

**Le conseil tribal des Moskégons  
et la gouvernance autochtone :  
une étude de cas portant sur  
l'éducation en sciences infirmières  
dans le nord du Manitoba**

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Cette étude de cas offre un témoignage historique du parcours qui a caractérisé l'élaboration du programme de baccalauréat en sciences infirmières en région nordique, notamment dans la province du Manitoba. L'approche utilisée dans le cadre de l'étude est axée sur les efforts d'autodétermination (gouvernance) déployés par le conseil tribal des Moskégons dans les domaines de la santé et de l'éducation. Ayant recours aux archives de la Faculté des sciences infirmières de l'Université du Manitoba, les auteurs livrent les grandes lignes de la chronologie du baccalauréat nordique du programme de sciences infirmières, en quatre phases : la conception (1982 à 1986); l'élaboration (1986 à 1988); la gestion (1986 à 1990); la mise en œuvre et la clôture (1990 à 1994). Les répercussions contemporaines générées par un partenariat à part entière entre les universités et les organisations autochtones font l'objet d'une discussion.

Mots clés : programme de baccalauréat en sciences infirmières en région nordique, conseil tribal des Moskégons, Manitoba, gouvernance, autodétermination, partenariat, sciences infirmières, éducation en sciences infirmières

# **The Swampy Cree Tribal Council and Aboriginal Governance: A Case Study of Nursing Education in Northern Manitoba**

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This case study provides a historical account of the development of the Northern Bachelor of Nursing Program in the Canadian province of Manitoba through the lens of self-determination (governance) efforts in the fields of health and education by the Swampy Cree Tribal Council. Using records from the Faculty of Nursing archives at the University of Manitoba, the authors outline the chronology of the Northern Bachelor of Nursing Program in 4 phases: initiation (1982–86), development (1986–88), management (1986–90), and implementation and closure (1990–94). Contemporary implications of full partnership between universities and Aboriginal organizations are discussed.

**Keywords:** Northern Bachelor of Nursing Program, Swampy Cree Tribal Council, Manitoba, Aboriginal health, governance, self-determination, partnership, historical research, nursing education

## **Introduction**

The quest for autonomy and self-government is a common phenomenon among First Nations communities, as well as among the Métis Nation and the Inuit peoples of Canada.<sup>1</sup> Regardless of their manifestations, the objectives of this quest are always the same: to rebuild the nation and reclaim nationhood, to liberate peoples from the effects of colonialism, and to assume control over key sociocultural institutions and processes in order to structure the nation's own solutions. The creation of Aboriginal health human resource programs, particularly in the area of nursing education, exemplifies this effort to reclaim and restore self-government with regard to health and healing. These processes are driven locally.

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<sup>1</sup> First Nations, Métis, and Inuit peoples as defined in the Canadian Constitution and addressed by the Royal Commission on Aboriginal Peoples will be referred to collectively in this article as Aboriginal peoples. Specific designations will be used where necessary. Native is a contemporary term commonly used in the 1980s and 1990s to refer to First Nations people in general. We use this term when referring to that era.

Although the outcome may not always be positive, the process itself can foster relations of mutual respect and fair dealing, and eventually greater participation by Aboriginal communities in the development of nursing education programs.

To illustrate this dynamic, we trace the Northern Bachelor of Nursing Program (NBNP) from its founding in 1982 to its closure in 1994. In reviewing the trajectory of the program, we explore the self-determination efforts of the Swampy Cree Tribal Council (SCTC) with respect to health and education. We identify barriers and challenges faced by the SCTC. Our approach is to use a historical-interpretive lens to analyze this nursing education initiative, part of the effort to decolonize health services and nursing education in Canada, and to highlight the work of Aboriginal communities in these endeavours. A case-study approach speaks to this dialogue on Aboriginal governance. We then offer some perspectives regarding current efforts to fully engage Aboriginal organizations in nursing education partnerships.

### **Overview of the Northern Bachelor of Nursing Program**

The NBNP was initially envisaged as a partnership between the SCTC,<sup>2</sup> the School of Nursing at the University of Manitoba, and the government of Manitoba. Manitoba is located in the centre of the North American continent. According to the 2001 Canadian census, the provinces of Saskatchewan and Manitoba have the fourth-highest per-capita population of Aboriginal people in Canada (approximately 14%), after Nunavut, the Northwest Territories, and the Yukon. The SCTC is a political affiliation of eight Cree Nations in northwest-central Manitoba with a membership of over 14,000. Its mandate, since its inception in 1976, has been to advance and protect the interests, rights, and status of its members and to facilitate the transfer of programs and services (including those related to health) to local First Nations control. The Council's vision of creating a northern bachelor of nursing program thus engages with contemporary struggles to improve health programming in accordance with local objectives and needs. The program had several important goals. First and foremost, it was intended to create a much-needed cadre of Aboriginal health professionals. Related to this was the goal of addressing the significant health needs of Aboriginal peoples and other northerners. Therefore the program was ultimately about

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<sup>2</sup> The SCTC is a political affiliation of several bands in northwest Manitoba. It currently comprises Chemawawin Cree Nation, Grand Rapids First Nation, Marcel Colomb First Nation, Mathias Colomb, Mosakahiken Cree Nation, Opaskwayak Cree Nation, Sapotawayak Cree Nation, and Wuskwi Sipiik First Nation.

governance and, in the language of the day, the self-determination of Aboriginal peoples.

The NBNP, an enriched 4-year baccalaureate program, was endorsed by the majority of decision-makers, including the SCTC, Manitoba Keewatinowi Okimakanak, the Manitoba Association of Registered Nurses, the Manitoba Indian Nurses Association, the Métis Federation of Manitoba, and the University of Manitoba. These organizations supported the program's original objective of producing a workforce of baccalaureate-prepared Aboriginal nurses. However, when the government of Manitoba entered into the contracting process, it exercised its political will to effect an outcome of its own liking. The province supported the establishment of a nursing program that would appeal to all northerners in Manitoba and function as a post-diploma degree program only. This was in keeping with its ideology regarding the education of registered nurses in northern Manitoba. By September 1990 the original baccalaureate program, as envisaged by the First Nations in northern Manitoba, ceased to exist. What was launched was a 2-year post-RN program that appealed to northerners who already held a diploma in nursing. Four years later, this program ceased to exist.

What did the demise of the program mean? The SCTC's failure to achieve self-determination? Something about the nature of the original partnership or the nature of politics in Manitoba? On the face of it, one might conclude that the program's demise was indicative of the SCTC's failure to achieve self-determination. Although the program's short life and its fundamental programming changes were disappointing, the SCTC's consistent efforts to pursue a respectful, equal partnership were compelling. Using the NBNP as a platform for governance processes, the SCTC directly influenced existing agencies, their policies, and their relationships with Aboriginal peoples. It engaged in concurrent and complex self-determination processes and outcomes as a consequence of initiating the nursing program. The SCTC challenged and managed to change how it was viewed by the federal and provincial governments and the University of Manitoba. The SCTC was now seen as a political entity and a legitimate partner in the education arena. In this article we examine these efforts in a four-part chronology of the NBNP: Initiation of the Program (1982-86), Development of the Program (1986-88), Funds Management (1986-90), and Implementation and Closure (1990-94).

### **Study Design**

Our project was one of many case studies funded by a Community Alliance for Health Research grant from the Canadian Institutes of Health Research and conducted at the Manitoba First Nations Centre

for Aboriginal Health Research at the University of Manitoba. Ethics approval was obtained from the Health Research Ethics Board of the University of Manitoba. The primary documents consulted were Faculty of Nursing records held in the Archives and Special Collections of the Elizabeth Dafoe Library at the University of Manitoba. These records, generated from the SCTC and the university, included proposals, correspondence between SCTC and the School of Nursing and other parties, band council resolutions, and minutes of various committee meetings.

Our method was to sort NBNP-related archival documents chronologically and by theme (for example, budget, letters from key individuals involved in the program, program committees, and proposals). The data were intact, comprehensive in scope, of superb quality, and well maintained. They dated from 1982 to 1995.

### **Initiation of the Program, 1982–86**

First Nations, Métis, and Inuit people are recognized in the Canadian Constitution as having distinct rights as Aboriginal people, including the inherent right to self-government. Aboriginal people have consistently had to fight to participate on their own terms in matters pertaining to their territories and to people in the colonial context. Seeking control over the health and education programs delivered to their people by the Medical Services Branch (MSB) of the Department of National Health and Welfare (now the First Nations and Inuit Health Branch, or FNIHB) and the Department of Indian Affairs was an integral aspect of their efforts to decolonize their experience and advance a self-government agenda within First Nations communities (Barman, Hebert, & McCaskill, 1987; Boldt, 1993; Cardinal, 1977; Dickason, 2002; Little Bear, Boldt, & Long, 1984; Peters, 1987; Wotherspoon & Satzewich, 2000). In the 1970s and 1980s in particular, self-government efforts in the field of health care were intensified, motivated in part by staggering inequalities in health status. For example, the incidence of illness among Aboriginal Canadians is, in most categories, double to triple that among non-Aboriginals, and average life expectancy is 10 years shorter (WalDRAM, Herring, & Young, 1995; Young, 1994).

The under-representation of health professionals in Aboriginal communities is such that in the late 1980s there was only one Aboriginal nurse for every 2,100 Aboriginal people, compared with one nurse for every 118 people in the general population (Morgan, 1987). There was a high vacancy rate for on-reserve nursing positions (i.e., 40%) and a dire need for more culturally responsive approaches to health care. There was an intense desire for Indian control over health systems (Medical Services Branch, 1980; Swampy Cree Tribal Council [SCTC], 1986).

In the field of education, meanwhile, leaders sought to establish more highly skilled training that would appeal to Aboriginal communities by engaging both Aboriginal and non-Aboriginal education philosophies and learning methods. In Manitoba, the SCTC brought these concerns together through the NBNP (Connell, Flett, & Stewart, 1991; Lathlin, 1987; Thomlinson, Gregory, & Larsen, 1991). Indeed, it was the SCTC that initially engaged with universities and colleges to develop programs that would reach out to Aboriginal populations in unprecedented ways.

The Swampy Cree initiated a partnership with the School of Nursing at the University of Manitoba, and their goals remained central to the program's initial defining principles. In 1982 The Pas Indian Band, a member of the SCTC, first appealed to the MSB regarding the need for Aboriginal nurses in the north. In March 1983 the Swampy Cree board passed a resolution to "take action towards obtaining a Northern Bachelor of Nursing Program" (Lathlin, 1987). In 1984 the SCTC submitted a proposal to the Indian and Inuit Professional Health Careers Development Program (IIHC)<sup>3</sup> through the MSB, Manitoba Region. The funding was to be used to hire a coordinator to conduct a 4-year feasibility study, documenting the need for and defining the conditions by which a nursing education program might be implemented in The Pas, Manitoba.

The SCTC obtained a \$130,000 grant from the IIHC and hired Pat Stewart as coordinator. Findings written up in the *Nursing Feasibility Study Report* supported the need for a northern bachelor of nursing program. Based on the outcomes of the study, the Swampy Cree entered into a contractual relationship with the School of Nursing to develop a proposal for the NBNP, the first of its kind in Canada. The only programs available in northern Manitoba were a 10-month licensed practical nursing (LPN) program at Keewatin Community College (KCC) in The Pas and Thompson, a 1-year post-LPN RN program offered through Red River College at KCC, and a 3-year diploma program in Thompson delivered by Red River College. From the SCTC's perspective, these programs did not offer nurses the education necessary to provide health care in Aboriginal communities.

The implications of initiating a university/Tribal Council partnership were enormous. First, an outside Aboriginal group convinced the education sector to enter into a partnership with a non-educational agency and, in this case, an Aboriginal organization. Second, the SCTC insisted upon principles that would directly serve its own interests, namely access to nurses who were accountable to Aboriginal patients and

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<sup>3</sup> The IIHC was an initiative of the MSB designed to support the education of Aboriginal people in the health professions.

communities. Throughout, the SCTC remained committed to the concept of a true partnership. This entailed full participation in decision-making around the NBNP. The case study will demonstrate that while the SCTC steadfastly advocated and claimed full partnership status for the duration of the education and health initiative, it was not always considered a full partner by the non-Aboriginal organizations.

### **Development of the Program, 1986–88**

The SCTC chose to develop a baccalaureate program in nursing. Although an enriched Bachelor of Nursing degree would have given Aboriginal students the knowledge and skills needed to play a more independent community nursing role, the SCTC also wanted to ensure that the program addressed the needs of Aboriginal people seeking post-secondary education at the university level. The SCTC worked tirelessly to secure the participation of the greatest possible number of Aboriginal students in the program.

Baccalaureate education, from the perspective of the SCTC, was closely related to self-government, and it was directly associated with the movement towards the transfer of health to the band level. The *Swampy Cree Tribal Council Bachelor of Nursing Feasibility Study Report* noted the commencement of the self-government movement

whereby control over health services, including nursing, is being transferred to Band control. This means a shift for the nurse of accountability to the Band which has its own management procedures and regulations. This of course forces the nurse into a closer working relationship with community structures, which should improve effectiveness in her role. However it does mean another whole set of tasks requiring administrative time and skills.... This trend also has implications for preparing nurses with a grounding in administration and supervisory skills, and particularly, for administration in relation to Band and community councils in the north. (SCTC, 1986, p. 23)

According to the SCTC, baccalaureate education would prepare Aboriginal people for direct participation in the management of health-care delivery. Moreover, it inherently critiqued the colonial legacies of the MSB itself and argued for more control at the local level. The *Feasibility Study Report* also commented on the BN Program:

It is consistent with the Native movement towards local control that Native communities seek to provide their own health services using their own personnel. This implies that they must also be concerned with education for their own Nurses. Aside from Community Health Representatives and office staff in the communities, and auxiliary staff in hospitals, Native people are severely under-represented in the professions

of health care, notably nursing. The delivery of health services by Medical Services Branch, Health and Welfare Canada, is limited in its capability and relevance in dealing with the complexity of health needs in Native communities. As well, it is not structured to be accountable to the community, without which true community development in health will not occur. (SCTC, 1986, pp. 29–30)

Throughout this developmental period, the SCTC took the lead by establishing and directing steering committees, contacting and motivating the School of Nursing at the University of Manitoba, and soliciting outside support, such as from Manitoba Keewatinowi Okimakanak, the Manitoba Indian Nurses Association, the Manitoba Métis Federation, and the Manitoba Association of Registered Nurses. The *Feasibility Study Report*, released on April 15, 1986, positioned the NBNP to address health problems in northern Native communities, encourage Native people to pursue nursing education, and attend to the social and cultural dimensions of health-care needs in Aboriginal communities. The program was viewed as part of the struggle for self-determination. It spoke to a strong desire to “prepare our own people from the North, in the North, with an education that would develop the skills to work with our aboriginal people” (Lathlin, 1987). The report was accepted by both the SCTC and the School of Nursing, and it led directly to program development.

The NBNP was also poised to influence the direction of nursing in ways that would have immeasurably benefited the profession. The SCTC argued that existing diploma programs available in the north, at Thompson or The Pas, were too urban-based (SCTC, 1986, Appendix D, p. 2) and had been parachuted into the north as satellites of southern programming. The Tribal Council, through its advocacy for baccalaureate education in northern Manitoba, also lent tangible support for baccalaureate education as an entry to practice in the province.

The SCTC insisted that the program be congruent with “Native worldviews” and that it be built on a “holistic conceptual framework.” It argued that transcultural nursing skills and grounding in cultural awareness were not being offered in nursing education generally. The new curriculum included such innovations as a traditional camp, a mandatory Native Studies component, exposure to cross-cultural communication, and enhanced primary care skills training for outpost nurses. Such courses would serve to “prepare nurses to work more independently of doctors,” Pat Stewart argued, as “nurses on a reserve must be prepared to handle emergencies and accidents which are quite common, and stabilize a patient in the same way an emergency ward would” (Morgan, 1987).



## **Curriculum Development and Program Administration**

A Working Group was established in 1986 to address four components of the curriculum: Native content, cross-cultural communication, nurse practitioner skills, and student needs and supports. It was believed that these curriculum modifications would “produce nurses who are ethical and accountable to the patient (and communities), are involved in learning experiences relevant to the health care needs in the communities including health facilities, and which relate the various parts of the program to one another in a holistic, integrated manner” (SCTC, 1986, pp. 41–42). These modifications were significant, as it was the lack of grounding in cross-cultural knowledge and traditional health care, as well as the absence of primary skills to assess, diagnose, treat, and evacuate patients, that had led to the high turnover rates and burnout among nurses (Canitz, 1991; Thomlinson, 1995). The SCTC sought these alterations to the baccalaureate curriculum to ensure that the program was consistent with principles at the core of their self-determination efforts.

The SCTC maintained a partnership in terms of not only curriculum development, but also administration of the program. The Council wanted to exercise influence over student recruitment, program admission criteria, and approaches to student discipline. Entrance requirements were to be set jointly by the SCTC and the university, and the administrative structure between SCTC and/or bands and the university was to be negotiated (SCTC, 1986, p. 37). Resistance from the university regarding these administrative areas was a source of great frustration for the SCTC. It was clear that the university acquiesced on issues of curriculum development, but when it came to standards related to admissions, student progression, and program governance, the university invoked the provisions of the *University Act*, which had established the University of Manitoba under provincial law and which dictated its mandate and authority.

### **Program Funding: SCTC and the Struggle for Funds Management, 1986–90**

Throughout its sometimes tumultuous relationship with outside agencies, the SCTC adhered to a concept of partnership that insisted on Aboriginal monies being spent on Aboriginal students. Initially drawing on federal funding from the IIHC Program, the SCTC envisaged a program that would be based on the principle of supporting Native health professionals. After the \$130,000 in development funds was exhausted, the SCTC was successful in positioning itself at the Northern Development Agreement (NDA) table. The NDA is a funding arrangement for co-sponsored northern development projects in various fields,

under which the federal government provides 60% if the provinces agree to provide the remaining 40%. In this case, the provincial component comprised the Manitoba Department of Education and the Manitoba Northern Affairs Department, with the federal funds coming through the Department of Regional Industrial Expansion (DRIE). Although the NDA did not accommodate the NBNP initiative, in the fall of 1987 the SCTC secured a mirrored arrangement that reflected the principles of the NDA, namely 60% federal and 40% provincial funding.

This funding arrangement brought the province more forcefully into the partnership, and the province came with demands of its own, many of which ran counter to the original goals of the NBNP. In the end, the NBNP's 4-year program was not deemed viable by the province. The provincial government preferred to fund a 2-year post-RN program in The Pas that would ladder or articulate with the existing diploma nursing programs and be open to all northerners, Aboriginal and non-Aboriginal alike. While the SCTC did not approve of these changes, it remained in the partnership with the university and the province. The SCTC continued to face struggles related to the principles and administration of the program, and eventually concerning funding for the program as well.

In at least five instances, the SCTC fought for a fair measure of control over funding arrangements. The first struggle came in April 1987. While the SCTC was trying to negotiate for the continued development of the program, the university attempted to create a tripartite agreement by which the MSB would be a signatory to contracts, to the exclusion of the SCTC (Dorion, 1987). The SCTC immediately rejected this arrangement, arguing that the MSB's role was not defined and that, in fact, the MSB was never intended to play a role in nursing education. It characterized the action as a paternalistic attempt by the university to appropriate the SCTC's involvement. This action suggests that the university may have lacked confidence in its partner. Such a lack of confidence was also expressed by the province, which in May 1987 requested that all funds flow through its offices (Storie, 1987). The MSB also resisted the SCTC's attempts to manage funds. In November 1987 it expressed "discomfort" with allowing a Tribal Council to administer funds (Larsen, 1987).

Again in February 1988 the province insisted that all funds bypass the SCTC and flow instead through the university (Penner, 1988). In 1989 the province made its final attempt to resist a true partnership in its contracts with the SCTC. Just before the program began, the province attempted to "broker" the services of KCC, thereby ensuring that provincial funding would flow through the college instead of through the

SCTC (Northern Bachelor of Nursing Program [NBNP], 1989). This move was also rejected by the Swampy Cree.

Eventually, in 1990, the SCTC signed a three-way contract with the government of Manitoba and the University of Manitoba. The MSB directed funding to the SCTC, which then allocated program monies as appropriate. The agreement, as explained in the NBNP *Student Info-Pak*, was the result of “several years of work by the Tribal Council” (Thomlinson & Streit, 1990).

The *Student Info-Pak* also outlined the principles of the tri-party agreement. Students were advised of the shortage and high turnover rate of nurses on reserves and in northern and remote communities, and were informed that the NBNP would provide nurses with the high-quality, unique education they needed to practise in northern and Aboriginal communities. The program would endeavour to provide nursing education in an Aboriginal cultural milieu. All students in the program would have an opportunity to acquire learning experiences with a specific Aboriginal focus, and Aboriginal people would participate fully in all aspects of the program through representation on the advisory board and on appropriate committees. Finally, the partners in the NBNP would actively recruit Aboriginal nurses, both on- and off-reserve, for the program.

Notably, the outline of principles concluded with a section on the program’s adherence to the administrative rules, standards, and policies of the university’s School of Nursing and Senate. But while the university was still not ready to enter into a true administrative partnership, some of the key self-determination principles of the original NBNP proposal continued to be among the tri-party principles, and the SCTC — albeit after years of struggle — achieved a fair measure of control over the program’s funding arrangements.

### **Implementation and Closure, 1990–94**

Although not the program originally envisaged, the NBNP was nonetheless implemented in 1990. The program had been so thoroughly altered that, 1 month before it was launched, Oscar Lathlin (Chief of The Pas band and Chairman of the SCTC board) stated, “It’s hard to recognize the original program in the remnants” (Lathlin, 1990).

The Northern Nursing Program was based on a modified generic post-RN model, allowing for some of the NBNP curricular developments, including a traditional camp, and added components in Native studies, primary health care skills, and emergency skills and triage. However, the advanced clinical skills preparation of NBNP graduates was not recognized by the MSB, and NBNP students still had to complete

the Northern Clinical Program (Thomlinson, 1995), which met the clinical scope of practice for MSB nurses working in outpost stations. When the Northern Nursing Program was evaluated by an outside agency (Salasan Associates Inc.) in 1992–93, the resulting report concluded that the north required a 4-year Bachelor of Nursing program. This had been the long-held view of the SCTC and Dr. Jenniece Larsen, Director of the School, as well as others at the university.

While the curricular shortcomings were a concern, it was the small number of Aboriginal students in the program that was the foremost indicator — and one that was foretold by numerous individuals involved in the program — of the failure of the substituted post-RN program. When the program was implemented, a 60/40 split in favour of the Aboriginal students was advocated by Chief Lathlin, who also insisted that students be able to enrol on a part-time basis (NBNP, 1989). Problems with meeting quotas became clear in 1990. Lathlin then insisted that the “SCTC will not continue under this direction. We do not want any students accepted into the program unless we have reached the 50% Aboriginal nurse quota” (Lathlin, 1990). Moreover, according to the 1991 Tribal Council Resolutions, the SCTC demanded that a student counsellor of Aboriginal ancestry be hired to work with students in the NBNP; that funding be withheld for the primary health skills course until the feasibility of delivering the course in northern Manitoba was fully explored; and that the 1991–92 student intake be restricted to Aboriginal applicants (Dorion, 1991).

The problem of student quotas was tied to many issues, including a lack of engagement with the SCTC in student recruitment and guidance. Most significantly, however, the success of the program depended on the supply of Aboriginal RNs. The KCC diploma program would also have to maintain a quota of Aboriginal students, so that it could feed into the NBNP. However, the KCC did not change its quota system for Aboriginal nursing students until 1992. Therefore the program did not serve Swampy Cree communities as had been envisaged (Salasan Associates Inc., 1993, Section 2-23). Given the small number of Aboriginal students, and the fact that the Aboriginal students who did enrol in the program were already employed as RNs, the program evaluation undertaken in 1992–93 confirmed that none of the graduates of the post-RN program filled positions at outpost stations (Salasan Associates Inc., 1993, Section 2-25).

When, in 1994, it became clear that a true partnership in education would not be possible and that the program was appealing mostly to non-Aboriginal diploma nurses, the SCTC terminated its contract with the University of Manitoba and the provincial government and withdrew

its support for the program. This was an act of resistance on the part of the SCTC. Although it signalled the failure of the partnership, the decision represented the exercising of authority and accountability regarding the dissonance between the existing arrangement and a program that would educate Aboriginal students to work in Aboriginal communities.

In 1994 the Dean of Nursing at the University of Manitoba, Dr. Janet Beaton, allocated funding to wind down the 2-year post-RN program at The Pas. She stated that the monies committed by the MSB and “freed up” as a consequence of the SCTC’s contract termination should be directed to support the establishment of a 4-year northern bachelor of nursing program (Beaton, 1994). Ironically, the SCTC ended up where it had begun in 1983, advocating the need for a northern BN program for Aboriginal students.

Eleven years of work contributed to self-determination and governance achievements on a large scale. The SCTC challenged the provincial and federal governments to recognize and engage the Tribal Council as a legitimate political entity. For example, the SCTC was a signatory to the NBNP funding contract. In addition, the SCTC set a precedent by securing partnership status with the University of Manitoba and thus established a “footprint” for future educational partnerships with the First Nations. An outside (non-educational) Aboriginal organization had been instrumental in having a major provincial university engage in outreach programming.

### **Implications**

Many Canadian universities, including Dalhousie University, the First Nations University of Canada, and the University of Saskatchewan, are actively engaged with Aboriginal organizations in developing nursing programming in response to the needs of Aboriginal communities (Gregory, 2005). Because Aboriginal communities remain interested in and committed to supporting the development of an indigenous health-care labour force, the need to consider the restructuring of university-Aboriginal relations is even more pressing today than it was when the SCTC brokered a partnership with the University of Manitoba and the province. The recent history of the NBNP points to several implications for contemporary nursing education in terms of governance and curriculum, and it underscores the primary and secondary gains of working in partnership with First Nations.

True partnership between universities and Aboriginal organizations requires what Kirkness and Barnhardt (1991) call the four Rs: respect,

relevance, reciprocity, and responsibility. Ignace, Boelscher Ignace, Layton, Sharma, and Yerbury (1996) indicate that where these are present, it is possible to “foster an environment of compatibility and trust.” Our review of the documents surrounding the NBNP suggests that some of these four principles were present; however, as the relationship between the SCTC, the university, and the province evolved over time, reciprocity and respect became increasingly compromised. As we have seen, it is clear that there were many constraints imposed upon the Swampy Cree–University of Manitoba partnership. True partnership requires models of governance that actualize full participation of Aboriginal organizations. Partnership can be achieved without undermining provincial statutes and laws, university governing bodies, and policies. The consequences of pseudo-partnerships in the NBNP case included fewer Aboriginal nurses and the loss of opportunities to work in a fundamental way to support Aboriginal self-determination.

Curriculum development of the NBNP is still relevant in the northern context, even though the program was scrapped in the shift to the 2-year post-RN program. Since co-management of curriculum development appears to be one of the most rewarding aspects of the NBNP’s history, further research in this area is to be encouraged (McBride & Gregory, 2005). Discussions about Aboriginal nursing often centre on statistics and epidemiological studies that point to the ill health of Aboriginal communities without addressing inherent strengths and the ability of communities to transcend epidemiological illness profiles. Nursing programs should include curriculum content that focuses on the health-promoting aspects of northern, rural, and urban Aboriginal communities and should concentrate on the geographical, historical, and cultural contexts of the lived experience of Aboriginal peoples.

The capacity of community organizations to enact change is real. The SCTC was instrumental not only in founding the NBNP but in changing the education landscape in Manitoba. It pressured the community college to change its quota system, thus introducing affirmative action at Keewatin Community College. The NBNP also set the stage for other partnerships at the University of Manitoba, such as the Norway House program. In 1996 the School of Nursing commenced delivery of an on-site community-based bachelor of nursing program at Norway House. Many of the issues associated with the SCTC experience (e.g., admissions, student progression, and governance) were overcome because of the full involvement and partnership of the Norway House Cree Nation with support from Manitoba Keewatinowi Okimakinak. Other positive consequences of First Nations collaboration include the support of baccalaureate education, the strengthening of university Indigenous

programming, and the creation of meaningful relationships with Aboriginal communities that challenge institutions to make changes that foster the education of Aboriginal peoples.

We have explored nursing education as one manifestation of efforts towards self-determination. In the short history of the Northern Bachelor of Nursing Program, the Swampy Cree created a groundbreaking program sensitive to the cultural, geographical, labour, governance, and health needs of Aboriginal communities in northern Manitoba. The NBNP experience highlights the possibilities for nursing programming when Aboriginal organizations influence key institutions, and the consequences of discouraging the participation of such organizations in institutions that affect them. This historical case study illustrates the need for full partnership with Aboriginal organizations and the need to consider Aboriginal peoples not as outsiders, to be “responded to,” but as insiders and as full participants in health-care education and delivery.

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