

Protective effects of language learning, use and culture on the health and well-being of Indigenous people in Canada

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Abstract

Traditional language and culture have an important role to play in Indigenous communities. Many communities assert that their language and culture is at the heart of what makes them unique and what has kept them alive in the face of more than 150 years of colonial rule. Studies have shown that although the health of Indigenous communities has improved over time, Indigenous people are still not faring as well as the general population (Health Canada, 2001; Young, 2003). But what role does the use of traditional language and culture play in maintaining health and reducing risk factors for health crises in Indigenous communities? This paper explores the literature discussing the protective effects of traditional language and culture on health outcomes for Indigenous people. Indigenous people continue to assert that language is the foundation for culture and without our languages, our cultures cannot survive (Battiste, 1998; Kirkness, 1998; Kirkness, 2002). This paper argues the time for action is now – to revive and hold high the indigenous cultures of this land, if for no other reason than for the tremendous potential they hold for the renewed and continued wholistic health of Indigenous people.

Introduction

Traditional language and culture have an important and sacred role to play in Indigenous communities all across Canada. Many communities assert that their language and culture is at the heart of what makes them unique and what has kept them alive in the face of more than 150 years of colonial rule. But what role does the use of Indigenous language and culture play in maintaining health and reducing risk factors for health crises in Indigenous communities

Studies have shown that although the health of Indigenous communities has improved over time, Indigenous people are still not faring as well as the general population (Health Canada, 2001; Young, 2003). The effect of colonization on the health status of Indigenous people continues to be profound (Bjerregaard & Curtis, 2002; Hurst & Nader, 2006). Given the overall health statistics of Indigenous communities in Canada, it is clear that Indigenous people are at a greater risk of developing serious health problems than the general population (Hurst & Nader, 2006; Minore & Katt, 2007). Whether it is the rate of diabetes, obesity, smoking, the effects of violence, cardiovascular disease, lower life expectancy, mental health issues, suicide rates, substance misuse, cancer rates, or disease from environmental degradation, Indigenous people in Canada have good reason to be concerned (Bjerregaard & Curtis, 2002; Health

Canada, 2000; Hurst & Nader, 2006; Minore & Katt, 2007; Public Health Agency of Canada, 2004; Wilson & Rosenberg, 2002).

All Indigenous languages in Canada are seriously endangered and most are at risk of extinction (Norris, 1998; Standing Committee on Aboriginal Affairs, 1990). Unlike other minority groups, Indigenous people cannot rely on new immigrants to maintain or increase the number of speakers (Hallett, Chandler, & Lalonde, 2007; Norris, 1998), nor is there a 'homeland' of speakers somewhere else in the world that they can visit if the language ceases to be used in Canada. In the last 100 years alone, at least ten of Canada's Indigenous languages have become extinct (Norris, 1998). There are now approximately 60 Indigenous languages still spoken in Canada belonging to 11 language families (Statistics Canada, 2001; Kirkness, 1998; Norris, 2007; Royal Commission on Aboriginal Peoples, 1996). Only three of these 60+ languages (Cree, Inuktitut and Anishnaabe) are expected to remain and flourish in Indigenous communities due to their population base (Burnaby, 1996; Norris, 1998). Between 1986 and 2001, the percentage of young children (aged 0-4) who speak their heritage language declined from 10.7 per cent to 7.9 per cent, while 5-14 years old speakers declined from 19.8 per cent to 16.7 per cent despite a growing population of young people (Norris & MacCon, 2003).

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In order to understand the impact of these statistics we must remember that “the younger the speakers, the healthier the language” (Norris, 1998, p. 12). This translates to a dangerous situation in Canada as the statistics show that in many communities, fewer and fewer children and young people are learning their heritage language. Following decades of government imposed bans on many traditional cultural practices such as sundances and potlatch ceremonies, in addition to widespread punishment for generations of children for speaking their language while at residential schools, many Indigenous communities are in the process of rebuilding the use and practice of their languages and cultures. The 2006 Census, however, reports more hopeful results. The number of Indigenous people who reported speaking an Indigenous language held steady from the previous census (Statistics Canada, 2008). However, we still know little about the link between a healthy uptake of language and culture in a community and the state of health of its members.

Protective effects of practising Indigenous cultures

Following an extensive search of the literature related to links between Indigenous culture and health five themes emerged showing evidence of its positive contribution towards Indigenous peoples’ health and therefore recognized as a protective factor against risks of health crises.

1) Connection between land and health

Demonstrating the importance of land for the health of Indigenous people Wilson (2003) studied a northern Ontario Anishinabek community via 17 in-depth interviews from that has a population of 126 community members. She found that “the land, as place, is an integral part of First Nations peoples’ identity and health” (p. 83). The individuals interviewed in Wilson’s study conveyed how utilizing the land helps to maintain balance that is necessary for health. Participants in this study stated that they communicate with rocks and trees as a way of dealing with problems. “It doesn’t matter where you go. If I have problems I take a walk in the bush. I talk to the trees and they listen. They take my problems away” (2003, p. 90).

Wolsko, Lardon, Hopkins and Ruppert (2006) with the Yup’ik people of southwestern Alaska examined Indigenous conceptions of wellness. The research team conducted six focus groups with 64 Yup’ik adults from the Yukon-Kuskokwim Delta region of Alaska. Many participants expressed that the subsistence lifestyle, which by definition is inextricably linked to the land, is at the core of wellness for Yup’ik people (Wolsko et al. 2006). One participant links traditional activities to mental health, “I go fishing and hunting, fishing in the

ocean. It just makes your head clear, just the wind in your face, just sitting there” (2006, p. 358). Another participant states, “You know, just walking out in the Tundra and looking at the surroundings. That’s a form of stress release. To become part of nature is a form of stress release” (2006, p. 359). The authors conclude that participants consistently emphasized “the wilderness helps to both heal and sustain a sense of well-being” (2006, p. 360).

2) Traditional medicine

Although the existence of traditional medicine goes back to time immemorial, little has been documented about the efficacy of it. Mohawk scholar Dawn Martin Hill (2003) asserts Indigenous medicine makes direct links to land, language and culture. Several authors give evidence of the contribution that traditional medicine makes to the health of Indigenous people (Waldram, Herring, & Young, 2006; Wolsko et al., 2006; Turner, 2006). One recent example is the use of evergreen tree extracts and blueberry plant roots to control Type II diabetes (Floren, 2004). In another example, a Yup’ik participant reports witnessing the effectiveness of traditional medicine, “When my uncle had TB, his mother had him drink Labrador tea. And when he went for a checkup they saw one of his lungs had healed” (Wolsko et al., 2006, p. 354).

3) Spirituality as a protective factor

Several articles link spirituality as having a protective effect against health risks in Indigenous communities. One particularly key piece was Fleming and Ledogar’s (2008) review of the literature on spirituality as a resilience factor which concludes that the contributions made are most specifically in relation to the risk areas of alcohol abuse and suicide. In addition, Garrouette et al. (2003) interviewed nearly 1500 American Indian youth and found a commitment to cultural spirituality was significantly associated with a reduction in suicide ideation and attempts. The therapeutic benefits of spiritual practices such as smudging, sweat lodge ceremonies and other Indigenous spiritual traditions have also been widely noted (Wilson, 2003; Waldram et al., 2006). A study done by the BC Provincial Health Officer (2002), highlights the transformation of the community of Esketemc which was once rife with alcoholism, violence, sexual abuse, and suicide. The leadership made a decision to try to turn things around and they largely credit the “conscious placing of spirituality in the center of this process” (Provincial Health Officer, 2002, p. 67) for their success through the rediscovery of spiritual traditions such as the sweat lodge and the sacred pipe among others things.

4) Traditional foods

Receveur, Boulay and Kuhnlein (1997) define traditional foods as both plant and animal harvested from the local environment. Receveur et al. (1997)

warn against the effects of a shift away from a traditional food diet due to the losses of traditional systems and culture-specific knowledge which will inevitably increase diet-related chronic health conditions. Indigenous populations are already seeing the effects of a changing diet and lifestyle patterns with rates of diabetes three times the national average in Canada and higher rates of cardiovascular disease in American Indians (Milburn, 2004). Milburn (2004) further states, “Traditional diet and lifestyle patterns provide protection against Western diseases, as rates of chronic, degenerative disease were historically very low in Indigenous populations” (p. 415).

5) Traditional activities

The Canadian Census Aboriginal Peoples’ Survey (Statistics Canada, 1991) defines participation in traditional activities as “traditional ways of doing things such as hunting, fishing, trapping, storytelling, traditional dancing, fiddle playing, jigging, arts and crafts, pow-wows, etc.” (as cited in Wilson & Rosenberg, 2002, p. 2020). Several authors have found participation in traditional activities to be an effective protective factor against adverse health conditions such as depression and substance abuse (LaFromboise, Hoyt, Oliver, & Whitbeck, 2006; Whitbeck, McMorris, Hoyt, Stubben, & LaFromboise, 2002). A study with Inuit women in the Arctic also concluded that “loss of traditional practices and language” affected their well-being and that of their community (Healey & Meadows, 2008, p. 31). Whitbeck et al. (2002, p. 411) strengthen this view, stating that of those included in their study the, “protective influence of tradition was greatest for those who reported above average levels of traditional activities.” Perhaps the most poignant example to date, is a study of the health benefits of hand drumming with an Indigenous women’s group. Goudreau (2006) states, “Our bodies contain internal rhythms such as heart rate and brainwaves” (p. 18). She relates the natural phenomena of entrainment, a theory that states that external rhythms such as drumbeats have the ability to realign our internal body rhythms. Goudreau was able to claim the drum is a tool that can be used to calm body rhythms for those under stress as well as boost the immune system. Participants in Goudreau’s drum group consider drumming as a way of praying, a way to connect to the spirits, having the potential to awaken the spirit, and as a tool to release emotions. In a more recent publication of Goudreau’s work (Goudreau, Weber-Pillwax, Cote-Meek, Madill & Wilson, 2008) participants in her study also reported pain-relieving effects and a relief from mental stress through their participation in hand-drumming circles.

Protective effects of Indigenous language use

Most of the existing literature on the topic of traditional language use and health focuses on the effect of Indigenous-only language use in the home which in turn lowers rates of access to health care (Bird, Wiles, Okalik, Kilabuk, & Egeland, 2008; Hahm, Lahiff, Barreto, Shin, & Chen, 2008; Schumacher et al., 2008).

Very little literature exists relating to the protective effects of Indigenous language on health and wellness. Ball and Moselle (2013, p. 2) concur, “Indigenous conceptualizations of wellness that position culture and language as critical contributors to wellness have not been linked to an empirical evidence base, with the exception of [one] work...” The work of Hallett et al. (2007) stems from this “one work” — a seminal study by Chandler and Lalonde (1998). They state, “as far as we have been able to determine, there are no previous studies that have attempted to demonstrate a specific link between aboriginal language loss and community-level measures of health and wellbeing” (Hallett et al., 2007, p. 394). Their research lends encouragement for further research in linking traditional language use specifically with health outcomes, and its potential to have protective effects against health risks.

Chandler and Lalonde (1998) studied five years of data on youth suicide rates in First Nations communities in British Columbia. They sought to explain the wide variation of youth suicide rates in BC communities which ranged from no known suicides in over half of the 196 communities to 500-800 times the national average in others (1998). They identified six measures of “cultural continuity” defined as 1) self-government, 2) engagement in land claims, 3) existence of education services, 4) tribal-controlled police and fire services, 5) on-reserve health services, and 6) existence of cultural facilities (1998). Communities which did not identify having any of the cultural continuity measures were assigned a zero, while communities with all factors present were assigned a score of six. The communities which had none of the factors present had a rate of 137.5 suicides per 100,000, a significant difference from those communities which had all six factors present and report zero suicides. Obviously the research leaves a convincing argument for the effect of these six factors; however, the research is not without criticism. Some believe that the term ‘cultural continuity’ is misleading as none of the six factors may in fact be measuring the continuation of culture in the community but rather local administrative control of their nation (Hallett, 2005). Hallett adds the measure of Indigenous language knowledge to the mix of “cultural continuity” factors arguing that it holds the potential to be a more direct indicator of the role that cultural preservation plays (through language) in predicting the

effects that cultural continuation has on creating healthier communities with fewer youth suicides.

In order to avoid the dangers of circularity, the Indigenous language knowledge factor was analyzed separating from the other six pre-existing measures. The findings were significant; communities with higher levels of language knowledge (measured by a majority of its members having conversational-level abilities) had fewer suicides than those with lower levels (Hallett et al., 2007). In fact, the rates of suicide in the communities with high language knowledge levels were “well below the provincial averages for both Aboriginal and non- Aboriginal youth” (2007, p. 396). What is further, when the language knowledge factor was added into the mix of the other six measures “the presence of the language factor made a drastic difference in suicide rates” (2007, p. 397). In all cases but one, the suicide rate dropped to zero when the language factor was added (2007). Although Indigenous language knowledge was found to have correlations with the other six measures, its independent contribution is significant. Hallett et al. state that overall, the results show that the use of Indigenous languages is a “strong predictor of health and wellbeing in Canada’s Aboriginal communities” (p. 398).

Ball and Moselle (2013) provide an analysis of two important Canadian data sets drawing conclusions about the protective effect of Indigenous language and culture for Indigenous children and adults. The first is an analysis from the findings of the First Nations Regional Health Survey (RHS) reports that First Nations adults with intermediate or advanced proficiency in the language make up a “lower proportion” (p. 31) of those with suicidal thoughts or attempts. Secondly, First Nations adults engaged in “culturally relevant activities” (p. 31) reported greater balance and feeling of control in their lives, lower rates of substance misuse and less depression. Ball and Moselle (2013) also report on their analysis of the evaluator data on the national Aboriginal Head Start program, indicating that “positive cultural identity, reflected in active engagement in culturally relevant practices (including heritage language) is a component or element of wellness, but it also functions as a protective factor against the backdrop of a markedly adverse health determinants ecology...” (p. 50).

Reporting on the positive mental health effects of language revitalization Kirmayer, Dandeneau, Marshall, Phillips & Williamson (2011) discuss resiliency from an Indigenous perspective claiming, “[l]earning about one’s language, culture, and traditions strengthens a sense of identity and directly counteracts the cultural discontinuity and dispossession that resulted from the colonial enterprise and its aftermath” (p. 89). In conclusion, the link between language and culture for Indigenous communities

cannot be overemphasized. Although the research findings for this phenomena are limited, the implications are important and the potential vast.

Discussion

Based on this review of the literature, it is clear that there are not many in-depth studies examining the influences of cultural beliefs, values and language on health. However, the key studies reviewed indicate clearly the positive influence of culture on Indigenous communities and individuals.

Holistic world-views are complex, especially to individuals who are not familiar with an Indigenous language or worldview. Traditional core values, concepts and beliefs are clearly imbedded in the language of a particular culture. It is a common argument of traditionalists and language preservationists that the more one understands their language and the teachings associated with that language, the more access they have to core traditional knowledge that can help them to develop a stronger sense of identity. If this is true than it can also be argued that the further one is separated from their language, the more disconnected they may be from the core traditional knowledge needed to develop a stronger sense of identity.

It is clear that Indigenous language and culture, because of their inter-connected nature, may be difficult to analyze completely separately. It is also clear however, that whether they are viewed separately or together, both have much to contribute to individual and community identity and wellness. As such, they each have protective effects for vulnerable communities.

As previously discussed, five themes related to culture and health were apparent in the research literature. However, for the purpose of this paper the link between language and health will be more directly addressed for discussion.

Due to the common belief that culture is language, many traditionalists and language activists argue that language acquirement is an essential part of a rich and genuine Indigenous identity. Since there are now many Indigenous leaders, healing practitioners, pipe carriers, and even Elders who are not fluent, language does not appear to be a requirement for enculturation.

Some of the arguments that can be made for Indigenous languages, however, are quite practical. First of all, language is a living history and cultural institution that if not preserved and practiced, like anything else, will die. Language is the link that connects us to our past and therefore to our core Indigenous values and world-views. In this sense, it can be compared to the importance of the Bible to Christians. Without intact languages, cultures are bound to eventually become absorbed and acculturated

by more dominant societies. Once a language is gone, all of that traditional knowledge accumulated for thousands of years—all those mythologies, cosmologies, ceremonies, and unique ways of viewing and interacting with the world—are gone forever.

Even though today there are Indigenous non-speakers who are considered to be enculturated because of their lineages, knowledge bases, lifestyles, or other factors, it is doubtful that this would be possible in the future if language loss becomes a reality. Second, learning a language, even to the level of basic proficiency can provide a form of cultural immersion that accelerates and enhances the enculturation process and allows for more direct and meaningful insights of core values, traditions and beliefs. In other words, learning a language is essentially a way of getting intimate with the soul of a culture. Finally, since there are only a few studies in the area of language as a protective factor (Hallett et al., 2007; Whitbeck, Chen, Hoyt, & Adams, 2004) more empirical studies are needed.

Limitations

As convincing as the existing literature is on the positive influence of culture on health, much room remains for new and innovative studies to be completed. As Wilson (2003) illustrates “few studies have attempted to explore the influence of cultural beliefs and values on health—let alone the intricate links between the land and health” (p. 83).

A general weakness of studies that focus on rural communities is that they ignore the issues of urban populations and transmigration. With an estimated 54 per cent of Indigenous populations’ living in urban centres (Statistics Canada, 2008), the land-use and cultural implications for this sector of the population must be considered. Questions such as, “How do urban Indigenous communities utilize language and culture as protective factors?” need to be addressed.

In the area of traditional foods, even though the Center for Indigenous People’s Nutrition and Environment (2008) appears to be doing solid work in communities, they have identified the need for more research on the wide-scale long-term effects of contaminants on the food-chain and on human health. This paper supports the need for more studies in any regions that subsistence activities continue to take place. Furthermore, the growing interest in combining aspects of Western biomedicine and health approaches with Indigenous healing, also need further study.

Current studies on language are very limited but the few that are available seem quite promising. As this is the area that has the least research completed, it needs the most attention, particularly because of language’s connection to culture. Since many communities, particularly in B.C., are in a state of archiving and reclaiming their languages, it can be quite difficult to

study in terms of protective factors. A better strategy might be to focus initial studies on any of the non-endangered Indigenous languages. It may be that historic studies focusing on Indigenous language use in relation to health and spiritual well-being would be the most useful.

Due to the many factors related to both modernization and the pan-Indian and revitalization movements, and the increased urbanization of Indigenous populations, it is very important to examine issues of cultural orientation and biculturalism as they relate to esteem and identity. These kinds of issues need to be addressed by researchers as well as communities.

Other possible areas of study are exploring the link between health and “place” as referred to by Wilson (2003) in her work on therapeutic landscapes. It is clear that Indigenous cultures are inseparable from the land and land-based activities. The link between decimation of traditional lands and the psychological impacts on Indigenous people needs to be more thoroughly researched.

Lastly, a further examination into the broadening of the terms cultural capital and/or linguistic capital, may be a very useful exercise for Indigenous people. Taking up these terms would lend strength to the argument that Indigenous cultures have worth, are worth saving and contribute in tangible ways to the health of Indigenous people. This would then add legitimacy to recognition for community-wide traditional language and cultural knowledge transference leading to the strengthening of educational and health outcomes for Indigenous people. For these reasons, appropriating the term “cultural capital” to capture the phenomena of the repository of wealth which exists in communities in the form of Indigenous language, cultural knowledge, practices, and traditions is worth considering. Further research into the usage of these terms would expand the scholarship in the area of resilience through recognition for Indigenous linguistic and cultural knowledge.

Conclusion

The evidence is mounting for the argument that Indigenous cultures and languages contribute positively to health and wellness and therefore are protective factors against risk. The foundational studies reviewed certainly indicate this is the case but further studies are needed to strengthen these arguments and to diversify them. In future efforts towards research in this area, it is important to also keep language and culture in mind as preventative measures. Indeed, studies focusing not just on culture as treatment but also on prevention would be useful and beneficial to many communities and individuals as it is currently a neglected area.

The primary shortcoming of literature reviewed was the failure to address urban Indigenous perspectives. In the areas of traditional land-use and cultural activities, a wide range of urbanization, transmigration and trans-territorial issues could be addressed. Wilson and Rosenberg (2002) point out that “[u]rban migrants face diminished levels of access to traditional activities, identity and the land, all of which can cause psychological and emotional health problems” (p. 2025).

As studies focusing on language as a protective factor are limited, more studies that specifically examine the various health benefits of language are desperately needed. Many community leaders are currently focused on nation-building and economic development. While these are important, the importance of promoting and supporting Indigenous languages cannot be overstated. Community leaders have the power to create policies and implement change at a community level that would have far-reaching effects in sparking a turn around of language use in their community. Initiatives such as community signage in their language, making personal commitments as leaders to learn the language, and requiring staff to use greetings in their language within outgoing messages are small, inexpensive and innocuous changes that would be very simple to implement. In addition, federal and provincial governments have a responsibility to assist with language and cultural revitalization. The federal government in particular has been responsible for the era of Residential Schools in Canada that almost single-handedly wiped out Indigenous languages within a few generations in addition to other aspects of colonization. Communities and individuals themselves must have an active role in hands-on learning as desire cannot be manufactured from the “outside”. Furthermore, it is necessary that future studies employ culturally relevant, wholistic approaches that recognize Indigenous concepts of health.

[A] decidedly Euro-American world-view still tends to dominate the academic dialogue on conceptions of health and wellness. This is due in large part to the lack of published research describing alternative conceptions of health and wellness (Wolsko et al., 2006, p. 360).

An important consideration for researchers and practitioners is the treatment of culture and enculturation as comprehensive panaceas to all health and social ills. Clearly there are cases of individuals who are deeply enculturated, proficient in their language, and who participate in traditional activities, yet still suffer from mental health issues, addictions and various other social problems. There are also some families suffering from intergenerational traumas and

disorders to which no easy solutions exist. Future researchers should not automatically assume that these situations are due to the failure of culture. It is unrealistic to expect traditional activities and other aspects of culture to be able to solve all health problems and issues.

Recommendations

Several recommendations arise from the review the protective effects of Indigenous languages and cultures on health outcomes reported in the literature.

1) Recommendations related to culture

Modernization and Subsistence lifestyles: In the wake of large-scale cumulative industrial impacts, a growing Indigenous population, dwindling fish and wildlife populations, global warming and modernization factors — the feasibility of subsistence activities for rural and urban populations needs to be explored, along with options and strategies for accessing traditional resources in a sustainable manner.

Urban transmigration: Issues such as urbanite use of lands for traditional pursuits, seasonal migrations to rural homelands and use and adoption of other territories need to be addressed.

Cultural protection strategies: Many Indigenous leaders are pushing for economic development—as a primary way to alleviate poverty and unemployment and as a necessary step towards self-government. Given the evidence that culture use has protective effects on Indigenous people’s health, economic and resource development must occur in ways that protects culture, language and therefore health.

2) Recommendations related to language

Take the crisis seriously: All levels of government from municipal, provincial, First Nations, to federal, need to start recognizing Indigenous language loss in Canada as a crisis and take action on the work that has already been started. The Royal Commission on Aboriginal Peoples (1996) and the Task Force on Aboriginal Languages and Cultures (2005) outline many recommendations that if followed, could provide the means for real revitalization of Indigenous languages in Canada.

Provide adequate funding: The federal Aboriginal Languages Initiative (ALI) provides funding for language revitalization that is divided between provinces. Provinces have other sources of funding they administer towards Indigenous language revitalization. Although these are positive steps, the funding levels are woefully inadequate for the level

and severity of reformation needed to truly and meaningfully revitalize Indigenous languages.

Indigenous languages as co-official: Canada needs to formally designate official language status to Indigenous languages and recognize them as the founding languages of the nation. Most Canadians are now largely aware of the impacts that Residential Schools and other colonization strategies have had on Indigenous languages and cultures, but social, economic, political, and technological pressures continue to influence the degradation of our languages. Until the Indigenous languages of Canada are valued by all Canadians and recognized as equal to the majority languages of this country, efforts to revitalize will continue to struggle.

Privilege communication and interaction: Revitalization methods and strategies that promote, support and enhance meaningful communication and interaction need to be privileged by communities, governments and funders. Tulloch (2008) promotes “fund[ing] programs that emphasize interaction (especially intergenerational) and community integration...” (p. 75). Thereby placing greater priority on the most effective tools and strategies such as various forms of immersion programs that are intergenerational and highly participatory, bringing language learning out of the classrooms and into communities.

Collaboration: Community efforts to maintain and revive their languages need to include partnerships and collaboration with neighbouring communities with similar languages and dialects. This may need to include a willingness to standardize spoken and written language, and to modernize similar languages in concert with one another. These efforts will make more efficient use of scarce resources, create working partnerships, allow more leaders to conduct business in Indigenous languages and capture the attention of our youth.

Create a national organization: A national non-governmental body is needed to lobby, oversee, and coordinate the initiatives listed above. Both the RCAP (1996) and the Task Force on Aboriginal Languages and Cultures (2005), consisting of nation-wide representation, made this recommendation to the Department of Canadian Heritage for the establishment of a national Indigenous language organization. The Assembly of First Nations and other Indigenous lobby groups need to continue to pressure the government to follow up on this recommendation. A national language organization is desperately needed and long overdue.

Closing words

Time and time again, Indigenous people assert that language is the foundation for culture and without our languages, our cultures cannot survive (Battiste, 1998; Kirkness, 1998; Kirkness, 2002). The Assembly of First Nations (2007) conducted a longitudinal survey of First Nations health and concluded that language and culture are part of the overall well-being of both individuals and community/nations. Clearly the time to take action is now - as individuals, and to also make this demand of our community leaders, as well as elected officials, in order to revive and hold high the Indigenous languages and cultures of this land, if for no other reason than for the tremendous effect and potential they hold for the renewed and continued wholistic health of Indigenous people.

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