providers

SHARING CIRCLE GUIDE

Health service providers

The purpose of this session is to understand your experience and responses to the ongoing COVID-19 pandemic in supporting vulnerable people in Pikwakanagan community, and your professional opinion about how you have incorporated wholistic Indigenous wellness into the responses, as well as impacts, challenges, and facilitators along the way.

We invite you to share any items such as photographs, art, or symbols that hold meaning for you in relation to the COVID-19 pandemic or strategies that have been implemented. During the discussions, we ask you to refer to these items to express how you have experienced wellness or how the Pikwakanagan community and Pikwakanagan Health Services and Family Health Team have supported wellness during the COVID-19 pandemic.

We have provided some questions about basic demographics that we invite you to complete and send back to us for our study. Thank you. We will now discuss your experience and responses to the ongoing COVID-19 pandemic.

1. For start, we will go around the room and ask each of you to briefly describe your role in the *COVID-19 community health responses*.
2. How did the Pikwakanagan community and Pikwakanagan Health Services and Family Health Team support wholistic wellness during the COVID-19 pandemic?
Probe:
 - Spiritual, mental, emotional, physical wellness
 - Honour community knowledge and traditions
3. Can you describe how the Pikwakanagan community and Pikwakanagan Health Services, and Family Health Team integrated different aspects of sex, gender, and age in their response to the COVID-19 pandemic?
Probe:
 - Male, female, non-binary, two-spirit
 - Youth, Teens, middle-age, Elders
4. What were the greatest challenges encountered in supporting community wellness during the *COVID-19 pandemic*?
 - How did you address/overcome these challenges?
5. How did *public health* directions from the federal, provincial, and municipal governments (such as Renfrew County and District), influence the community's responses to the COVID-19 pandemic?
 - Do you feel that the government *public health directions* for COVID-19 have been suitable for Pikwakanagan community? Please explain why or why not.
6. What helped the community and Pikwakanagan Health Services and Family Health Team support wellness during *COVID-19 pandemic*?
 - What else would assist the community support wellness?
7. Do you have any recommendations for modifying / adapting the *COVID-19 public health responses* at the federal, provincial, or regional levels to support Indigenous wellness and land-based values for First Nations people?

Closing comments:

- a) Summarize discussion.
- b) Do you have any other comments or stories you would like to share about *COVID-19 community responses*?

Thank you for your time

Appendix F: Interview Guides for Community Members

INTERVIEW GUIDE

Community members

The purpose of the interview is to give you the opportunity to discuss how the Pikwakanagan community and Pikwakanagan Health Services and Family Health Team supported wellness during the COVID-19 pandemic.

We invite you to share any items such as photographs, art, or symbols that hold meaning for you in relation to your wellness during the COVID-19 pandemic. During our discussion, we invite you to refer to these items to express how you have experienced wellness or how the Pikwakanagan community and Pikwakanagan Health Services and Family Health Team have supported wellness during the COVID-19 pandemic

To start, I would like to ask you some questions about who you are. These are questions for our research demographics.

- Do you identify as an Algonquin of Pikwakanagan citizen?
- Do you live in the Pikwakanagan community?
 - If yes – for how long?
 - If no – have you ever lived in the community?
- Gender: Do you describe yourself as
- What is your age?

Thank you — Now we will discuss how the Pikwakanagan community and Pikwakanagan Health Services and Family Health Team supported wholistic wellness during the COVID-19 pandemic

1. **How do you feel living in the community** during the COVID-19 pandemic?

2. Thinking about the COVID-19 pandemic, **how did your community react?**

Probe: look after its citizens/people (spiritually, emotionally, physically) and the environment/land

- Can you talk about a specific situation or experience that was particularly *positive*?
- Now can you talk about a situation or experience that was particularly *negative, frustrating, or harmful* in your view.

3. **How did you personally react** to the COVID-19 pandemic?

- Can you talk about a specific situation or experience that was particularly *positive*?
- Now can you talk about a situation or experience that was particularly *negative, frustrating, or harmful* in your view.

4. How do you see **the role of Chief and Council and the government** in the COVID-19 response?

5. If we have another pandemic — **what would you like to see happen** from a community response?

6. Do you have **any other comments or stories** you would like to share?

Thank you for your time

Appendix G: Interview Guides for Health Service Providers

INTERVIEW GUIDE

Healthcare Providers

The purpose of the interview is to give you the opportunity to discuss your experience and responses to the ongoing COVID-19 pandemic in supporting vulnerable people in Pikwakanagan community, and your professional opinion about how you have incorporated wholistic Indigenous wellness into the responses, as well as impacts, challenges, and facilitators along the way.

We invite you to share any items such as photographs, art, or symbols that hold meaning for you in relation to the COVID-19 pandemic or strategies that have been implemented. During our discussion, we invite you to refer to these items to express how you have experienced wellness or how the Pikwakanagan community and Pikwakanagan Health Services and Family Health Team have supported wellness during the COVID-19 pandemic.

To start, I would like to ask you some questions about who you are. These are questions for our research demographics.

- Do you identify as an Algonquin of Pikwakanagan citizen?
- Do you live in the Pikwakanagan community?
 - If yes – for how long?
 - If no – have you ever lived in the community?
- Gender: Do you describe yourself as
 - Male
 - Female
 - Two-spirit $\$ \$$
 - Prefer to describe
 - Prefer not to answer
- What is your age?

Thank you — Now we will discuss how the Pikwakanagan community and Pikwakanagan Health Services and Family Health Team supported wholistic wellness during the COVID-19 pandemic

1. **How do you feel living in the community** during the COVID-19 pandemic?
2. Thinking about the COVID-19 pandemic, **how did your community react?**
 - Probe: look after its citizens/people (spiritually, emotionally, physically) and the environment/land*
 - Can you talk about a specific situation or experience that was particularly *positive*?
 - Now can you talk about a situation or experience that was particularly *negative, frustrating, or harmful* in your view.
3. **How did you personally react** to the COVID-19 pandemic?
 - Can you talk about a specific situation or experience that was particularly *positive*?
 - Now can you talk about a situation or experience that was particularly *negative, frustrating, or harmful* in your view.
4. How do you see **the role of Chief and Council and the government** in the COVID-19 response?
5. If we have another pandemic — **what would you like to see happen** from a community response?
6. Do you have **any other comments or stories** you would like to share?

Thank you for your time

Appendix H: Ethics Approval

27/10/2022

Université d'Ottawa

Bureau d'éthique et d'intégrité de la recherche

University of Ottawa

Office of Research Ethics and Integrity

CERTIFICAT D'APPROBATION ÉTHIQUE | CERTIFICATE OF ETHICS APPROVAL

Numéro du dossier / Ethics File Number

H-10-22-8398

Titre du projet / Project Title

A Secondary Analysis of the Algonquins of Pikwàkanagàn First Nation's response to the COVID-19 pandemic

Type de projet / Project Type

Thèse de maîtrise / Master's thesis

Statut du projet / Project Status

Approuvé / Approved

Date d'approbation (jj/mm/aaaa) / Approval Date (dd/mm/yyyy)

27/10/2022

Date d'expiration (jj/mm/aaaa) / Expiry Date (dd/mm/yyyy)

26/10/2023

Équipe de recherche / Research Team

**Chercheur /
Researcher**

Affiliation

Role

Aya KHALIL

École des sciences infirmières / School of Nursing

Chercheur Principal / Principal Investigator

Wendy GIFFORD

École des sciences infirmières / School of Nursing

Superviseur / Supervisor

Veldon COBURN

Institut d'études canadiennes / Institute of Canadian Studies

Co-superviseur / Co-supervisor

Thomas FOTH

École des sciences infirmières / School of Nursing

Autre / Other

Conditions spéciales ou commentaires / Special conditions or comments

Appendix I: Sample Coding Table

<p>Research Aim 1: To identify what Pikwàkanagàn community members considered important in response to the COVID-19 pandemic.</p> <p>Parent Code: What is important in COVID-19</p>	
Subcategories	Exemplary coded data
<p>1.1 Community revitalization of culture and land</p> <p>Includes:</p> <ul style="list-style-type: none"> • Ceremony <ul style="list-style-type: none"> ○ Community feasts_ Food sovereignty is crucial ○ Dancing_ Drumming ○ dignified death ceremony_ Celebration of life • Adapting traditional practices • culturally safe care • Learning from Knowledge Keepers • Seven grandfather teachings • The surrounding communities • Traditional_ Religious Practices 	<p>I think it definitely heals like the body and the soul, especially how I've been talking about everyone mental health and how it had most likely been declining for the majority of people that had to go through isolation during COVID. So I think this was a big mental health boost, having the Pow Wow and having everyone together and being able to rejoice and celebrate with everyone. 502</p> <p>sometimes in the medical field we see a trend towards westernized medicines and that and models of services and that, and so I know that we've had to bring it back and say no, this is what the Indigenous community has available to them and this is what we want to maintain. So we've had to have those discussions to say that we're not westernizing the healthcare system to meet the demand from say, Public Health, that we had to look at our community first in that it had to be culturally appropriate.(401)</p> <p>I think a good way to be ready in case of pandemic or even anything happens is food sovereignty.... Like if we did it in year one...we would have been comfortable with it. Easy, you know... So, food sovereignty would be a huge one. That way when the community has to go on lockdown... we wouldn't have to leave the community. We would have that food accessible. So, I think that would be an answer for a lot of small communities. (301)</p> <p>we launched Every Child Matters task force here in the community and the role of that task force was to have some ceremony in the community and that's the way that we took care of our spiritual selves and the culturally safe selves of our people and our community. So, it was the programming that took care of the cultural safety of our people, and it was the control group that took care of the physical safety of our people. If I were to kind of break that down.(SC2)</p> <p>the sad part about government or non-native people. They don't think in seven generations ahead. We think seven generations ahead because we're responsible for the seven generations behind us, but we're also responsible for the seven generations ahead of us. So when I see most people standing on a road, for me, protecting me and my kids, and my grandkids. Wow. That's looking after the generations, that's what you</p>

call community effort, you know? And I know it's like we got to start thinking. And I'm not just saying aboriginals, I'm saying worldwide. Think of the seven generations, because we're supposed to leave this world to them, once we're gone. If we don't have nothing left, the only one that's going to come and take it from them is, you know, if we're not looking after Mother Earth, something is going to happen to her, right? Yeah, so I don't know, how can you not bias or be unbiased against any human gender? What about animals, that's another thing too (SC2)

we were not only looking at our own First Nation, but we were looking at people that were kind of relative to the First Nation. So, per se, say there was a family that was just outside of Pikwakanagan that was Indigenous, we would provide services for them because they came into the community to receive services. So we looked after the Indigenous population on First Nation but somewhat extended some of our supports to the surrounding areas. 401

we also did an assessment of who will be the highest need people in there. So we had listings for those groups and then we had reach outs. So we got on the phone... asking them how they were doing, what can we do better? Is there something that they needed? Do they need groceries? Did they need shopping done for them?...it was thinking a little bit outside the box than what most traditional programs would look at and so we were providing services that maybe mainstream services couldn't provide. So we were being, we had to look at our own community as a First Nation community and make it culturally appropriate for what we were providing 401

We always try to provide dinners and stuff to alleviate some stress, because different times it definitely might be a huge stressor in the house. We try to support all aspects of the family whenever they come to programming, so if mom is tired and doesn't feel like making dinner tonight, or just doesn't have it in her, you come to [COMMUNITY CENTRE]. We have a shower there available there as well if there's something with the water. Like mom can relax and we'll take care of the children and then come together to do the program SC2

when it came down to funeral and end-of-life care aspects, we still allotted those but they had to be modified. So an example would be my sister passed away during the COVID time, and so we had cultural practices or traditional practices done at that point so she had her own traditional leaders come in to provide ceremony... it had to be modified so drumming might have been done outside the door as opposed to being inside the building ... we allotted family members to

	<p>come in and so we allotted as much as possible where we could do it safely. (401)</p>
<p>1.2 Hollistic Wellness</p>	<p>For the holistic wellness, that's something a person has to do on their own. It's your own comfort, your own understanding of where you fit in with everything, with your neighbours, with your surroundings, with the earth itself. We're all tied to the earth in one form or another. (SC4)</p> <p>Holistic health for me is your whole body. It's mentally, emotionally, spiritually, physically. They all play a part. If a part is missing or failing, you're off balance. (SC2)</p>
<p>1.3 Working together keeping Family & Community healthy and Safe</p> <p>Includes:</p> <ul style="list-style-type: none"> • Closed_restricted access to community_Restricted access_Closed entrances to community_Restricted movement <ul style="list-style-type: none"> ○ Business adaptations_take out_delivery_drive-up services ○ Closed Businesses ○ Limiting transportation • Community clean up_maintenance • Community doing our shopping • Community Services <ul style="list-style-type: none"> ○ Emergency Response Control Group ○ Fire department ○ Family and Children Services ○ Education services ○ Forest stewardship council • Healthcare team <ul style="list-style-type: none"> ○ Assisted Care living ○ Community health services ○ Home visits_healthcare ○ Mental Care ○ Nurse ○ Personal Support Workers ○ Renfrew County Health 	<p>I think family, like family supports, they traditionally stayed together regardless of COVID. So traditionally I think in the aboriginal community that's how they survive or move forward that their families stuck together. With or without COVID I think they continued to gather. (403)</p> <p>so a lot of our families, like I said, they are very tight and strong knitted and usually like I said if there's a certain crisis or tragic event happening, a lot of members help each other. You know, friends, neighbours all those kinds of things, and they would reach out (602)</p> <p>The community all sticks together pretty good when there's difficulties. I think that they provide each other supports as best as they can. The nurses, I'll refer to them just because we work so well together, [Name 1] takes a lead, our community health nurse that we had at the time too, they all took leads in making sure that our community was safe and their needs were met. The community itself, I think they listened, they did what they had to do to stay at home and stay safe. (403)</p> <p>The community all sticks together pretty good when there's difficulties. I think that they provide each other supports as best as they can. The nurses, I'll refer to them just because we work so well together, [Name 1] takes a lead, our community health nurse that we had at the time too, they all took leads in making sure that our community was safe and their needs were met. The community itself, I think they listened, they did what they had to do to stay at home and stay safe. (403)</p> <p>a lot of our families... they are very tight and strong knitted and usually... if there's a certain crisis or tragic event happening, a lot of members help each other... friends, neighbours all those kinds of things, and they would reach out, especially in those times of need of whether someone needed an extra chord of wood or something. You know, somebody was always helping something you know. If people</p>

- Other services
 - Every Child Matters Task force
 - Home Maintenance worker
 - Partners in Planning committee
 - Role played by Cultural Centre
- Community_family_ that helps each other out in times of need
 - Sacrifice my comfort for community safety
 - Taking elders to appointments
- Following COVID measures
- Food security program
- Maintaining connection through technology
 - Family phone calls_daily
 - I rely on social media
 - Phone help line
 - Virtual programming_outreach through zoom
- People taking on different roles
 - Ran own clinics_didnt rely on public health
- Programs to lift spirits
 - Activities for children
 - Games together
 - Keeping them entertained
 - Prayers_Communion_Mass
- Safety Men and Women_Role and responsibilities
- Spiritual_Emotional Support_Praying for eachother
- We treat them like family

needed more food and some people had extra wild game available in the freezer then donating to those families in need, you know, a lot of them were fine...you knew which ones were struggling and those were the ones that were reaching out and we were always trying to like find out where we could get those services or... products that they might need. (602)

if I can't just sacrifice a little of my own comfort for my family, for my friends, for my neighbours, even the neighbours that I don't know, it's a small price to pay.(SC2)

I think people caring for each other. And again, when you say the lack of food, we had food coming in, even our family members ... make sure that we still got some of that food left too. You know at the end of the day that's what it's all about. You know? That care, that love, and that community coming together as one. SC4

I think everybody was just doing what they can to help in any way that they could. So, just helping out our elders and people that didn't have nobody. Taking them to appointments or getting run groceries. 402

You know, it showed the beauty of what small community is and how coming together you can make things possible and avoid you know, catastrophe...So, you know, like it was scary. But like everybody still did their part to try to keep that from entering the community. Like I said, they did a good job. Like you know, two years of the pandemic basically without one infection. 301

culture for us is being Indigenous, being within our own community. It's going to be that we support each other. That's our culture, our culture is more so around our family supports, around the community supports we provide and it's looking out for and supporting each other as much as possible. That's probably the culture that we want to keep more than anything... if we're looking at the Medicine Wheel and we're looking at all the different things and how the life cycle goes, we are looking after everybody. 401

like Facebook video messaging, like calling each other through the phone kind of thing to talk, or doing a three-way on the phone or whichever, so people could talk to each other and see each other that way. That's one thing I noticed that some of my age group was doing. So they were still communicating with family and friends to my knowledge in a safe way as possible. (601)

So with everybody being not allowed to visit, stay home, everything turned to virtual. Many of the departments would have to do their

programming virtually, so depending on what aspect that they were looking at or whatever, you would see, some of the services would be like religious services would be virtual, some of our programs, they've done like bringing back the traditional teachings, they've done mental health like I don't know how you call it, like therapy for people that you know, but again it was all virtual. Everything was virtual, for those that can attend 602

Because well, whose watching television? It's all depressing already, so you don't need... And yeah, because trying to stay positive during pandemic means basically... Well, like they said, cut yourself off. And that kind of means the information that's being put out there, because we're already propaganda crazy, right? SC3

I think mental health was a little bit more challenging because that all was done remotely and I think with mental health sometimes one-on-one was better than a phone call. So I think that was a little bit of a challenge but the positivity, I think for maybe for the Family Health team in my perspective was that we continue to manage chronic diseases throughout the pandemic. 403

I think they had a full shutdown of the First Nation, if you weren't from the First Nation which I think was one of the big things that has kept everyone healthy and safe. Even though the businesses definitely took a hit, and it was unfortunate, it was good that they made that choice. SC2

It was a Chief and Council decision. So they made a decision based on supporting or protecting their community. I believe it was through also the guidelines and what was recommended through Public Health and all the other guidelines that were coming through. So, it was a... when they shut down borders and stuff through the airport and things were all just shutting down, they just made a clear decision that they needed to support their community too. 403

Well, we must have had good leadership somewhere. I know personally that the first thing I heard was a phone call from a lady and she's sitting here, [NAME 3], calling, "What can we do? Do you need help? Can we get some groceries for you? Don't hesitate to call." ... That was really, really, really good. SC4

we fed the elders, went grocery shopping for them, any type of shopping. Lots of visits, just to keep them entertained and so they didn't lose perspective of themselves, just to keep them talking and everything. Yeah, made appointments for them. Fed the community

too. Food bank; did a lot of food bank runs. SC1

I just like being able to go out and help people that couldn't help themselves, like if they needed something, or do something. For me it was just being able to help people that couldn't do it, I'd go up to the food bank, I'd grab people's groceries for them, I'd take them down to their houses or if they needed something from the store I could, I would go get it for them and bring it back to them. 402

like Facebook video messaging, like calling each other through the phone kind of thing to talk, or doing a three-way on the phone or whichever, so people could talk to each other and see each other that way. That's one thing I noticed that some of my age group was doing. So they were still communicating with family and friends to my knowledge in a safe way as possible. (601)

So with everybody being not allowed to visit, stay home, everything turned to virtual. Many of the departments would have to do their programming virtually, so depending on what aspect that they were looking at or whatever, you would see, some of the services would be like religious services would be virtual, some of our programs, they've done like bringing back the traditional teachings, they've done mental health like I don't know how you call it, like therapy for people that you know, but again it was all virtual. Everything was virtual, for those that can attend 602

I think mental health was a little bit more challenging because that all was done remotely and I think with mental health sometimes one-on-one was better than a phone call. So I think that was a little bit of a challenge but the positivity, I think for maybe for the Family Health team in my perspective was that we continue to manage chronic diseases throughout the pandemic. 403

I think everyone was just doing what they were supposed to do. Everyone was following protocol, everyone was wearing their masks, we had limited exposure to sickness at that time. I'm guessing we had that ban on non-residents coming in. So I think all that mixed together probably played a factor in why we were so limited on our cases up here. 502

So for the programming, we try to make it as balanced and holistic as possible. So trying to find all aspects of the medicine wheel...And doing the programming weekly, we heard all the time, 'it still stinks to not be able to come in, but it's so nice to have that human interaction every single week...And yeah, just trying to connect them to the

culture as well, because that's very healing for the souls. We did lots of beading, lots of drumming, lots of teachings from knowledge keepers. And inviting membership as well, so trying to take care of the community as a whole... It was really connecting SC2

"We do not inherit this land from our ancestors. We borrow it from our children." And to me, that is so important. If I was a heck of a lot younger, I think I would spend all my time trying to save the environment, alone or in a group. Because, I don't know, I think Mother Earth is rebelling. She's had it with our interference, with our pollution, with our desecration of the land, polluting of our rivers, stripping our forests. And she's saying through the various things we see going on around us, "hey, I've had it with you humans. Now you're going to start paying." SC4

it was delegated from Council ultimately down to the overseeing of the fire department to conduct those monitoring stations. 601

we launched Every Child Matters task force here in the community and the role of that task force was to have some ceremony in the community and that's the way that we took care of our spiritual selves and the culturally safe selves of our people and our community. So, it was the programming that took care of the cultural safety of our people, and it was the control group that took care of the physical safety of our people. If I were to kind of break that down.SC2

In Education, we provide the services of a language teacher at the elementary level. And she works with the kids with the language, our history, our culture. Dancing and drumming. And the teachings, the Seven Grandfather Teachings and Medicine Wheel and things like that. So, we're instilling it in the children when they're at a young age so they can bring that up to the community as they get older and pass it on to new generations. SC2

having services in the community is really important and having been provided by our community members. Most of our nurses are Indigenous nurses, so we wanted to make sure that we were out there 401

R: It was by phone call first and then we did an assessment over the phone to say so what is the issue or is it was a rash we'd meet them outside the door. Or if they felt like they had COVID, we'd still meet them outside the door, but we would see them. So even for babies or whatever, we'd still try to assess what we needed to assess personally, where other offices wouldn't do that, they shut right down 403

if you were at home as an elder, you know, there's home care and the home nurse and that was part and parcel of the family's role, to ensure that you're loved ones are not left all alone and isolated. So you know, there was a concerted effort for visitation and to make sure that nobody was abandoned. 501

Well we have our drug and alcohol counsellor here. He was available by appointment, I mean he was always there. We have the mental health team, there was referral services still going on. I mean it was very difficult. There's a definite shortage of mental health workers. There's a definite shortage of rehabilitation facilities. There's a definite shortage of detox facilities. It's been very difficult to deal with that aspect of mental health and addiction during the COVID and still now today. 501

I'm [Name 3], PSW... five out of seven days a week to keep them entertained and to help them to have a fulfilling life because we could still work as a group there because we were all locked in together. So, I got them awesomeness. SC1

I think our community re-launched the Partners in Planning committee, which is a committee that involves culture, health, and social services. And instead of working in silos and offering our own programming, we collaborated and were able to offer programming together to the community and combined all of our resources to be able to offer programming to the community. And I think that was really great. You know, working together and for the betterment of the community and really come together and share what our different age groups, or what our community was experiencing, what they needed. And we were able to collaborate and come up with ideas of how we could support them and provide programming that would bring us all together. And I think that was really nice throughout this pandemic SC2

So, it was offering virtual programming when we could. You know [Name 3] came up with an idea of offering some medicine bundles to our community. So she put together little bundles and dropped them off at every home, just to let them know that we're thinking of them during this time, that they could reach out to take care of their spirits... And how we can continue supporting them in a way that they need. like spiritually, mentally, physically, emotionally. Being able to provide that balance for them. SC2

I am a Native person, a Native woman in this community, living in this community. You know, those people were out there day and night protecting our community making sure people weren't going to houses

	<p>and what have you. And that kind of made me really feel secure. You know, it kind of reminded me of [0:13:39, NAME UNCLEAR] told me that the men will protect you when you get old. And you know what? It came true through the COVID time. SC2</p> <p>catered a program directly to the men. We did a drum making program with a male teacher giving the teachings and it was really beautiful... We did a couple weeks of creating it and then drumming and learning the songs and that... The teachings behind it, that's like the Mother Earth's heart beating, and you should only ever really hit a drum, like men should never hit anything else. And it was really bonding, and it was awesome and I just kind of watched and let the men engage with each other.(SC2)</p> <p>We have a different kindness, we have a different sharing. And I was thinking about this the other day, about the first time my children realized that white people don't share like we do. Like we invite people in, and we treat them like family when they come in. We treat them like they're our cousins or... In a lot of cultures like in our culture, you're around for a long time, you're an uncle or an auntie or something. You may not be related but it's just a respectful way of talking. I know a lot of women who I consider, I may not be blood related or we may not come from the family, but they're like sisters to me. SC1</p>
<p>1.5 Not feeling stigmatized</p>	<p>Food box services to every household because I found there was a lot of people who were in need but were too proud to reach out... there was way too much personal information that they needed to give out and that was hard on them too. So, yeah. Just a food box service or even like gift cards...would have been a lot more easier on their pride ... and we heard... different sort of traditions of providing. Like if you had community feasts, community shared resources. In a way that this is kind of community shared but like they see it through a modern lens. Just detached from past traditions. Past philosophical beliefs of having respect for one another such that you share it with each other because then you feel stigmatized. Because western beliefs, ... unless you went and got a job and paid for it with your wage and salary, you should be ashamed of taking anything that you're not deserving. (SC1)</p>
<p>1.6 Our Children_our Elders</p> <ul style="list-style-type: none"> • Spending time_serving Elders_Seeing children • Access to grandchildren • Taking care of our young people 	<p>Our knowledge keepers and our elders in the community are people that we would go to for support, but they're also the people that we want to protect the most and they're the most vulnerable. So, it's difficult too and to have them as support people in the community when we want to try to protect them as much as we can. So that was difficult. Trying to plan programming where we wanted to have them share their knowledge and stuff, but we also didn't want to have people around</p>

	<p>them that could jeopardize their safety. (SC2)</p> <p>when it came time for my grandson to be born, I was mad that I couldn't be there because of all the guidelines and mandates of the hospital that you have to follow. But it was a joy that because they all lived with me, that I got to see him grow. Where as other parents or grandparents, most of the time they'd have to do it through Zoom, right, or virtually. You know, and sometimes you'd here those stories like now that everything is lifted, I get to see my grandchild for the first time and hold them, you know? Where, fortunately I was lucky enough to have that experience where I didn't miss that through the pandemic. 402</p> <p>how come we didn't take care of our young people first? Because they are a generation... Hang on, it's probably two or three generations. Well in my life, I'm three generations ahead. So, I'm surprised they didn't work on the children first because they are our future. Putting them last, also almost makes it sound like again, that depopulation worldwide. (SC2)</p> <p>some of us maybe break the rules a little bit on it. And it makes it a lot harder if you got grandchildren and stuff like that and you want to see them. And you can't get to see them. (SC4)</p>
<p>1.7 Acceptance of everyone for what they are - We didn't care about gender</p>	<p>We didn't distinguish between who you were, whether you were two-spirited, whether you were transgender, what you were... You were just you. You were unique and you were accepted as you were. That's the way it was long ago and our ancestors just evolved that way. We didn't care about gender. (SC1)</p>
<p>Research Aim 2: To explore how Pikwàkanagàn community members mobilized individual and group decision-making, structures and processes to respond to the COVID-19 pandemic;</p> <p>Parent Code: Decision Making</p>	
<p>2.1 Communication strategies to advise the community</p>	<p>they did do, form a pandemic team and they would go out to all the homes and they gave instructions on, to make one household member the person that goes out and does the shopping and whatnot 404</p> <p>We do have a weekly newsletter that goes out every Friday, so if there is something that needed to be said, we said it in there. And people just do know that they can email, like email our councillors and Chief there. That's posted on our website, each email, so that's one way they can communicate. It would be nice if Chief and Council actually were more in office so that if someone doesn't have that technology to communicate that way, they could come into the office and request to talk to a councillor. 502</p>

<p>2.2 Decisions we took upon ourselves_individual</p> <p>Includes:</p> <ul style="list-style-type: none"> • cut myself off from the media to stay positive • Stocked up on necessities to sustain themselves in lockdown_I got everything • Not vaccinated • Saw the need and took their own initiative 	<p>I have to do everything for myself. You have to be your own doctor. You have to be your own everything. And then you have to, even if you are your own everything, if you need help you got to take those steps to find help. That all has to be you. So, it's just hard when you're depressed and unhappy. And so, finding medicines for people who can't for themselves. Because I can, now. I've figured out my way and I've had to come out of that really dark tunnel myself and into the light and give people access to healing, but I can't do it for them. SC3</p> <p>We would basically have stuff set up for a month or two months ahead. But I'm going think about like what does other people have? Like what supplies did you have and what needs do you have? Like, [NAME 7], well he's got a family. He should be alright. [NAME 8], she's okay. But the thing is, did I reach out far enough? What did I do that is enough? SC3</p> <p>Because well, whose watching television? It's all depressing already, so you don't need... And yeah, because trying to stay positive during pandemic means basically... Well, like they said, cut yourself off. And that kind of means the information that's being put out there, because we're already propaganda crazy, right? SC3</p> <p>We would basically have stuff set up for a month or two months ahead. But I'm going think about like what does other people have? Like what supplies did you have and what needs do you have? Like, [NAME 7], well he's got a family. He should be alright. [NAME 8], she's okay. But the thing is, did I reach out far enough? What did I do that is enough? SC3</p>
<p>2.3 Emergency Response Control Group</p>	<p>it was a decision of the Council based on the recommendations of our COVID response team, in addition to the government recommendation, right from the Assembly of First Nation, down to the Chiefs of Ontario, down to the Anishinabek Nation, you know if we followed all the recommendations from the Canadian health official, Dr. Tam, I believe is her name. Yeah, so you know we followed the recommendations that were in place for the rest of Canada, and we just basically were able, because of our situation here and the small community with the surrounding borders, were able to block ourselves off completely from the outside world. Not restricting memberships flow to go to do groceries or medical appointments 501</p>
<p>2.4 Government_Chief and Council</p> <p>Includes:</p> <ul style="list-style-type: none"> • Chief & Council could have had 	<p>Well, being Chief and Council of Pikwakanagan and being the sovereign nation that we are currently, I think they could definitely have a bigger voice in those levels of government if they wanted to. ... they could... put themselves out there more and make us...what kind of protocols we were going by and traditional ones too 204</p>

<p>a bigger voice in government protocols & traditional ones</p> <ul style="list-style-type: none"> • felt isolated from chief and council_band office_government 	<p>If they had that same mentality as a campaign trail and calling us and asking us how we were and everything else, we wouldn't have felt that isolated from Chief and Council. We wouldn't have felt that isolated from the Band Office, because they would have made sure this stuff runs downhill like it always does. But we didn't have that. SC3</p>
<p>2.5 Acknowledge there is No set answer that's going to fit for everyone</p>	<p>I think they did the best they could with what they could work with and it's not easy to please everybody. I get that. Community members are, some are for, some are against. Businesses, some are for, some are against. But they did the best they could in this whole pandemic. And maybe it was-- I'm sure it was a learning curve for them, as well as everyone else in the community, right. We've never experienced anything like this, so it would be difficult to make difficult decisions and have everybody follow. 403</p>
<p>2.6 Took guidance from federal/provincial governments, Chief & Council & COVID response team</p> <ul style="list-style-type: none"> • Call upon elders • Going off public health directions_Covid Measures <ul style="list-style-type: none"> ○ Isolate_quarantine_distancing ○ I'm okay with it ○ working from home ○ Masking_gowning ○ Social bubbles_Family circles ○ Testing ○ Vaccines 	<p>We did find that they were creating their own circles of people and that was one of the recommendations, is to try to keep your circles very small or very limited to who they were. So, that something that was kind of reinforced a fair bit, so because family is very important with regards to your spiritual and cultural being 401</p> <p>I think family, like family supports, they traditionally stayed together regardless of COVID. So traditionally I think in the aboriginal community that's how they survive or move forward that their families stuck together. With or without COVID I think they continued to gather. 403</p> <p>then we had Emergency Response Control Group, the managers and supervisors and our client care coordinator and we also have our elders that were called upon. SC1</p> <p>INT 502: I think everyone was just doing what they were supposed to do. Everyone was following protocol, everyone was wearing their masks, we had limited exposure to sickness at that time. I'm guessing we had that ban on non-residents coming in. So I think all that mixed together probably played a factor in why we were so limited on our cases up here. 502</p> <p>a lot of our families... they are very tight and strong knitted and usually... if there's a certain crisis or tragic event happening, a lot of members help each other... friends, neighbours all those kinds of things, and they would reach out, especially in those times of need of whether someone needed an extra chord of wood or something. You know, somebody was always helping something you know. If people needed more food and some people had extra wild game available in</p>

the freezer then donating to those families in need, you know, a lot of them were fine...you knew which ones were struggling and those were the ones that were reaching out and we were always trying to like find out where we could get those services or... products that they might need. (602)

if I can't just sacrifice a little of my own comfort for my family, for my friends, for my neighbours, even the neighbours that I don't know, it's a small price to pay.(SC2)

their mental health, it's not really good for anyone to be staying indoors that long, kind of isolated, not too much social, like social interactions that you can have there. It definitely takes a strain on everyone's kind of mental health, staying indoors all the time or as much as possible. Limiting contact with society. Yeah, and the... our people, they love the outdoors at the same time there, so it's my point of view there, it's pretty hard for them to keep on staying indoors 502

I kept up with all the Ontario guidelines, the federal guidelines. I checked in with the COVID Emergency Team that we had here. And just made sure that I could do everything that I could to protect our employees and our staff, as well as protect our community SC2

And I'm so happy to be able to have vaccines and everything because that is making me responsible for myself and for everyone else. SC4

. That was something that was really, really important to us as a First Nation community. And then our own team, we develop their own teams to be responsive to different strategies that we were doing... we didn't have to rely on say Public Health in coming to do vaccinations. They worked with us so then we could deliver the vaccinations ourselves. So we ran clinics, vaccination clinics over a series of time to get... and we called those mass vaccinations, and so we ran our own clinics and they actually went very well. And so, we had our own staff trained 401

Research Aim 3: To understand the role of land-based practices in supporting the health and wellness of citizens living in Pikwakanagan First Nation during the COVID-19 pandemic.

Parent Code -Role of Land-based practices in Health

3.1 Complicated by the pandemic

it did affect a lot of our traditional practices... with what COVID was restricted to having you do. So, like going into a sweat lodge was not allowed. You were going and be entering an area with people outside your bubble. Right? So, we lost a lot of ceremony over that time. We lost our Pow Wow. So, like those traditional aspects that we use for

	<p>our traditional healings and our you know, our mental health was taken. You know, pandemic messed with a lot of people’s mental health... we lost our traditional ... practices... So, like as for practices in medicine, like I know cedar tea was a very common conversation amongst people. 301</p>
<p>3.2 Deer_Moose hunting_Fishing</p> <p>Includes:</p> <ul style="list-style-type: none"> • Tanning_Smoking hide 	<p>going to hunt camp’, which is in Algonquin Park. So, we basically drove there, there’s nobody there, right? And it was our time to just be one with nature, nobody around, just getting back to our roots. You know, fishing when we see a creek, not worrying about COVID and the aspects of it and when is it going to hit me and when is it going to be over. It was more uplifting for myself because those worries were taken away when I was out there, in the wilderness, just me and him. 602</p>
<p>3.3 it keeps me spiritually healthy_we are one with nature</p> <p>Includes:</p> <ul style="list-style-type: none"> • Birds_Pets Crafts_Beading • I'm an outdoor person <ul style="list-style-type: none"> ○ Biking_cooking_fires_gardeni ng • Sage_smudging • Singing water_bear_eagle songs • Sweat lodges • Traditional Medicines <ul style="list-style-type: none"> ○ Medicine Bundles_Medical Cannabis 	<p>For the holistic wellness, that’s something a person has to do on their own. It’s your own comfort, your own understanding of where you fit in with everything, with your neighbours, with your surroundings, with the earth itself. We’re all tied to the earth in one form or another. Some people, it’s because we work on the land, others that they just use it for recreation, use it for hunting, whatever. But regardless of what we do we never severed the connection we have with the land, and my world view is just that. How deep is my connection to the land, to the creatures on that land. We’re all one large family, we can’t deny that, or we shouldn’t deny that. And the sooner we realize it and, I guess, embrace it, the better off we’ll be. (SC2)</p> <p>lots of people were smudging and I know they had put some sweetgrass at the bridges at the start of the bridges coming in just to try to keep the bad spirits out or keep the medicine there to block. It was almost like trying to put a bubble over the community... And them putting the sweetgrass up and people just blessing, in their own houses even, just doing their own practices of trying to keep everybody protected. (402)</p> <p>For the holistic wellness, that’s something a person has to do on their own. It’s your own comfort, your own understanding of where you fit in with everything, with your neighbours, with your surroundings, with the earth itself. We’re all tied to the earth in one form or another. Some people, it’s because we work on the land, others that they just use it for recreation, use it for hunting, whatever. But regardless of what we do we never severed the connection we have with the land, and my world view is just that. How deep is my connection to the land, to the creatures on that land. We’re all one large family, we can’t deny that, or we shouldn’t deny that. And the sooner we realize it and, I guess, embrace it, the better off we’ll be. SC4</p>

It didn't really affect me in a negative way because I like to be outside. So, during the pandemic, I fished all the time. So, it really didn't bother me in the sense of my activities that I do at home.105

their mental health, it's not really good for anyone to be staying indoors that long, kind of isolated, not too much social, like social interactions that you can have there. It definitely takes a strain on everyone's kind of mental health, staying indoors all the time or as much as possible. Limiting contact with society. Yeah, and the... our people, they love the outdoors at the same time there, so it's my point of view there, it's pretty hard for them to keep on staying indoors
502

F3: I think too like what [Name 3] was saying earlier, is we've had a lot... well, like every year we've had people pass on and we haven't been able to gather together to celebrate their lives. And that's been difficult, so [CULTURAL CENTRE] has provided support to families by making medicine bundles. If they needed little cards or memories of their loved ones created, we took care of that, so that the families would have something to remember their loved ones by. Because they weren't able to gather during this time, so that was a way that we took care of one another's spirits in the last year and a bit. (SC2)

Gathering herbs and things like that is a necessity for me. Is part of my immunity, it keeps me healthy. And, which... and my spiritual health too, SC3

We got a bunch of cedar and stuff, and he was boiling cedar tea to provide cedar tea to people. Other people were bringing various medicines to each other. I know I was; I was drinking cedar tea more commonly than I usually do 202

I have a hobby that I find relaxing, soothing, any adjective you can come up with. Every year I feed the wild ducks, the mallards.(SC4)

Parent Code: We're pretty Colonized Here

*When We're pretty Colonized Here relates to loss of land = Aim 3; Otherwise Aim 1 (e.g. revitalization)

4.1 Discovery of the remains _residential schools

During the pandemic, this past year, the Kamloops baby, I'm going to call it "baby syndrome," that they found all these little bones of babies [REFERRING TO RESIDENTIAL SCHOOL MASS GRAVES FOUND IN 2021], and I'm a residential school survivor, okay? I was cleaning my home from Thursday to Saturday, and I was doing a very thorough job. So, in the meantime, I'm listening to all this Kamloops stuff on the news and I'm thinking to myself, "Oh my god, I wonder if

that could happen to some of my friends that never returned back to their residential school." So, what was really strange about that was Saturday evening, after I got done cleaning my whole house from top to bottom, I filled up my bathtub and I got undressed and went to go sit in my bathtub. And I never realized until I went up to my mid-thigh, how hot my water was. So, it was like the nun had just pushed me down into the water again. And I had thought, "what a way to go, what an experience that was." The hard part of that was being able to be there, do this all by yourself and then you try to phone a mental health worker to come and talk to you about it, and even get on the phone. And the hard part was that she didn't even phone me back until two weeks later. So, I had two weeks to be able to survive all by myself. So, with that being said, on a positive note, I survived it again. So, if I survived it the first time, I'm going to survive it the second time. And the next COVID thing that comes along, I'm going to survive that too. 103

4.2 Loss of cultural ways_green space

I was raised in the Western world, so I don't really have a lot of native traditions... you know what bothered me the most? Seeing young people come in and not being able to speak their native tongue. It bothered me. It made me mad, frustrated. So coming here and learning about my family, my ancestors, my traditions, it means a lot to me because it's my pride. I'm proud to be Algonquin. SC3

So we have no, none of us can speak our language. None of us knows our culture or traditions. We're learning them a little bit here and there, and the language I, that's gone. Gone. There's not one person here who speaks fluent, other than the teachers they have going now... the way we're learning or the way we're trying to come back with it, is not enough. It needs to be every single day and so many hours a day. So it should be on a radio station blaring in all of our homes or it should be on sticky things stuck to all of our, everything that we own should have identification in our own language to me as far as I'm concerned. And the government should be paying for it all. 404

But nowadays, when I go into the forest and I go beyond the treeline, there's no trees... So, being more aware of what's actually happening on the land we're responsible for is the basics to realize that we're letting this stuff happen right under our noses... It's not like that. It's like passing the buck and not being responsible for the reality that is happening there. So yeah, we need to be more aware, more educated and I don't know, hands on, right? Like why aren't we tying ourselves to those trees anymore and saying no, you can't take this down? And yeah, it's a weird world and it's all going to be gone by the time we actually know what it's good for SC3

<p>4.3 Natives are more susceptible to disease</p>	<p>And when you look at other reserve that you hear, especially the ones up North that are so far cut off, I'm thinking how did they have that, because nobody should be coming there too much, except delivery maybe. And what's going on? And then, they will say, "well the Native people are more susceptible, like diabetes and that." But we've proved that wrong now. So, basically... I shouldn't say we, I'm not a Native by birth. But, anyways, I just feel that overall I think we can be very proud of our reserve here. SC2</p>
<p>4.4 we're not going to trust</p> <p>Includes:</p> <ul style="list-style-type: none"> • Here's the extinction of Aboriginal people, • We're afraid to go to the hospital 	<p>We're Anish, we're not going to trust... We don't have a past that's relevant to trust... I personally think of myself as a guinea pig getting these shots because we were immediate. We were far too... You know, they didn't do testing elsewhere before they, "oh, give it to the 'Nish.'" SC3</p> <p>I'm sorry I have a little bit of trust issues. Like historically when medical stuff was supplied, like the last pandemic, let's be realistic, wouldn't the Governor General do that and [0:13:03, unclear] health. Right? They sent body bags to communities. It was very weird that they were being so, so you know, persistent on here you go, here's vaccinations. You look at the tuberculosis vaccination and the issues in history. Like you know, to me it wasn't traditional, it's trust issues 301</p> <p>like I was scared. I remember being terrified, and thinking that all the people around me were going to die because of this disease. And then, I went into the mode, fight mode, where I wanted to be so angry at the government because it was like bang, we're hit with COVID. Well, what the heck is COVID? What is COVID-19? What does that mean to me? Then it dawned on me, maybe this was a worldwide genocide instead of pinpointing Aboriginal people at first. Then the second thing that came along were the needles. And again, it brought me back... Not that it personally brought me back, but I thought of what about contact, when we first had contact, there was smallpox, there was whatever kind of chickenpox you can think of, I suppose. But it scared the heck out of me because I'm thinking, "here's the extinction of Aboriginal people even further". SC2</p> <p>We're Anish, we're not going to trust... We don't have a past that's relevant to trust or even a belief system where... I personally think of myself as a guinea pig getting these shots because we were immediate. We were far too... You know, they didn't do testing elsewhere before they, "oh, give it to the 'Nish.'" SC3</p>
<p>4.5 White people don't share like we do Western world is more</p>	<p>We have a different kindness, we have a different sharing. And I was thinking about this the other day, about the first time my children</p>

<p>individualistic</p>	<p>realized that white people don't share like we do. Like we invite people in, and we treat them like family when they come in. We treat them like they're our cousins or... In a lot of cultures like in our culture, you're around for a long time, you're an uncle or an auntie or something. You may not be related but it's just a respectful way of talking. I know a lot of women who I consider, I may not be blood related or we may not come from the family, but they're like sisters to me. SC1</p> <p>sometimes in the medical field we see a trend towards westernized medicines ... so I know that we've had to bring it back and say no, this is what the Indigenous community has available to them and this is what we want to maintain. So we've had to have those discussions to say that we're not westernizing the healthcare system to meet the demand from say, Public Health, that we had to look at our community first in that it had to be culturally appropriate.(401)</p> <p>Yeah, I would say for those being in the Western world, we're looking at Indigenous customs and traditions because there's a greater sense of community. Because the Western world is more individualistic. It's like, you can live amongst other people but you're like "I'm on my own and I'm going to take care of myself." And the extent to which, things were more shut down here is that we saw successes of the social... SC3</p>
<p>Parent Code: Positive experiences</p>	
<p>5.1 Give credit to the Chief and Council_government</p>	<p>I'm thankful that our federal top people, our Prime Minister, did follow really what the scientists said, leaders of medical stuff...I think our government followed the guidelines very well, federal and provincial. Of course, maybe if you have a business in the city, you wouldn't have felt so good when they were closing you down. But it was for the betterment... I think it's done pretty good overall with the number of cases. So, I think that our governments worked. SC4</p> <p>I think everybody that we've encountered, you know, friends, family, whatever, they were all doing their best and I think that's all you can ask for. And why is that? That we were all doing our best. Well, we must have had good leadership somewhere. I know personally that the first thing I heard was a phone call from a lady and she's sitting here, [NAME 3], calling, "What can we do? Do you need help? Can we get some groceries for you? Don't hesitate to call." ... That was really, really, really good. But I think that's probably the basic thing. If it comes from the top, to care, then the rest of us follow and try our best. SC4</p>

5.2 Health team	<p>there was pride obviously in the zero cases for quite some time... one positive was how fortunate we are to have a Family Health team and Health Services that can, that was able to pool the services together and the Emergency Response team, to have those people in place at that time to ensure the community was as safe as possible... because there's probably communities out there that don't have what [COMMUNITY NAME] has and us being able to say that we have a Health Services, or we have Family Health Team doctor on First Nation itself is... well it's very incredible to have that service. 601</p>
5.3 I felt safe	<p>R: I felt pretty safe living in here because it was good that they shut a lot of the cigarette shops down and the gas stations. So they stopped a lot of the flow of people coming in. So that really helped out a lot with, I think, trying to keep it from spreading even though basic... I felt that we had all the stuff the we needed given to us, we always had masks provided, we always had gloves, we always had face shields. Gowns. 402</p>
5.4 I'm proud of the community_ The reserve did pull it off	<p>I think everybody that we've encountered, you know, friends, family, whatever, they were all doing their best and I think that's all you can ask for. And why is that? That we were all doing our best. Well, we must have had good leadership somewhere. I know personally that the first thing I heard was a phone call from a lady and she's sitting here, [NAME 3], calling, "What can we do? Do you need help? Can we get some groceries for you? Don't hesitate to call." ... That was really, really, really good. But I think that's probably the basic thing. If it comes from the top, to care, then the rest of us follow and try our best. SC4</p> <p>They ended up having a lot of people come out and watch the entrances to the reserve at nighttime, during the day. I know they had trucks going and bringing food to families because there was the issue of going grocery shopping. Right? So, there was a lot of... it showed the beauty of what small community is and how coming together you can make things possible and avoid you know, catastrophe. ...So, you know, like it was scary. But like everybody still did their part to try to keep that from entering the community...they did a good job. Like you know, two years of the pandemic basically without one infection. That's pretty good. 301</p>
<p>Parent Code: The hard parts of COVID</p> <p>*When The hard parts of Covid relates to improved health/wellness = Aim 1; when relates to leadership/decision making = Aim 2</p>	

<p>6.1 Absence of traditional practices</p> <p>Includes:</p> <ul style="list-style-type: none"> • Dignified death_ceremony 	<p>but I think it's a really great idea if the protocols did find a way to incorporate Indigenous' different traditions. Because that's a very important part of the Indigenous culture...</p> <p>F3: ... just having something in place for better supports. So the mental health rates and everything skyrocketed during this, so how can we better support if something like this happens again? ... And this was hard, whenever it's like this, because we could heal through sweat lodges and doing other things together but then you're too close together. I'm not really sure.</p> <p>F4: I think it was a hard balance of trying to... Our knowledge keepers and our elders in the community are people that we would go to for support, but they're also the people that we want to protect the most and they're the most vulnerable. So, it's difficult too and to have them as support people in the community when we want to try to protect them as much as we can. So that was difficult. Trying to plan programming where we wanted to have them share their knowledge and stuff, but we also didn't want to have people around them that could jeopardize their safety. So I think it was, it was difficult offering some programming that would help take care of people's wellness and wellbeing. SC2</p> <p>it divided the community, being locked up. Because some were happy to be locked up and thought it was necessary and we needed to be locked up. And there is another half that said 'we shouldn't be letting them lock us up, we are not free, we are meant to be free and we are not free.' 701</p>
<p>6.2 Freedom of choice</p>	<p>and the thing too is, we're a free people. And I'm used to living alone. I've lived alone now for quite a while, but being told to be alone, I got so mad. I got so mad. I was mad at the government, I was mad at the restrictions and the rules, I was mad because I couldn't do the normal things I would do. I couldn't go to the store, I couldn't visit my grandchildren. I didn't have anybody for three months. I didn't have any cleaners, I didn't have... I had phone support. I had a phone, I could talk to somebody, but it wasn't the same thing. It was like a whole different world. It was like my world was this way one day and my new world the next day was this. SC1</p>
<p>6.3 needs to be more community supports</p> <p>Includes:</p> <ul style="list-style-type: none"> • Access to Healthcare <ul style="list-style-type: none"> ○ Addiction 	<p>And what about supports for mental health? Like for example, depression. Did you hear or witness or experience...?</p> <p>Participant #1: Yeah, there is like services like that here, but they're very... oh I don't know how to say it. Sometimes it's just not very suitable for all the vast situations our community has to deal with. So I</p>

- Assisted living_Palliative care
- Emergency services
- Health Center was shut down
- Hollistic Wellness in healthcare
- Supports for Mental Health
- Unaffected
- Access to Spiritual practices
 - Church
 - Powwow
- Administrative support
- Economic development_Covid Funding
 - The government is great for giving you money with this hand and taking it back with this one
- Issues around having so much isolation
 - I don't think the adults had that connection
 - Couldn't visit grandchildren_family
 - Non-human contact_Lonliness
 - Overcrowded housing
- More recognition for healthcare team
- There was no support for the kids
 - Homeschooling children_grandchildren

think more training and knowledge for existing workers or new workers. But I think that department is a little underfunded though. 204

If there was a way, because a lot of the clients here have surgeries booked or tests booked. And I know they get the telephone doctor calls, but the doctors don't see them. They're just hearing over the phone. That's what I found out in the last year and a half. They're not getting the true picture of the clients that are really, really ill. And then like [Name 8] was saying, mental health now. There's no place... If they want a rehab, there's no place to go. It's, I don't know, up to 18 months. Then it's too late when you need the service now. SC1

mean it was very difficult. There's a definite shortage of mental health workers. There's a definite shortage of rehabilitation facilities. There's a definite shortage of detox facilities. It's been very difficult to deal with that aspect of mental health and addiction during the COVID and still now today. 501

I do have a little bit of issues with the health department to reach, as you say. Because we didn't feel, if you have an emergency, you go to the hospital, contact them. Well if it wasn't emergency, it was concern, a smaller health concern. I thought, well I can wait another six months. But, what if you keep waiting? [NAME 9] had an issue that we waited and he needed a little surgery or whatever. SC2

it was two consecutive years that we weren't able to have our annual Pow Wow. And that's a time of year where everyone's really able to get, the whole community is able to get together and really release and embrace our culture and our elders and our people. And so, I do think that probably did have a negative effect on us ... So we were able to get a small Pow Wow in, which was I thought very beneficial because my community just loves it and we embrace our culture and celebrate it, really. So it was good to have that. Missing those two years consecutively did probably have a negative impact on us, but once COVID calmed down we were able to open back up and we had a nice big great one. (502)

people realised after those couple months, what was it, almost a year, eh, of lockdown, that we needed to get some kind of ceremony and healing. And we wanted something, so they did do some sweats and other men's circles and stuff like that. So that was to address going into the next one too, that helped to address mental health and everything like that. 301

losing very versed traditional individuals like very versed people in traditional history and language over vaccination policy that was implemented was crazy. 301

when it comes to traditional elders and stuff, they couldn't come to the community. They weren't allowed. People weren't allowed to travel in from outside. We don't have too many people who carry those traditional ceremonial teachings 301

R: They tried to do a ceremony and sacred fire for the people who passed during the pandemic and we couldn't have a proper celebration of life or whatever. 404

I'm not happy large loss of revenue. They did come back with some compensation for loss of revenue for businesses, but it was less than one percent of lost revenues, so it was really a rain drop in the bucket. 202

some of the financial programs that I've heard, the government is great for giving you money with this hand and taking it back with this one. SC2

like I was scared. I remember being terrified, and thinking that all the people around me were going to die because of this disease. And then, I went into the mode, fight mode, where I wanted to be so angry at the government because it was like bang, we're hit with COVID. Well, what the heck is COVID? What is COVID-19? What does that mean to me? Then it dawned on me, maybe this was a worldwide genocide instead of pinpointing Aboriginal people at first. Then the second thing that came along were the needles. And again, it brought me back... Not that it personally brought me back, but I thought of what about contact, when we first had contact, there was smallpox, there was whatever kind of chickenpox you can think of, I suppose. But it scared the heck out of me because I'm thinking, "here's the extinction of Aboriginal people even further". SC2

there was a separation even after things opened up, where they couldn't be near me. I didn't meet my one grandbaby who was born during COVID. My granddaughter, I didn't meet her until she was almost a year old. (SC1)

That was the worst part of it, I find, for anybody with COVID, was watching someone who is sick, who you know is going to die. Or it very much looks like they're going to die and you can't even go and

see them. There's a lot of people who have lost their loved ones without even saying goodbye, without being able to visit, so that our elderly sat by themselves in a hospital for their last three weeks and died alone because no one could come and see them and I think that was a big toll on everyone that that happened to and it wasn't a small number of people. Within our community, it might be small, but as a whole it happened to a lot, a lot of people. 701

we've probably learned a lot now at this point and there definitely needs to be more community support, not just from a level of Chief and Council but as a community themselves too. And so, people... if there's low cases within the County or there's no cases at all, then maybe yeah, we can have some gatherings and such... I think that's just basically what it comes down to, is because what I felt, there just wasn't really too much for us here, especially during those times of isolation and such 204

The one thing I found out is very hard with COVID though for native people, is we're huggers. And you couldn't hug. We're used to hugging after a ceremony and going around and hugging. Now you could only do like the elbows or this, or just wave. Or like you go to a funeral and you have to stay six feet apart from the people you're with. SC1

one thing we slacked on is our emergency housing. Sometimes people will be out of a house without any notice and won't have a place to go, which causes over crowding in certain houses. So I think we slacked on not being able to provide emergency housing for people that are in dire need, like emergency situations. 502

It was a weird time. Weird time, just I don't know. Like in my lifetime, I've lived through so many weird things in my 22 years of living and I'm sure it's probably going to get . So, it was just a lot to experience really, for me personally, especially bringing a son into this world and going through school, you know, starting my career and just working here and taking care of the elders. 204

You know, people having to stay at home and watch their kids or couldn't work because they have kids. It was lucky for me that my girlfriend doesn't work and she's well... I have two young kids, so she was able to be there and watch them and stuff, but what do you do if you didn't have that? Or didn't have that support or your parents are out of town or... and they can't come see you because COVID's on and stuff like that. So, to me, I did alright. But to the next person, you know, they lost everything. They have nothing, they can be living on the streets SC1

<p>6.4 People were in shock</p> <p>Includes:</p> <ul style="list-style-type: none"> • Frustration_Mad_anxiety_uncertainty <ul style="list-style-type: none"> ○ Finger Pointing • Weird time • Worried_scared 	<p>like I was scared. I remember being terrified, and thinking that all the people around me were going to die because of this disease. And then, I went into the mode, fight mode, where I wanted to be so angry at the government because it was like bang, we're hit with COVID. Well, what the heck is COVID? What is COVID-19? What does that mean to me? Then it dawned on me, maybe this was a worldwide genocide instead of pinpointing Aboriginal people at first. Then the second thing that came along were the needles. And again, it brought me back... Not that it personally brought me back, but I thought of what about contact, when we first had contact, there was smallpox, there was whatever kind of chickenpox you can think of, I suppose. But it scared the heck out of me because I'm thinking, "here's the extinction of Aboriginal people even further". SC2</p>
<p>6.5 traffic_The blockade wasn't really a blockade</p> <p>Includes:</p> <ul style="list-style-type: none"> • Drug runners • we certainly need police 	<p>there could have been improvement when they did the lockdown at the gates. Because they only work until 8:00 in the evening. And then it was over. And then people just waited for that to go through and then they came in.</p> <p>F8: Yeah, the blockade wasn't really a blockade. It was, we just got to wait until 8:00.</p> <p>Mod: Yeah, so the drug runners would wait till then?</p> <p>F8: Right, exactly. SC1</p> <p>They were showing hundreds of vehicles lined up to come to the dispensaries. Coming up from Ottawa and all over the place. I remember seeing that and I was just stunned. They told me just on the bridge, coming in and out from the dispensaries and when you're trying to protect from the spread of a contagion then that's not at all helpful.</p> <p>104</p>
<p>6.5 Vaccine Hesitancy</p> <p>Includes:</p> <ul style="list-style-type: none"> • Losing job for not having the needle • there was a divide_discrimination • Young people to get vaccinated 	<p>We don't have a past that's relevant to trust or even a belief system where... I personally think of myself as a guinea pig getting these shots because we were immediate. We were far too... You know, they didn't do testing elsewhere before they, "oh, give it to the 'Nish." SC3</p>
<p>6.7 We couldn't go help each other out</p> <p>Includes:</p> <ul style="list-style-type: none"> • Survivor's guilt 	<p>It was hard though, because we didn't have contact. We couldn't go and help each other out. That was the hardest part of the whole thing was I couldn't help anybody out. SC1</p>