Book of Hope

Healthcare and Survival in the North

STORIES COLLECTED BY

AGNES R. PASCAL

Fernwood Publishing
Halifax & Winnipeg

Development editor: Fazeela Jiwa
Copyediting: Brenda Conroy
Text design: Lauren Jeanneau
Cover design: Jess Koroscil
Printed and bound in Canada

Published by Fernwood Publishing
Halifax and Winnipeg
2970 Oxford Street, Halifax, Nova Scotia, B3L 2W4
www.fernwoodpublishing.ca

Fernwood Publishing Company Limited gratefully acknowledges the financial support of the Government of Canada through the Canada Book Fund and the Canada Council for the Arts. We acknowledge the Province of Manitoba for support through the Manitoba Publishers Marketing Assistance Program and the Book Publishing Tax Credit. We acknowledge the Nova Scotia Department of Communities, Culture and Heritage for support through the Publishers Assistance Fund.

This project was made possible, in part, with funding from the Government of the Northwest Territories and Hotıì ts'eeda.

Library and Archives Canada Cataloguing in Publication
Title: Book of hope : healthcare and survival in the North /
stories collected by Agnes R. Pascal.
Other titles: Book of hope (2025)
Names: Pascal, Agnes R., compiler.
Identifiers: Canadiana 20250142147 | ISBN 9781773637365 (softcover) |
ISBN 9781773637921 (hardcover)
Subjects: LCSH: Rural health services—Canada, Northern. |
LCSH: Cancer—Patients—Care—Canada, Northern. |
LCSH: Indigenous peoples—Medical care—Canada, Northern.
Classification: LCC RA771.7.C3 B66 2025 | DDC 362.1/0425709719—dc23

To all those touched by cancer across the North and in memory of all those who fought a good fight while here on earth.

To Ister (Velma), David, Stephen, and Florence, who greatly touched our lives with strength, courage, and love, mahsi.

To my greatest blessing, my jijuu (grandmother) Laura Pascal. You planted the seed of faith within me with your unconditional love; with that foundation of faith I can overcome mountains. I love you and miss you every day, mahsi for your love.

To my dear brother Alfred Moses, for your presence and support in my journey of life and for all you were and are to my children Ronnie and Laura, mahsi and all our love.

Until we all meet again on that beautiful shore, we will forever carry each of you in our hearts, never to be forgotten.

Contents

Kátł'odeeche (Hay River)

Tindeè/Tu Nedhé (Great Slave Lake)

Deh Cho (MacKenzie River)

Teetł'it Gwinjik (Peel River)

Nagwichoonjik/Kuukpak (Mackenzie River)

Nunaryuam Qaangani Tariuq (Arctic Ocean)

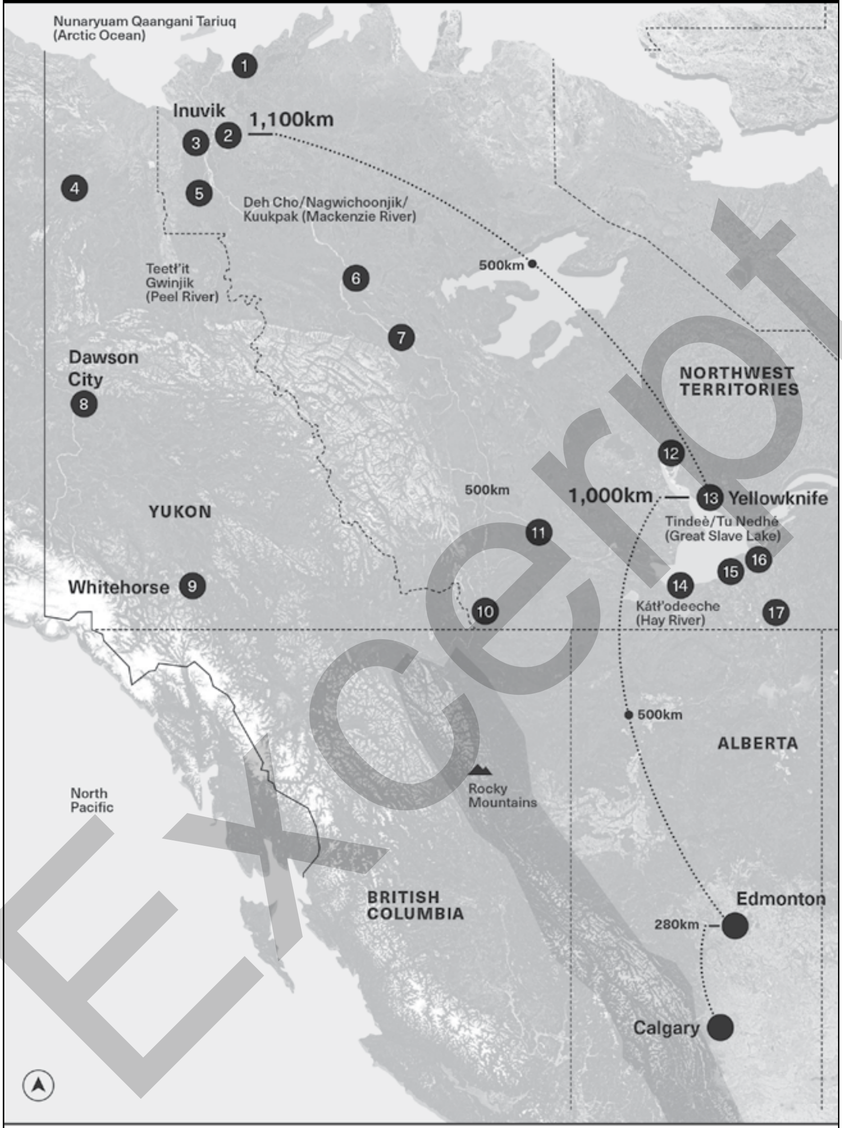
More Than You'll Ever Know

DANITA FROST-AREY

She said, "I'll fight until the very end
I'll show them how strong I really am
There's nothing God won't help me through."
Well Mom, I'll always be here for you
I love you more than you'll ever know
your love is one I'll never outgrow
your heart is where I find home
Mom, you're never really alone
She said, "I'll fight until the very end
I'll show them how strong I really am
there's nothing God won't help me through."
Well Mom, I'll be here to help you too
cause I love you more than you'll ever know
your love is one I'll never outgrow
and your heart is where I find home
and that's something I've always known
And then she said, "I love you my girls
I'd love to give you the whole world
cause I love you more than you'll ever know
regardless of how much you've grown
and I'll fight until the very end
I'll show them how strong I really am
and there's nothing God won't help me through."

Beaufort Delta Landscape. Photo by Eighty-One Images.

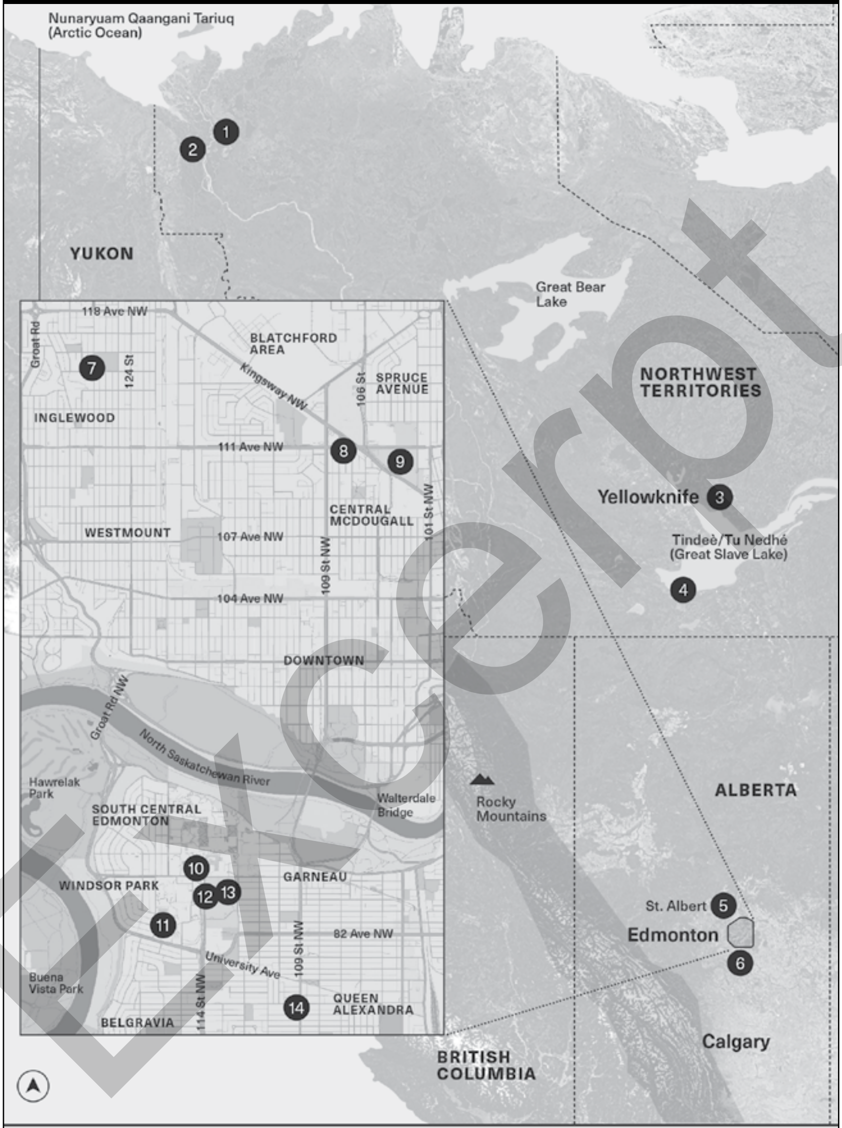
Northwest Territories, Yukon, and Alberta Locations



1 Tuktoyaktuk
2 Inuvik
3 Aklavik
4 Old Crow
5 Fort McPherson
6 Fort Good Hope
7 Norman Wells
8 Dawson City
9 Whitehorse
10 Fort Liard
11 Fort Simpson
12 Behchokǫ̀
13 • Yellowknife
• Dettah
14 Hay River
15 Fort Resolution
16 Rocher River
17 Fort Smith

Map of NWT, Yukon, and Alberta Locations. Created by Evan Marnoch.

Institutions



1 • Inuvik Regional Hospital
  • Grollier Hall*
2 • Aklavik Health Centre
  • Aklavik All Saints Hospital*
3 Stanton Territorial Hospital
4 Hay River Indian Residential School*
5 Sturgeon Community Hospital
6 Larga Edmonton
7 Charles Camsell Hospital*
8 Old Larga Edmonton*
9 Royal Alexandra Hospital
10 University of Alberta
11 Cross Cancer Institute
12 Stollery Children's Hospital
13 University of Alberta Hospital
14 Sorrentino's Compassion House

* No longer exists

Map of NWT, Yukon, and Alberta Locations. Created by Evan Marnoch.

These Stories Matter

KATŁĮÀ (CATHERINE) LAFFERTY, SARA KOMARNISKY & AGNES PASCAL

Across the North families experience anxious anticipation when a loved one is in peril. They sit together for long hours in waiting rooms. They lose sleep. They don't eat. They search for answers. When our loved ones are flown down South for medical care and we can't be with each other in those times of need, we feel powerless. When things feel completely out of our control, we worry. We pray for a miracle. Above all, we hope. We hope that there is, just for once, some fairness in a world that seems to have no mercy. Many of us, if given the chance, would opt to live longer and do things differently if we had more time. Many of the contributors in this book teach us that we shouldn't wait until we hear the dreaded word "cancer" to start living.

This book is special. It has been carefully crafted since the idea first stemmed from the stories shared by participants in the Inuvik Cancer Support Group. It has been a community-driven effort created as a source of hope for readers who may be going through similar cancer journeys. *Book of Hope* storytellers take us through their experiences from diagnosis, to travel from remote communities, to challenges in navigating it all. We hope this book shows Northern cancer

---

Katłı̨à (Catherine) Lafferty, Agnes Pascal, and Sara Komarnisky. Photo by Adze Studios/Amos Scott.

patients and their caregivers and family members that they are not alone and that their stories matter.

The Geography of Care

The Northwest Territories extends from the border with Alberta and Saskatchewan in the south, all the way to Borden Island in the Arctic Ocean. To the east is Nunavut, and to the west is Yukon. Approximately 45,000 residents live in 33 communities, ranging in size from the capital city, Yellowknife, at approximately 19,000 people, to Kakisa, with a population of 36. We are one of only two jurisdictions in Canada with a majority Indigenous population (the other is Nunavut), and twelve communities have no all-season road access. Our territory is rich and diverse in culture and language. Eleven languages are recognized here, eight of which are Indigenous.[1] We have a unique governance landscape, with historical treaties, modern treaties, Indigenous governments, and land claims currently in process — as well as settler governments at the federal, territorial, and municipal levels.

It is generally agreed that our people were strong and healthy prior to colonization. Dene oral history teaches about the wealth and health experienced by those living a customary life on the land:

> Berries, poplar sap, wild carrots … beaver meat, wild chicken, fish, anything, all those were eaten, that is why the people on the land were strong. Even though it was 40 below it did not bother anyone. Even though it was cold, children had their snowshoes on and were all over the place. They used to live strong and healthy.
>
> — Johnny Klondike, Dene Elder[2]

Inuvialuit, Dene, Métis, and Cree Peoples in this region have drawn on land-based medicine and healing practices since time immemorial. Treaties 8 and 11 were signed in 1899 and 1921–22 within a vision of peace and coexistence between Indigenous Peoples and newcomers to the territories. Chief Monfwi, signing Treaty 11 in Fort Rae (now Behchokǫ̀), said, "As long as the sun rises, the river flows, and the land does not move, we will not be restricted from our way of life."[3] At the time, treatymakers for Indigenous Nations in what is now the Northwest Territories asked for medicine and doctors for their people, but the treaty commissioners explained that it would be impossible to deliver medical care across such a vast territory. At the same time, they assured the people that "the Government would always be ready to avail itself of any opportunity of affording medical service."[4]

The treaties did not clarify in writing any federal government responsibility to provide medicine or health care, even though it was understood by Indigenous signatories to be included in the terms of the treaties.[5] Inuit, including Inuvialuit, did not sign historical treaties, but a vision for improving the well-being of Inuit was key to the vision of modern treaties that led to the creation of Nunavut and the Inuvialuit Settlement Region. Indigenous Peoples understood treaty with newcomers to their lands as creating enduring relationships within which future generations could flourish.[6]

Instead, and unfortunately, health care has been dismissed by the federal government as outside of the treaty relationship. It was the arrival of newcomers and establishment of settler communities that expanded Western medicine and health infrastructure, first through churches and church hospitals, sometimes by travelling doctors, and then by federal and territorial governments. Newcomers brought diseases with them or created new environmental risks that damaged the land and made people sick.[7] As Florence Barnaby shares in this volume: "Our community is hit hard with cancer. We now have cancer screening in place for residents every two years. We blame it on the pollution coming downstream from the South into the Mackenzie River."

Historian Liza Piper writes about how health care was provided in the North at first for the newcomers to the territory rather than for Indigenous Peoples. This was the case up until the 1940s and 1950s, when the creation of medical and public health infrastructure in the North established an uneven geography of medical care and a structure of indifference that continues today.[8] The expansion of the medical system has continued to benefit non-Indigenous people working at mines and in government roles, while Indigenous health care has been framed as an act of compassion predicated on racist attitudes[9] and tied to a broader project of assimilation.[10] This unevenness of health care in the North has also meant that Indigenous Peoples must travel for health care. Since the arrival of Western medicine, Indigenous Peoples have been required to leave their home territories to access medical care, while the burgeoning use of aviation enabled "mercy flights" in emergency situations between Northern locales and Southern hospitals.[11]

When tuberculosis (TB) became epidemic in Northern Indigenous communities in the mid-twentieth century, rather than improving Northern hospitals, the federal government sent Northerners to hospitals in the South for treatment.[12] By 1960 there were twenty-two "Indian hospitals," all in Southern Canada, with the Camsell Hospital in Edmonton being the largest.[13] These hospitals treated patients from across a vast Northern geography within a vision of medical care that was racially segregated (in that the hospitals were only for Indigenous Peoples), inferior (as the quality of care was less and included experimentation on patients), and assimilative (as the hospitals removed peoples from their land, language, and way of life and encouraged assimilation into mainstream Canadian society).[14] This established a pattern whereby health care was centred in Southern cities instead of in Northern communities.

Today, health care in the territory is delivered by the Northwest Territories Health and Social Services Authority (NTHSSA), the Hay River Health and Social Services Authority (HRHSSA), the Tłı̨chǫ Community Services Agency (TCSA), and the Department of Health and Social Services (DHSS). Services are concentrated in the regional centres of Yellowknife, Inuvik, and Hay River — all of which have hospitals. Smaller communities have a health centre that may be staffed with a nurse or paramedic along with community health representatives. As well, doctors and mobile clinics travel to smaller communities.

As you will read in the narratives that follow, to access some specialist services and treatments, patients travel to Yellowknife or to Southern hospitals. This geography of care is a legacy of how health care came to the territory and the patterns of health infrastructure and medical travel that were established. This is another way of seeing structural racism in practice: if Indigenous lives in small communities mattered, there would be better health care services and infrastructure provided locally. The often-told story shared by Indigenous Northerners makes the structure of indifference visible: an Indigenous person in a small community goes to the local nursing station again and again, given only Tylenol for what ails them, only to find out later they have advanced cancer or another life-threatening disease. This is what happened to Clara Bates and others in her community, as she tells in her story in this volume. Others have had a similar experiences, like Délı̨nę Elder Morris Neyelle: "After several years seeking treatment for ongoing stomach pain, Morris flew himself to Yellowknife … [He] was immediately diagnosed with late-stage colon cancer, undergoing surgery the next day. He passed away within weeks."[15]

There is still much work to be done to improve medical care in the North. At a time of crisis, no one should have to deal with administrative barriers to getting the care they need, and no one should have to be alone when they receive the worst news of their life. Yet this is happening to the many Northern residents who are forced to leave their family and travel down South to receive a cancer diagnosis in a city and within a health care system that many don't know how to navigate on their own.

Locum[16] doctors without knowledge of the unique needs of Northerners temporarily come to the North to gain experience and practise on patients. The requirements for cultural awareness are often left to the wayside. This is cause for concern from a human rights perspective and because many patients may not be receiving the proper care they deserve. People are often dismissed without the care of a culturally informed medical professional.

Public health care in what is now Canada has allowed many to thrive and live long lives. But for Indigenous Peoples the benefit has been questionable, and in Dene, Métis, and Inuit territories in the North, health inequities have been long lasting and persistent. Health care is thus "a terrain of racism and colonialism … that costs lives."[17]

The Social Determinants of Cancer in the North

About 111 cases of cancer are diagnosed each year in the Northwest Territories, with lung, colorectal, breast, and prostate cancers being the most commonly detected.[18] There are screening programs here for colorectal, breast, and cervical cancers.[19] But some contributors to this book wonder if there was cancer in the North in the past: "Did we have cancer before there was sugar in our communities? I don't know," shares Ruth Wright. Another contributor says that she heard stories from older generations who knew about cancer and witnessed people who went from healthy to skin and bones. Back then there were no nurses or doctors, so the people did what they could to make them comfortable. In a podcast, contributor Lianne Mantla-Look shared that there is no word for cancer in the Tłįchǫ language; instead, it is usually translated as "strong disease."[20]

Research studies don't often include Northern Indigenous cancer patient perspectives. And not all of them consider the social determinants of health that contribute to cancer. This would root understandings of health and well-being in individual and community social contexts. For Northern Indigenous cancer patients, the ongoing colonialism, systemic racism, and spatial inequities related to the health care system's concentration in urban centres contributes to poor health and lack of well-being. But then again, strong connections to the land, language, culture, and community keep people healthy.

Many contributors to this book faced a cancer diagnosis and treatment during the COVID-19 pandemic. In Northern regions, as elsewhere, policies and programs to prevent or limit the spread of COVID-19 were developed quickly and evaluated later.[21] The pandemic policy response had a huge impact on cancer patients, who are considered immunocompromised and at risk of severe disease, and who are often required to travel for their treatment. Many patients spent months alternating between medical travel and isolation, with limited supports.

Indeed, most cancer patients in the North, at some point in their diagnosis or treatment, will travel for medical care. When a patient travels to a larger centre for services not available in their home community, this is called medical travel. Colloquially in the North, people might just say "medical," as in, "I have to go South on medical." As you will read, this can be a huge burden for Northern cancer patients, who "must travel thousands of kilometres and navigate complex and unwelcoming health care systems to be treated for cancer."[22] A trip for a single appointment can take several days.[23] People from the most remote communities experience the highest burden of medical travel, and mobility or illness related issues make any journey even more challenging.[24] Child care is not an allowable medical travel expense, and children cannot travel as a non-medical escort for their parent or caregiver. A patient with dependent family members has to deal with all of this on top of enduring the emotional and physical effects of cancer and cancer treatment. At the time of publication, the NWT medical travel policy covers return airfare, interfacility ambulance services for emergency medical evacuations, and some support for meals, accommodation, and ground transportation. In some cases, the expenses of a non-medical escort to accompany and assist the patient can be covered.[25]

Perhaps this explains the findings of one research team that patients living farther away from health care facilities experience worse health outcomes.[26] Barriers to medical travel can lead to delays in receiving care, avoidance of care seeking, poorer outcomes, and higher costs.[27] In general, the current medical travel policy framework in the Northwest Territories does not sufficiently bridge barriers to accessing care and may reinforce health inequities.[28] This includes people who must travel to give birth under the medical evacuation for birth policy.[29]

One way to improve care is to support shared decision making. Patients and their escorts can be supported and provided with information throughout their journey to receive cancer care.[30] This means sharing better information about a patient's medical travel, better communication and awareness across jurisdictions, ensuring the financial burden for patients and escorts is reduced as much as possible, and ensuring patients have access to facilitated appointments with medical escorts or cancer navigators.[31] Capacity can be built within the existing cancer care system to support Indigenous Northerners who have appointments far away from home.[32] This can mean increasing cultural safety and awareness among health care providers, facilitating respectful and patient-centred care, and expanding access to medical services in Indigenous languages.[33]

Implementing changes to help Indigenous and biomedical systems work together better can also improve the experience of patients. Sophie Roher and colleagues write about bringing Indigenous healing practices and biomedical hospital care together at Stanton Territorial Hospital through three frameworks: integration, interdependence, and revisioning relationship.[34] Nicole Redvers and colleagues share that equitable and culturally safe health care includes the integration of Indigenous medicine into the territorial health system. This would not only benefit patients, but in co-designing access to Indigenous health, all Northerners would benefit.[35] Patients should have the option to draw on their ancestral medicines as they need to and when they choose to. For example, Catherine Boucher used spruce gum, just as her grandfather taught her to. On the other hand, Elizabeth Biscaye followed the wisdom of her father that biomedical healing works best for Western diseases.

Some also call for decolonization of the health system. Decolonizing medical travel can mean redesigning and evaluating a comprehensive medical travel framework and redefining what access to health care means in collaboration between Indigenous, territorial, and federal governments.[36] Decolonizing cancer care means that there is Indigenous leadership within the system, locally contextualized goals and priorities, improved access in remote areas to services at all steps of the cancer care continuum, a reflection of Indigenous values of health, family, and community; culturally competent patient navigation and support; and the involvement of Indigenous participants in medical and health services research.[37] Another way of decolonizing health care is returning to story and to the experiences of patients: patient experiences need to be included in redesigning health systems.[37] To plan cancer services, it's important "to listen to the cancer patients about their experiences and what is important to them."[38]

Stories as Guidance

In this book, each storyteller shares in their own way, and in their own words, what their experience with cancer has been like. These stories are raw and real and human. Storytellers share about the roller coaster of emotions felt by individuals, the lasting impacts of residential schooling on families and communities, the failures of the health system, and the strength of culture and community. *Book of Hope* storytellers also share generously about the care and support provided to them throughout their diagnosis, treatment, and whatever came afterwards. This includes their experiences with nurses, doctors, and other professionals within the health care system but also with family, friends, and community members. We also hear about the role of cancer support groups and organizations like Goba Care, created by Melinda Laboucan. She has brought an ethic of community care and Dene Law into an organization that helps Northerners in Edmonton when they are there on medical travel.[40] For many, cancer has become a turning point in their lives, a moment at which everything changed.

Being able to share our stories can be a remedy in itself, and we are thankful to be a small part of the healing journey of many of the storytellers in this book. They show us that, when life borders on death, what matters is the love and support of family and friends. Bearing witness to the stories in this book has been a remarkably moving experience for us all. Survivors live life with a newfound perspective, and this reminds us to be thankful for every breath, for every waking moment, and for every person who comes and goes for they all have a teaching. Death is an inevitable part of life, yet that shouldn't stop us from living out our days to the fullest even when death knocks on our doorstep. If we can overcome the fear of living and dying, we have won at life — there is no losing.

Through their stories, these Northerners also share guidance for others like them, making this book like a cancer support group of its own. It creates a shared and safe space to support each other. This book is by and for people with cancer, but we think you'll find there's something that pretty much everyone can take from it.

All the stories in this book were compiled by Agnes Pascal, originally from Fort McPherson, Northwest Territories. She has experienced cancer herself, and so have many of her family, friends, and community members. When Agnes was diagnosed with cancer, she recognized the need for more support and resources for Northern peoples. So, she founded the Inuvik Cancer Support Group. The stories shared in that group inspired the creation of *Book of Hope*. From 2020 to 2023, Agnes reached out across the territory to gather stories from cancer survivors. Some of the contributors wrote their own stories for the book, while others were interviewed by Agnes and their story was created by the *Book of Hope* team based on a transcript of the interview. At the end of the book are advice and recommendations for key audiences for this book: medical professionals, decision makers, caregivers, and cancer patients.

Katłı̨à Lafferty and Sara Komarnisky supported Agnes in the creation of the book, as members of an editorial team. Katłı̨à Lafferty is a Northern Dene author and journalist from the Yellowknives First Nation. She has written and published Northern stories (true and based on truth) in several bestselling fiction and nonfiction works. Sara Komarnisky is a settler author, researcher, and public scholar who has lived in Yellowknife since 2018. She has researched and published on various topics about well-being, belonging, and the US and Canadian North.

The three of us have made a great team: we all have experience with medical travel from the Northwest Territories and with the survival or loss of loved ones who were diagnosed with cancer, and Katłı̨à and Sara have complementary experience as editors and writers. We supported each other in editing the stories, organizing them into a manuscript, and navigating the publication process.

The stories are organized around water and waterways. Water connects us all, everywhere. Water connects landscapes and communities all across the Northwest Territories. Water is important for travelling, for hunting, harvesting, and fishing, for our survival, and sometimes for our healing. As Agnes says, "Water is healing for me. I'm always drawn to the river when I need clarity and grounding."

Take care of yourself while reading these stories. They are about what it's really like to have cancer in the North, including all the parts that are really, really hard. Contributors also share about their lives and about things that they and others have experienced — residential schooling, being sent to an Indian hospital, addiction, mental health challenges, the deaths of friends and family members. Alongside the hard stuff, there is a lot of hope in these pages.

If you find yourself struggling, put the book down for a while and find someone to talk to. Those who have personal, family, or intergenerational experiences of residential school can call the National Residential School Crisis Line at 1-866-925-4419. Help is available in the NWT at #811.

Notes

1 Government of the Northwest Territories (1998) Official Languages Act. https://www.justice.gov.nt.ca/en/files/legislation/official-languages/official-languages.a.pdf.

2 Rene M.J. Lamothe (1996), "It Was Only a Treaty": Treaty 11 According to the Dene of the Mackenzie Valley. Ottawa: Royal Commission on Aboriginal Peoples, 14-15.

3 Tłı̨chǫ Government (n.d.) Chronology of the Tłı̨chǫ Negotiation Process. Available at: https://www.tlicho.ca/cec-assembly/our-story/chronology.

4 Dennis F.K. Madill (1986) *Treaty Research Report - Treaty Eight (1899)*, Treaties and Historical Research Centre, Indian and Northern Affairs Canada, https://www.rcaanc-cirnac.gc.ca/eng/1100100028809/1564415096517.

5 Crystal Milligan, Stephanie Irlbacher-Fox, and Mark J. Dobrow (2023) "Strengthening Policy for First Nations Self-Determination in Health: An Analysis of Problems, Politics, and Policy Related to Medical Travel in Northwest Territories," *Health Reform Observer* 10, 3. Also see Rene Fumoleau (1973) *As Long as This Land Shall Last: A History of Treaty 8 and Treaty 11, 1870-1939*, University of Calgary Press; Aimée Craft and Alice Lebihan (2021) *The Treaty Right to Health: A Sacred Obligation*, National Collaborating Centre for Indigenous Health.

6 Gina Starblanket and Dallas Hunt (2020) *Covid-19, the Numbered Treaties, and the Politics of Life,* Yellowhead Institute.

7 Liza Piper (2023) *When Disease Came to this Country: Epidemics and Colonialism in Northern North America*, Cambridge University Press; John Sandlos and Arn Keeling (2016) "Toxic Legacies, Slow Violence, and Environmental Injustice at Giant Mine, Northwest Territories," *The Northern Review* 42.

8 Piper, *When Disease Came to this Country*; Mary Jane McCallum and Adele Perry (2018) *Structures of Indifference: An Indigenous Life and Death in a Canadian City*, University of Manitoba Press.

9 Liza Piper (2021) "Diphtheria Antitoxin and Tales of Mercy in Northern Health Care," *Canadian Bulletin of Medical History* 38(2).

10 Mary Jane McCallum (2005) "This Last Frontier: Isolation and Aboriginal Health," *Canadian Bulletin of Medical History* 22(1).

11 Piper, "Diphtheria Antitoxin and Tales of Mercy."

12 Milligan et.al. "Strengthening Policy," 5.

13 Maureen Lux (2016) *Separate Beds: A History of Indian Hospitals in Canada, 1920s-1980s*, University of Toronto Press.

14 Lux, *Separate Beds*; Laurie Meijer Drees (2013) *Healing Histories: Stories from Canada's Indian Hospitals*, University of Alberta Press; Sara Komarnisky, Paul Hackett, Sylvia Abonyi, and Courtney Heffernan (2015), "'Years Ago': Reconciliation and First Nations Narratives of Tuberculosis in the Canadian Prairie Provinces," *Critical Public Health,* 26(4).

15 Stephanie Irlbacher-Fox (2022) "In Memoriam, Elder Morris Neyelle, Délı̨nę," *Xàgots'eèhk'ǫ̀ Journal* 1(1): 158–159.

16 A locum is a travelling doctor who fills the place of a colleague or an empty position. In the Northwest Territories, locum doctors take on patients temporarily, coming North to work for a period of time and then returning home.

17 McCallum and Perry, *Structures of Indifference*, 134.

18 GNWT Department of Health and Social Services (n.d.) "Cancer in the NWT," https://www.cancernwt.ca/services/what-cancer/cancer-nwt; GNWT Department of Health and Social Services (2014) "Cancer in the Northwest Territories 2001-2010, Fact Sheet 1-12," https://www.hss.gov.nt.ca/sites/hss/files/nwt-cancer-fact-sheets.pdf; T. Kue Young, Janet J. Kelly, Jeppe Friborg, Leena Soinen, and Kai O. Wong (2016) "Cancer among Circumpolar Populations: An Emerging Public Health Concern," *International Journal of Circumpolar Health* 75(1).

19 NWT Health and Social Services Authority (n.d.) "Cancer Screening Programs," https://www.nthssa.ca/en/services/cancer-screening-programs.

20 Lianne Mantla-Look and Dr. Patricia Strachan (2024) "Indigenous and Northern Lens on Communication in Serious Illness," podcast, *Radical Nurse Talk*, https://radicalnursetalk.podbean.com/e/indigenous-and-northern-lens-on-communication-in-serious-illness/

21 Katherine Fleury and Susan Chatwood (2023) "Canadian Northern and Indigenous Health Policy Responses to the First Wave of COVID-19," *Scandanavian Journal of Public Health* 51.

22 Janet Jull, Amanda J. Sheppard, Alex Hizaka, Inuit Medical Interpreter Team, Gwen Barton, Paula Doering, Danielle Dorshner, Nancy Edgecombe, Megan Ellis, Ian D. Graham, Mara Habash, Gabrielle Jodouin, Lynn Kilabuk, Theresa Koonoo, Carolyn Robers, and Mamisarvik Healing Centre Team (2021) "Experience of Inuit in Canada who Travel from Remote Settings for Cancer Care and Impacts on Decision Making," *BMC Health Services Research* 21(328).

23 Milligan et.al. "Strengthening Policy."

24 Kate Kerber, Fariba Kolahdooz, Meeka Otway, Melinda Laboucan, Se Lim Jang, Sue Lawrence, Suzanne Aronyk, Matthew Quinn, Stephanie Irlbacher-Fox, Crystal Milligan, Sabrina Broadhead, Debbie DeLancey, Andre Corriveau, Sangita Sharma (2019) "Opportunities for Improving Patient Experiences among Medical Travellers from Canada's Far North: A Mixed-Methods Study," *BMJ Open Access*, 9.

25 Government of the Northwest Territories (2015) "49.06 Medical Travel," policy document, https://www.eia.gov.nt.ca/sites/eia/files/content/49.06-medical-travel-revised.pdf.

26 Charlotte Kelly, Claire Hulme, Tracey Farragher, and Graham Clarke (2016) "Are Differences in Travel Time or Distance to Healthcare for Adults in Global North Countries Associated with an Impact on Health Outcomes? A Systematic Review," *BMJ Open Access* 6(11).

27 Kerber et.al, "Opportunities for improving patient experiences," 7.

28 Milligan et.al. "Strengthening Policy," 14.

29 Pertice M. Moffitt and Ardene Robinson Vollman (2006) "At What Cost to Health? Tlicho Women's Medical Travel for Childbirth," *Contemporary Nurse* 22.

30 Kerber et.al, "Opportunities for Improving Patient Experiences,"; Jull et.al., "Experience of Inuit."

31 Kerber et.al, "Opportunities for Improving Patient Experiences." This study also advocates for better communication between healthcare providers: T. Kue Young, Janet J. Kelly, Jeppe Friborg, Leena Soinen, and Kai O. Wong (2016) "Cancer among Circumpolar Populations: An Emerging Public Health Concern," *International Journal of Circumpolar Health* 75(1).

32 Jull et.al., "Experience of Inuit."

33 Kerber et.al, "Opportunities for Improving Patient Experiences."

34 Sophie Isabelle Grace Roher, Paul Andrew, Susan Chatwood, Kimberly Fairman, Tracey Galloway, Angela Mashford-Pringle, and Jennifer L. Gibson (2023) "Envisioning Indigenous and Biomedical Healthcare Collaboration at Stanton Territorial Hospital, Northwest Territories," *International Journal of Circumpolar Health*, 82.

35 Nicole Redvers, Justina Marianayagam, and Be'sha Blondin (2019) "Improving access to Indigenous medicine for patients in hospital-based settings: a challenge for health systems in northern Canada," *International Journal of Circumpolar Health* 78.

36 Milligan et.al. "Strengthening Policy."

37 Matthew Beckett, Katherine Cole, Mitchell White, Jessica Chan, Jason McVicar, Danielle Rodin, Mark Clemons, Jean-Marc Bourque (2021) "Decolonizing Cancer Care in Canada," *Journal of Cancer Policy* 30.

38 Rhiannon Cooper, Nathaniel J. Pollock, Zander Affleck, Laura Bain, Nanna Lund Hansen, Kelsey Robertson, and Susan Chatwood (2021) "Patient healthcare experiences in the Northwest Territories, Canada: An Analysis of News Media Articles," *International Journal of Circumpolar Health* 80(1).

39 Ruth A. Robertson (2001) "Living with a Diagnosis of Cancer in Canada's Western Arctic," MA Thesis, Royal Roads University.

40 Goba Care was founded by Melinda Laboucan. It is a non-profit that supports Northwest Territories and Nunavut residents who have to travel to Edmonton for medical appointments. Goba offers multifaceted support — everything from connecting to services, helping understand the medical system, to organizing beading circles, and creating care packages for those who are sick or welcoming a new baby.