

Karen Three Persons

June 16, 2022 Edmonton, Orange Hub

Interviewer: Donna Camera: Don Bouzek

Donna: I want to use UNA's land acknowledgement, that on behalf of United Nurses of Alberta we respectfully acknowledge and give thanks to the Indigenous people of Alberta whose traditional territory encompasses Treaties 6, 7, 8 and parts of Treaties 4 and 10, and the homes, families and meeting grounds of many whose histories, languages and cultures continue to influence our communities and our service as members of the nursing profession. We also acknowledge all Indigenous peoples, the original owners of the country we call Canada. Our recognition of this land is an act of reconciliation and expression of our gratitude to those on whose territory we reside or are visiting. So I want to express on behalf of all of us that we acknowledge and highly regard the permission you've given us to exist on this land. Thank you for that.

KTP: I think that's really nice that that started. I was quite impressed that a lot of people are doing that acknowledgement. I believe it's probably a really big part of reconciliation and all of that. I like it. Even if I'm going to, when we have our own local meetings and we are not on the land, I'll read that land acknowledgment too for Treaty 7. We just kind of incorporate it as well.

Q: All of the wards in Edmonton now have indigenous names as part of the recognition of the land on which we exist.

KTP: I guess that's kind of some of the reservations and Treaty 7 area too, like it's Standoff or it's the Kainai Nation or it's Blood Tribe. There's almost like three things you can call where I live now.

Q: May I interrupt you and ask you to state your name?

KTP: My name is Karen Three Persons. My maiden name was Provost. I do come from the – we were just talking about the different nations – I do come from the Piikani Nation. It's either

Brocket, what else do they call it? I think those are the two I know for that. Then we did talk about Kainai, and there's Siksika. But I remember staying in Piikani probably up to maybe five years old. My mom's home reserve was Piikani Nation. My mom and dad split up, and that's where we ended up going to and we grew up there. That's where I married. . . .

So I was raised on both reserves, the Kainai Nation and the Piikani Nation. I was on the Piikani Nation, that's where my mom married. She was quite young when she married, I believe 16 or 17. She had four of us. There was my older brother, and his name is Gary; myself, Karen; I have a younger brother, his name is Larry Jr., that's my dad's name as well; and my sister Juanita, or Joy; and our older brother goes under Nive, because my mom and dad were not married prior to having him. Myself, my younger brother and my youngest sister go under Provost. My brother, having been born when my mom was still part of the Kainai Nation, he's registered over there and the other three of us are registered with the Piikani Nation.

Q: Is there a difference?

KTP: There is. Because I'm part of the Piikani Nation, sometimes if I have to do like some personal things, I might have to go to their office to get things done, like we get membership cards. We don't do the, what is the one other card now? The membership, and then just the status card. That status card shows us what nation we're from. So when I go do my status card, I could do it at Kainai but sometimes I was fine because my reserve is smaller and it's more convenient and quicker to get it done there. So I will go do some stuff there.

Q: Do you get the same rights with both?

KTP: Yes. Even my husband, because they're always so busy at Kainai Nation, one of the times I went he came and he applied for his status card, and he was able to get it over there. So it's not like they would not allow me to either get it there or there, but sometimes it's a matter of how quickly we want it and when to do something.

Q: Where are they located?

KTP: The Piikani Nation is in southern Alberta between Pincher Creek and Fort Macleod. The Kainai Nation is kind of in between all of them. It extends from Waterton towards Cardston and then down towards Lethbridge and then also towards Fort Macleod, so it touches a lot of areas there. The Kainai Nation is the biggest reserve in all of Canada. I believe they have I'm going to say approximately probably 15,000 people.

Q: Where did your name come from?

KTP: It comes from my husband's grandfather. His dad was already married to some other lady, so when he was no longer with his wife and was with my husband's mom, they couldn't get married because back then they didn't have divorces and remarry and that. So they just lived together I guess in harmony, no I'm kidding. But anyway, they lived together and my husband actually had his mom's last name, which was Youngpine. They always talked about him and his brothers taking their dad's name Three Persons, because it was no longer on the reserve; only the lady that was married to her previously, her name was Pauline Three Persons. She was really good to the boys, especially with my husband, was grandmotherly to our kids too, which I thought was really nice. So they'd all changed our names back to Three Persons and we started knowing, we knew a bit of the history. I'd hear it from my grandfather and his mom, and even my mom would know that this Tom Three Persons was one of the, I guess what you would call successful First Nations way back. He had a big ranch, cows, and he was a cowboy. He was one of the first First Nations to win the Calgary Stampede back in 1912. They did a hundred-year celebration 2012; the family was all invited there. They had all changed our names by then. There's four of them right now: my husband and his three brothers – one's older and two are younger. They all got together and bought the saddle that these cowboys usually win, so for the winner, and then they presented it to the winner in 2012. Then I brought my kids to Glenbow Museum to go see the history they have there of Tom Three Persons. It's so neat. They actually have a sculpture of the horse he rode, and it was called Cyclone. It's just amazing when you start learning history of names and everything. In the end he had lots and lots of land, and I know my husband – you guys probably always hear about land disputes and everything – they've had to dispute for their grandpa's land. But they're slowly getting some of it back.

Q: Who took it?

KTP: There's a big story and it's about the Franks, and actually a few years back some of it was in the media down south. There was literal, physical fights about it and I was just totally blown away. I did not want to be associated with it. Their last name is Frank, then the Three Persons. I guess what happened is Tom took – I don't really know the whole story – but kind of what they said is that there was all those residential schools around. People from this north went down to the southern, and they say that's where this, gee I would not remember what his first name is. But anyway, he was down there, his last name is Frank, so Tom Three Persons kind of took him in. Kind of like what we were talking about, even if people came to the hospital, they were released and then where's their families? So Tom Three Persons kind of took him under his wing. I don't know if he was from Standoff, but that's where he lived. Then he wanted to use that land for so many years, but then he just kind of kept it. But they had to get a lot of documents and they fought many years for it, but they've gotten some of it back, which is kind of good for our children and our grandchildren. I've saved all the documents they used for this so that my grandkids could know how they had to fight for that land. It's very historical. But ya, that's where the name came from. My one grandson, they moved to B.C. for a while and he did one of his presentations on Tom Three Persons. We sent him pictures and stuff and everything, so they're learning about it too, which is really nice.

Q: Tell me about your childhood growing up.

KTP: Like I said, even though I was born in Cardston I remember being raised in Piikani up to grade 5. Being that I was born kind of in the early '60s there, because I was born in 1961, that's when alcohol started going on the reserve.

Q: Why was alcohol introduced on the reserve?

KTP: I don't know. I know they didn't want it there, but a lot of people would. . .

Q: Who brought it?

KTP: I guess they got it from the white people. I don't know, you always look at it that sometimes our DNAs are not the same, and it was sold out there in the towns and everything. So when they couldn't take it to the reserve, they actually went to town and that's where they consumed it, then they'd come back. I just think that a lot of them became alcoholics. Maybe sometimes there wasn't good things that came out of it. My mom actually was abused and that's why she eventually left my dad. We remember a few things but we were young. One of the things I remember is running out of the house in the winter and my mom has her trail of her four kids that she's trying to bring to safety when the snow is knee high. But she managed to bring us to safety. I can't remember, but I believe I was the one who my leg froze because I didn't put my socks where they should be so I only found one sock to wear. But we made it to safety and then she finally just left, even though they had a nice little house and were on my dad's land where they stayed. She just couldn't take it anymore for her safety and our safety, so she went.

Q: What made her feel unsafe?

KTP: He would hit hit her, he'd physically hit her. If she didn't know that he was coming home or as soon as she knew he wasn't home yet, then she'd take us away. But other times when she couldn't take us away, then it would be whenever he came. So finally she just left.

Q: With the children?

KTP: Yes, she left with all of us. We went back to Kainai Nation where she lives. We pretty well lived close to where her grandparents were. We actually lived with them for a while just because of her fear of being in her own place and if he came around. But in the end we were raised there, and that's where we kind of had our, us older ones, me and my brother, we actually went to residential school. I don't think it was the whole year, but we went; I remember going. Then when my mom didn't have a vehicle she would get one of her aunties to bring us back. I just remember my older brother saying, auntie's here, and we took a run for the bush. We didn't want to come out, because we didn't want to go to residential school. We'd just see

my mom, we'd be hiding in the bush and we'd see her calling us out. Eventually we would come out and we'd go back. But I know we weren't there for the full year, because eventually my grandfather told her – I think there were more buses after that – you know the bus comes by, don't send them there anymore, let them ride the bus. So I'm always thankful for my grandfather.

Q: Who introduced the residential school to your community?

KTP: Back then I'm just thinking historically the government introduced them through the Catholic churches. They were introduced all over Canada.

Q: What was residential school like in the time you were there?

KTP: I was so young I can't remember much, but I remember rows and rows of beds. You had no privacy. There was a little room off to the side where the nun was, and I can't remember if we called her supervisor or what we called her, or matron; I can't remember the exact name.

Q: You didn't come home every day?

KTP: We didn't come home every day.

Q: When did you get to see your family?

KTP: On the weekends. We were brought back Sunday evening and we went to school from Monday to Friday, and then we were able to go home I believe Friday evening most times.

Q: Was it like a public school?

KTP: Well it wasn't public, because you couldn't go home. But ya, you went to classes.

Q: Did some children run away?

KTP: When I was there I was just so young, but I would hear stories of people just bolting. I think when I went it wasn't as bad as when my mom and the previous generations went, because they actually just took them out of their homes. With us, it was not being taken out – it could almost be a choice. But it was not us children's choice, it was our parents' choice.

Q: You survived it for a year?

KTP: Ya, almost a year.

Q: What year was this?

KTP: I'm thinking '67, '68 or '68, '69. We were compensated for it, and I kind of think I put '68, '69 on what it was. The boys, some of them, if they had long hair it was cut. I can't remember if my brothers had long hair. No, I think they already had short hair. But ya, no privacy, communal bathrooms, communal sinks for washing up, communal showers. Everything was there.

Q: Were boys and girls mixed?

KTP: No, boys and girls weren't mixed. There was a girls dormitory and the boys dormitory on each side of the building.

Q: Did you see any children get abused?

KTP: There would be sometimes, I'm trying to think. Our nun wasn't as bad. There would be sometimes really firm speaking to the kids. I know my younger brother over on the other side, that nun, her name was Sister Gebere, she was very mean and she was on the boys' side. I don't know if she figured she had to be mean because she was on the male side, but my brother would get his ear twisted or his hair pulled if he didn't have the corner of the bed folded the way it should be. Just over minor things. So ya there was some. My older brother, thank goodness they were both there, so his older brother always looked out for him. But he would

see that done. So there was, and I know some people got some of those abuses way more than others. I'm thankful for my grandfather that we didn't. I think he may have just been in residential school too for less than a year. I can't even remember if he said it was grade 3 or grade 5 that he just didn't go to school anymore. So his wisdom was just all from I guess living life, not education.

Q: Do you remember the name of your residential school?

KTP: Yes, St. Mary's Residential School.

Q: And it was located on the Kainai Nation?

KTP: Yep. They actually had two of them. They had the St. Mary's and St. Paul's, so they actually had two residential schools there. Then after that we went to day school. Now they're doing some kind of day school compensation because the nuns were still teaching and that.

Q: The day school was run by the nuns?

KTP: Ya, still the Catholic church. But then after that you started to later get into I guess more of our people that became educated in teaching, and there started being more and more of them so they could take over those positions. Now I think they've got lots of First Nations that are in Education, like teachers and that, which is nice for the communities.

Q: Was there any transformation when indigenous people came into the school system, or was it still under the Catholic umbrella?

KTP: Ya, under the Catholic umbrella and then we did have some people that, it started changing from the nuns to where we had white teachers come in, because there wasn't that many First Nation teachers. I was on the reserve schools up to grade 3 and then I went to Fort MacLeod school. That's when we started being able to go to public schools. From grade 4 to grade 12 I was in Fort MacLeod; that's where I graduated.

Q: You stayed there through high school?

KTP: Ya. I was there for elementary, which they call middle school sometimes now, then then the junior and senior high.

Q: What happened to your indigenous traditions along the way?

KTP: We lost them. Even me, I'm still relearning them. We lost our language. I always tell everybody, you know, English is not our first language. But we're never recognized as people having Blackfoot language as our first language and English as our second; it's not recognized. Because English is not our first language. But we have lost our language. I'm starting to really, well you heard my husband pray fluently in the Blackfoot language. He's pretty lucky he's fluent in it. I'm not as fluent but I'm really trying to learn, especially now that I work with the elders. I'm able to say sometimes, I guess I could say enough of a sentence and a few words that they understand me. Sometimes they're more open to that Blackfoot language. So when we did go to school in Fort MacLeod, that was some of the things that we kind of put up with, maybe more so when, I'm thinking when I was in elementary it wasn't that bad.

Q: Did your siblings also go to Fort MacLeod?

KTP: Ya, we all went to Fort MacLeod.

Q: And your mom stayed home?

KTP: Ya.

Q: So the family was still together as a unit, except for your dad?

KTP: Ya. My mom was pretty well a single mother most of her life. I think with me seeing her struggles, because I always say my mom is my hero. Any given day, my mom is my hero. She

raised us four kids as a single mom, and she didn't have any education. Like I said, she got married young. Thank goodness back in the day she did find a job. The Kainai Nation is between Cardston and Fort MacLeod. She found a job at a truck stop restaurant in Fort MacLeod, and she used to go to the road and hitchhike to work. So that's how she would get to work. Finally we all beaded a bunch of necklaces, earrings and stuff, and we brought them to this one lady who bought them from us, and we were able to get a family car. My mom and all of us together, back then \$500 was a lot of money. So my mom was able to buy us a family car, and then she could go to work.

Q: Besides the resources of the Kainai Nation, was there any services coming from outside?

KTP: I think back then they had, I'm trying to think. My mom speaks of where there was trading posts and things like that that she remembers where they got their food and that. But I don't remember that, I remember that they did shopping in Fort MacLeod and sometimes Lethbridge. But Lethbridge was a distance to travel to, so Fort MacLeod and Cardston were kind of the places where they got stuff. But I also remember that my grandpa always had a big garden. That's my mom's dad. He raised cows, lambs and pigs, so he was one of those ones that lived off the land, like really lived off the land. I remember in the winter he would butcher a cow, a lamb and a pig, and that was his meat for the winter. And his garden was really big; I remember his garden. He harvested his garden and we ate that way. Sometimes it was still where we could have a big feast or it was famine and we had barely anything. There was times I remember just having where my grandma would cook the oven Bannock and we had it with like a margarine or some kind of the hard, I guess they'd call it lard or whatever back then. Sometimes our thing was making a sandwich with onions; that's the only thing you had. Summer was the best season. We'd have a breakfast, we were told to go swim, eat berries, and then come home for supper.

Q: What was the cause of those hard times?

KTP: Because I know my grandpa was a rancher, he didn't work. My mom, she worked and once she worked she was really good about stretching things, but sometimes we still didn't make it.

But we had enough to make it all the time. There was always something provided for us. All of that, growing up that way, I was like, it wasn't even, how would you say it, common then for even us females to be going out there and getting... And I felt like, especially kind of my husband's family, they're all guys, they're all men, they're all patriarchal. I don't think any of their wives have education. But I went and got educated and I kind of sometimes used to feel a little bit ostracized by some of the men, not just within our families but on the reservations.

Q: Why?

KTP: I don't know. Just that crab in the bucket syndrome. You don't want to see anybody better themselves. That's what I always thought, it was that. That was way back, I started in '82 and I was done my education in '85. There wasn't very many people that were First Nations going into nursing. There was First Nations going into other stuff. Sometimes some of them would start and not finish.

Q: Where did you get your inspiration to become a nurse? What were health services like?

KTP: Back then there was no health services. Nowadays every little cough or they throw up once and go to ER. It was never like that, it was like you were just home. Or say we had a big laceration or injuries. We played outside a lot. I remember one time I fell off a fence and I went rolling down a hill, so I got barbed wire stuck in my leg. So they came, they cut it off, and I was carried to the house. They put me there and cleaned it off with whatever concoction my grandfather was using at the time. But he cleaned it off and really looked through it. He knew what to do. Although I was there crying my head off, he managed to get it all off. The one thing I remember is my mom saying, of course we always get in trouble when we get injured, it's more like anger comes out. But I believe it's because they love you so much and they don't want to see you hurt; I always kind of thought of it that way. She actually literally got a needle and put thread on it and was going to sew up my leg. I was just screaming bloody murder and telling my grandpa to stop her, and he did. He said, it's okay. But I do have a scar here. But I remember we couldn't just call an ambulance and say, we need stitches here, we need to get to the hospital.

Q: Where would the ambulance come from?

KTP: There was no ambulance, I don't think. We didn't have what we have now. It's come a long way. But we would've had to go to Cardston or Fort MacLeod. Then we didn't always have a vehicle, we didn't always have enough gas.

Q: What about baby deliveries?

KTP: There was a lot of, because I even remember my mom's mom being I guess back then they called them midwives even though they had no official training or anything. My grandmother would do some deliveries. There's a few that maybe made it to town, but other than that it's a neighbour who came to help.

Q: What was in town?

KTP: Being young, I don't know. It would probably be the hospital.

Q: So there was a hospital?

KTP: Ya, there was a hospital in Cardston and Fort MacLeod. But it was a matter of getting there. If they didn't, then there was the neighbourhood midwife. If you could do it, I guess you did it. You didn't have any training. But if a baby is going to be delivered, it's not seen as a natural process nowadays. But back then I believe they always figured it was natural and they always hoped that there was no complications. Most times there was none.

Q: How were things like heart attacks or strokes taken care of?

KTP: At the hospital. If they were really sick, they went to the hospital.

Q: So there was some level of health service.

KTP: Ya there was, but not on the reserve. At the time at least, I don't believe there was.

Q: How far would you have to go?

KTP: Cardston is about 20 minutes away and Fort MacLeod was 15 minutes away.

Q: What inspired you to become a nurse?

KTP: One of the things my mom said that when I was young my dad would always tell me, what are you going to be? My dad called me Candy; that's my nickname. So my dad would always tell me, so Candy, what are you going to be when you become older? I guess I used to just look at my dad and I used to always kind of be sassy towards my dad. He would tell me, what are you going to be? Tell me? I guess I would tell him, well I'm going to be one of those ladies, and I'd go like this, that go like this – like a secretary on a typewriter. Well I didn't become a secretary. But I think as I got older my grandmother did have a stroke. She was at work and she actually worked at the residential school when they started to have more of not just the nuns but some of the ladies from the reserve come and help. But they mainly helped in the kitchen, not supervising the kids, but cooking. So she was a cook there and she had a stroke there. Back then in our families, whoever can help, you all took a turn. So we would help with her, like maybe one weekend I'll have to go help grandma with her bath or just sit and visit with her. So I think doing that type of care and I guess being the oldest girl in my family, you just start to become a caregiver. As women we know we're caregivers in some shape or form. Even though we're young and we have siblings we still help care for them. So my grandmother needed that care too, and I think that's when I wanted to become a nurse. But in my school years you don't think about, I need to take this course or that course. I didn't know all of that stuff, so in the end I did have to do some upgrading before I went into nursing, to take some of my sciences. Chemistry I had to take 10, 20 and 30 but Biology I already had the 10 and 20 and just had to do the 30. Then my English I already had up to 30, because we had to have four. Social was the other one I took.

Q: What was the content of your residential school education?

KTP: Being so young then, all I remember is probably learning, well like the schooling – your math, your socials, that kind of stuff. Even though we were so young, it was kind of like I don't know, how could I even describe it?

Q: Did they teach you discipline?

KTP: Ya they did, sometimes not in the best way. There's a few times I'd see some get the big yardstick if they didn't listen or something; they would get it on their hands. It was almost like being fearful but yet having to go because you had to learn. It was almost like I guess at that young age feeling like if I didn't go there and learn and behave, and knowing I should behave, that I was fearful that I may get physically punished or verbally.

Q: Who would do that?

KTP: The teachers or the principals. But I was good.

Q: So the disciplining was done by the principal?

KTP: I guess not a principal per se, but the priest that was there, and after that it would be principals.

Q: So the discipline was carried out by either the nuns or the priest?

KTP: Ya.

Q: And that was if you didn't learn whatever they were teaching you?

KTP: Ya, or if you I guess weren't listening in class, a lot of it was. We weren't allowed to talk in class either. It was very strict, I think too strict.

Q: Did they encourage you to bond or to learn collectively?

KTP: Not really, no they didn't do that kind of stuff.

Q: Did you wear uniforms?

KTP: No, we didn't wear uniforms. But we had to just wear really plain clothes, nothing to be dressed up or anything. But I don't believe we had uniforms, I don't think so. But I wouldn't be able to recall it.

Q: Did they cut your hair?

KTP: At my time no, but I think a few generations before, they got their hair cut. But I do remember when, I'm trying to remember when I went, did they cut my hair or they wanted it short? It may have. I remember when I was wearing braids and we would wear braids because they say if you braid your hair all the time it helped it grow long. My braids were not very long, so at some point I probably had my hair cut. I don't know if it would've been from my mom or the school or what. But I remember after that it was okay to wear braids.

Q: Where did you go to nursing school?

KTP: When I graduated I didn't have everything, so I actually went on reserve. They still had St. Mary's School there, so that's where I did my Chemistry. Actually let's go back a little bit. I actually took summer school with the Lethbridge Community College, where I was able to take Chemistry 10 and 20 together so kind of get that out of the way. Then I just needed by 30s, which would've been Biology 30 and my Chemistry 30 and Social 30, because I already had my English 30. So I just needed those three when I went to St. Mary's School. I had to go all day and take the bus, because I didn't have a vehicle to drive back and forth, and in all this I already had a baby. I had my first child in my last year of high school. Being young and thinking you're invincible, oh you're not going to have a baby; but it happened. So I did have my baby two weeks after I turned 18. That April I turned 18 I had my son on May 1st; he was supposed to

come later in May. So I stayed home with him for two weeks. My auntie babysat for me because my mom was working and couldn't babysit, although she took some time off with me to help. Then I went back and graduated. Then I took that summer school and then I went back to St. Mary's School. I've always been with my husband, so there was times where if he wasn't able to work or whatever, he would help take care of the baby, or if he was working we'd find a sitter.

Q: Where did you enrol in nursing school?

KTP: At Lethbridge Community College. That's where I ended up putting my application in for. I was happy for them because I have to say that when I went to school I didn't study. I just went to school, but I went to school pretty well every day unless I was sick. That's how I learned, if I was there all the time and listened and did a little bit of studying and reading, but not a whole bunch. I actually took a course at the college called Study Skills, which I really felt helped me to go into nursing. Those textbooks were this thick. It helped you with speedreading or say if you had a really large chapter to read, how to just read some of the first three lines and then maybe the end line of some paragraphs to just understand the gist of it. Then just go into class every day and taking notes. Then when I left I would do the three: read the book, go to class and take notes, and my third one would be as soon as I leave I'd read all those notes again before I leave the parking lot. I would do that and I'd do these three, the repetition. But when I went back to study it was in there somewhere, like it stuck more. So I was really happy I took that Study Skills.

Q: At Lethbridge Community College, what were you preparing to become?

KTP: A nurse.

Q: How long was the program?

KTP: Two years, but I took it in three years because I had my second baby in my second year.

Q: And you became an RN at the end of that?

KTP: Ya.

Q: Did you do any practicum training?

KTP: Ya. After every big unit, like when we were done, like say we did surgery, we actually went to the hospital and worked on the floors when we were doing our surgical part. Then when we did our maternity part we went to the hospital and did a rotation as well. When we did pediatrics we went and did a rotation on pediatrics, so kind of all like that. Then medicine. I always remember there was the two hospitals in Lethbridge – the Regional and St. Mike's. Regional was more for surgeries and St. Mike's was kind of where there was people, well it was still acute though, but more medical rather than surgical. I remember one of our rotations, that was either the first or second semester, and we were always calling it the dungeon. We were going to go in the basement to do our debriefing. I remember walking in and I found this older white guy and he just was eyeing me down, because I felt like somebody was looking at me. You could just tell he was just looking at me, and he actually told me this as we went by. He goes, an Indian, an Indian. I was First Nations but they used to call them Indians back then. He goes, an Indian, she's going to be a nurse. I was just looking at him and when I walked by him I told him, this Indian is going to be a nurse, then I walked downstairs.

Q: Did you feel insulted?

KTP: I didn't feel insulted. But it was so weird, here he is just picking me out and telling me that.

Q: Did anyone else hear it?

KTP: Well ya, my nursing instructor and all the others. So we did kind of talk about it.

Q: So you were walking somewhere and he just picked you out.

KTP: Ya. They always knew the nursing students went into the basement to debrief.

Q: Did you have your uniform on?

KTP: Ya, we had our uniforms on.

Q: What was the uniform?

KTP: You really want to know?

Q: Well sometimes that distinguishes you.

KTP: It did, it actually distinguished us. It was right from the Lethbridge community, I guess they called their bookstore, where you go. It was just polyester baby blue and it had a belt and some pockets. That was our uniform.

Q: Do you have pictures of it?

KTP: I don't think so. I think we all burnt them at the end when we graduated.

Q: Was it a negative experience?

KTP: No not negative, just that...

Q: A stepping stone?

KTP: Ya. More not negative, but positive – I'm done this part, moving on.

Q: What did you do then?

KTP: At the end I actually did I think around that time or I don't know if they always did it, they call it a preceptorship now, but back then they just called it our practicum to transition to wherever we were going to work. I actually did my practicum at the Blood Indian Hospital,

which is kind of different, because they were more kind of like St. Mike's, they were a medical hospital. There was a lot of elders there with their medical conditions, you didn't see a lot of younger or middle aged, and then the pediatrics. More elders than babies.

Q: And in between, nobody else needed hospital care?

KTP: Every now and then, not too many, they'd pass through. I always remember one who was epileptic and he'd come in when he was unstable, then when he was good he went. People with unstable medical conditions, but once they became stable they were gone again.

Q: Did you find you had a preference? Did you specialize?

KTP: No, you just went there and you were the nurse on duty. But I believe back then they had two floors; the ladies were at the bottom floor. They still had a bit of an ER, like say if we had somebody unstable come in, and the doctor would come see them. On that floor there was the ladies and on this side was where they did sterilizing their equipment, they had a place there, and there was a bed there for emergency. Then upstairs was where all the male patients were, and then pediatrics was over on the other side. So they'd have an RN up there and an RN downstairs, which was kind of nice, so I never felt like, at least I had somebody with more experience there to help me, being new.

Q: So you were the only RN on the shift on the floor?

KTP: Ya, on the one floor, but there'd be another RN on the other floor.

Q: Were the other nursing staff LPNs?

KTP: Ya, LPN.

Q: Were any of them indigenous?

KTP: Ya, but more the LPNs were indigenous, not very many RNs that were indigenous.

Q: Was there any LPN program that drew them into that career?

KTP: For the LPNs?

Q: Was there a consciousness about developing the nursing care among indigenous people?

KTP: I think then not really. I know back then, remember LPNs were task oriented, almost like HCAs are now. They did a ten-month program in the Crowsnest Pass, which is past Pincher Creek. Don't ask me who taught it, I would not be able to tell you. I don't know which educational institution would've been behind that program. I remember some ladies that went to the Pass and they'd come back as LPNs.

Q: When you cared for the elders, did they need special care or were they just regular patients?

KTP: They were pretty well regular patients I would say. Not too many of them had highly specialized procedures or treatments they had to do. It was like giving them their pills, helping to bath them. Back then it's not just certain designated people, you really did work as a team. So helping around there, their ADLs, any wounds we changed. Nothing that was too highly specialized.

Q: What distinguished them as elder patients? Their Age? Or were there any traditions that were recognized in their care?

KTP: Their age mostly. The reason I'm saying their age is I told you guys I had a baby in nursing school, so she was growing up when I worked there. She was two or three and I'd always tell my husband, bring her, she can visit the elders so she'll be able to know the really old elders. They were the ones I always, sometimes you see pictures of where their wrinkles are almost etched into their skin. So I wanted her, because right now you don't sometimes always see those really old elders, I wanted her to see them and be comfortable around them. But I could tell when she

saw them at first she was kind of like, because they were old and they had those wrinkles etched in them. She'd kind of be like, and I'd go, those are grandmas. My mom wasn't that old. I would say they were probably back then in their 80s and some of them were in their 90s, so I really wanted her to see the old elders. She did, and she was so used to them after. She just comes running in and goes and visits all. Especially the ladies, she was good with the ladies.

Q: But these are not people from your community?

KTP: They were people from our community, ya.

Q: Did they require any of their traditions to be observed?

KTP: Back then if they did have brews or anything like that, I didn't really notice them. I didn't notice our traditional medicines and our medicines kind of going hand in hand. Their generation and even my mom's generation right now, they believe more in western medicine than the traditional. They always found any problem or ailment you have, there's a pill for it. Even the ones that we're taking care of right now, that's what they want, is a pill for every little ailment they have. Some of these have these little paper med cups almost filled at 8 o'clock.

Q: Do you get a sense that you're losing your traditional medicine?

KTP: Ya, I think we lost it there for a while, but I think it's making its comeback, or at least I'm making it come back. No I'm just kidding. When Covid hit, I went traditional. There is a lady out of Saskatchewan, she does medicine walks. Before, you don't believe in paying a person stuff like that; they were handed down. But nowadays everything is about money. She's the one who goes and picks everything. She cleans it and then she gets it all ready to sell. Then she does tinctures with all of them, which is a more concentrated form. So I've been getting my medicines from her. I've yet to go do a medicine walk with them, but I want to at some point in time.

Q: Was that not a practice back in the '80s when you started nursing?

KTP: I think it was still practiced out there. I know my grandpa would go out. I guess we never showed the interest, and I really wish I could've. He got roots from just where we lived, and he'd make brews. Some of them didn't taste very good, but they worked. He'd give us a sip of we were sick or something, and I know we weren't always sick. Like I said, my grandpa had a garden and he had these animals that just grazed off the land, so how much more organic can you get? We ate berries and we were outside all the time, so we weren't sickly kids. If we were, he had his whatever he was going to treat us with. He did his own treatments. So I can't really say that the traditional was not there with me growing up. My grandfather did use a lot of stuff.

Q: Coming into the nursing profession, did you have any sense that other indigenous people coming into nursing didn't have that same kind of appreciation?

KTP: For our traditions? No, I don't think so, not back then. But I think it's, how could I say it, I think there's starting to be more awareness out there now. But there still needs to be a whole lot more awareness. There might be this much of little bit of awareness. Really with me, sharing my story and how everybody is unique and comes from their own background they can see that no matter how your life is, you could go out there and still make a difference. I just need to have a comfort break now and just kind of stretch my leg.

So I think we were kind of talking about the mixture of western and traditional medicine. I guess with me I've seen it more with my grandfather. Even later in life, I saw him not do it as much anymore, or if he did we didn't live with him as much anymore after that. So he probably still did. He'd do his own, like I was talking about, his own little things that he thought was going to help you. I remember stepping on a nail one time, and you know they always worry about tetanus. That's when I was going to school in Fort MacLeod. When we were younger and we had to see the doctor, our parents called in for us and made the appointment and we brought ourselves to the doctor. The school knew we were going to the clinic, so that's how we kind of accessed some healthcare. I forgot that my grandpa put a dressing on my foot, and he put bacon fat on it to draw out any poisons. That's what he thought was going to do it. So there I am showing the doctor, and he's taking the dressing off, and the bacon falls out of there. I had forgotten about it, and he's kind of looking at it. I told him, that's my grandpa's medicine, and he

just smiled. He didn't ask me what it was for. But ya, he had his own way of doing things for us and that.

Q: So among the older people, was this traditional?

KTP: Ya, I think a lot of them knew what roots were out there to help with ailments, because there wasn't always western medicine. My grandfather when I was a teenager I would have to say he was in his 60s or heading towards there. He wasn't quite retired yet, because I would not hear him talking about pension until later. So I think a lot of the elders that were knowledgeable that somebody showed them these roots to use, and I never asked my grandfather who showed you these roots, can you show them to me? I always regret that. My mom is very knowledgeable in a lot of them, but I have never seen her go out and collect any and that. But she's got a lot of knowledge. There's a word that you use for. . .

Q: Your mom is still alive?

KTP: Ya, my mom is still around. For, how would you even call them in the English language, but in the Blackfoot language they're called keepadapagaks. They're the kids that always hung around with their grandparents so they got that knowledge. But somewhere in the translation that keepadapagaks ended up being spoiled brats, because they were always with the grandparents. But really they were learning; they were almost like knowledge keepers. My mom is one of those knowledge keepers; she knows a lot. She hung around with her grandparents and then her parents. She speaks really fluent Blackfoot. She has dreams and she can have visions too, so she still has that traditional aspect. She was given a Blackfoot song in her dream, and it's such a powerful song. Every time we have big family meals and all of that, she'll sing the song. We're so in awe of the song. I have recorded it a few times, so whenever I'm having a hard day I just put my mom singing the song, and it just feels better, just soothing. She doesn't need a drum, she just sings it. I can't sing like that. I would love to. She tries to teach me and my sister. I'm really working on it. I really believe in the universe taking care of you if you're manifesting up. I'm going to sing with her and start telling her again, mom, I'm ready to learn that song, so at least it's passed on and I can sing it for my grandchildren too.

Q: In caring for indigenous patients, were there any traditions you tried to pass on, or did they come with their own?

KTP: Pretty well I think they came with their own concept. But to me it's sometimes holding the doctor too much like this that he has all the answers. He's on this pedestal and they hold him like he knows all the answers, but we all know what our bodies can do. We can make our bodies heal themselves. I worked at the Blood Indian Hospital. It was a short stint but I learned a lot from the elders who came in. You didn't see dementias, or I should say you didn't see much dementias. I think it's just because of the way they really lived off the land. But there was a few there that you would kind of see the dementias with them, but there was only like, I'm trying to think. . .

Q: Where was that?

KTP: It was in Cardston but still on the reserve. It was built in the early 1900s and it closed in I want to say '99, because that's when the Kainai Continuing Care opened up and they moved everything over. So it was there for a really long time.

Q: What's the origin of the name Blood?

KTP: I never looked into it. But like I said, where we used to be referred to as Indians and First Nations and Aboriginal and Indigenous, of all those different definitions of us I like First Nations the best. But that came from the government, that hospital came from the federal government, and they called it Blood Indian Hospital.

Q: So those were the only people who were looked after there?

KTP: Ya.

Q: So if you had no blood or were not Indian, you could not go there?

KTP: I think that's the way it worked. I think it kind of started to change afterwards, but it was there on reserve land. Even though the white people lived right across the street, you would never see them. Where Blood Indian Hospital was, was Cardston Hospital over here, so that's where the white people went in the community.

Q: So the Blood Indian Hospital was in Cardston and it treated only indigenous patients?

KTP: Yes.

Q: Where did other people go?

KTP: The other ones, Cardston, called the Municipal Hospital, was just adjacent right across the highway not even half a block away. But the First Nations also went to that hospital when their acuity was higher than what could be handled over there. Or say they did come over there and one of the nurses would call over and the doctor was already at the emergency there, they'd just send them across the street.

Q: But the majority of indigenous people went to the Blood Indian Hospital?

KTP: Yes, and that's where they were treated. But sometimes they could go to the emergency as well. But if they were having surgery, they were over there, like for tonsils and appendix and those kinds of things.

Q: How did the indigenous community find the treatment they received?

KTP: Like I told you, I was only at Blood Indian Hospital for not even quite five months. Then from there in May of 1986 towards the end, I'm pretty sure it was May 26th of '86 up to November '97, I was at the Municipal Hospital for about 11-1/2 years. It's a community strong in the LDS religion or Mormon religion. Like I told you kind of the history, that they were supposed to stay there for a winter and move on, but they never did. There always was some

kind of, how would you say it, like almost I guess like discrimination of the Blood Indian community. They started to say, you've been here, I believe it was over 100 years one time, and it was a big thing. They had blockades and things going on.

Q: Who had blockades?

KTP: The Kainai Nation, they blockaded.

Q: Why?

KTP: Fighting for their land back that was not being given up. You always hear about First Nations how they're standing up for certain things, so that's with them, they blocked. I was off on either holidays or maternity leave with my last child. I went back and was talking to some of them saying hello, and they wouldn't look at me or just quickly and turn away almost like I was guilty by association. I said good morning one time to one of the male nurses I know, and he's not answering. Of course I'm like, good morning, did you not hear me or cat got your tongue? Then he turns and goes, good morning.

Q: So there was objection?

KTP: Ya like some animosity over that.

Q: Was the hospital built on Kainai land?

KTP: Ya, well the whole community of Cardston is built on their land.

Q: So the struggle was around getting back that land from the federal government?

KTP: I think eventually they came to some kind of agreement. I just can't even say what the agreement was, but they did. But it would be really hard sometimes because what I used to find back then in the mid '80s to '90s, I really found a lot of, that's before when RCMPs would get

stationed. So when they got stationed in Cardston, some of them had nurse wives or girlfriends that kind of followed them, and then they would be in the community until their husbands or boyfriends were restationed. I started working at Cardston Hospital and I would find some of them all they would do is talk about the First Nations.

Q: Who was talking?

KTP: The nurses, the white nurses. They would sit together and say this and that about then. I was just kind of new there so I was like, a few times I'd kind of get, not into an altercation, I'd be just like, well that's not very nice what you're saying. I'm like, well I didn't come here for them, I came to learn for myself and advocate for my people that do come to this hospital. I really thought about it and I'm like. . .

Q: How did they receive that?

KTP: Well at first I didn't tell them. They would look at me and just kind of walk away. Then I think they were starting to be a little bit more discrete about what they say, because here's this indigenous person that's around in this hospital. I had to really think about, okay what are you going to do here Karen? Obviously they're going to be this way. Are you going to fight every battle? Are you going to be angry over every little thing? What I came up with was that I was going to watch them. If I ever caught them I was just going to quietly watch them. Every now and then when it first started to happen, I'd find a little circle of them and they'd just be talking about the First Nations, laughing about them or things like that. I'd just be kind of, they could be on this side of the desk and I'd be over here, and I'd just stand there watching them. Then when they do finally see me, then they'd be like trying to let the other person know and then they'd all scatter away. Like I said, once I started to not I guess, to me I felt like I'm not giving them my power. I'm just going to watch them and then they can be uncomfortable and squirmy themselves. And they used to be, they would be, until it got to where I started to gain experience too and thinking, if I do say something it's going to be not said in an angry way. I'm going to just say it matter-of-factly. I was there 11-1/2 years and I never saw it get any better; sometimes it was worse. I'm trying to think, there was some other lady that was an LPN, two

other LPNs that were indigenous. They worked on the Ped side where the babies were, so they weren't always there. Then after Peds went, the one LPN went on the other side. So there was only about two or three of us that were there to advocate for our people. Then like I said, if their acuity of care was greater, they had to be over at the municipal hospital rather than the Indian hospital. Then I think they started using the Indian hospital more for long term care, chronic and things like that. More people were going over to municipal hospital. Back then it was prior to regionalization. I was on this side where there was maternity, ICU. We didn't have day surgery right away, but we had it later, and the pediatrics. We were lucky that back then we used to have two nurses on our side because we had the specialties – the maternity and the ICU. Then there was a nurse down on pediatrics and we had an LPN, two LPNs that floated with us. I would go over to med surg, which was on the other side, and just go visit. If I wasn't busy, I'd go visit the First Nation clients. I'd just listen to them, and I think they just wanted somebody to listen to them sometimes. They'd always tell me, well you know, some of the nurses, they're mostly good, but those ones that are bad are really bad. One time I saw, because a lot of the First Nations would come in probably under the influence of alcohol. So they came, and man they'd be treated bad, and people didn't remember.

Q: What would happen?

KTP: One time I was on med surgery and I went there and two of the LPNs were in there yelling at this person. The door was closed and I was just like, whoa, who's behind that door? But nobody said anything. Later on when everything settled down I went, and it was a First Nations person.

Q: Did you have any bad experiences?

KTP: Myself? I've been at the other end a few times, even as being a nurse. It was in emergency and I went, and you guys always hear about that our health determinants are not so good. You always hear of the natives either that they're abusing prescription drugs. But who got them that way? The doctors, and under the influence of alcohol. Anyway, I was having some health problems and I started going to see the doctor the one time. It was for pain. I have a high pain

tolerance. I could stay at home until I'm diaphoresing and just can't stand it anymore. So I went in and I really felt like I was treated like I was coming to get drugs, even though I worked with them. Then I reported the doctor. I didn't go right to the College of Physicians, but I went to my boss and told her how he acted in emergency.

Q: How did he act towards you?

KTP: There's just curtains, anybody can hear. So they did my bloodwork and they did all these other tests. Then he's standing up there, it's kind of like in a U, how the desk is in the middle of all the rooms. I was in this first cubicle and he goes, well Karen, we got your test results back. Your white blood cell count is elevated, so you're not faking. He told me that. I was kind of blown away and I'm like, no I'm not. Then my husband was sitting there and I could see his face and I told him, I'm probably going to have to stay in the hospital so just don't say anything now; I'll take care of it later. But anybody could've heard him. Then when we asked the nurse on duty what she heard, she was sticking up for the doctor.

Q: So he was implying that people come in and fake their illness?

KTP: I guess so. He told my boss that he was joking. So that's one of the things that I went through there, even though I worked with them. Then I always see my people go through different things and that. When I started getting more experience, like I said, I didn't come out and say some things in anger, but I would come out. They'd all be sitting there and I'd be like, okay I was talking with so and so in room, so who's the good nurses and who's the bad nurses? They'd all look over. I don't say it in a bad way or anything, but just to let them know the clientele is talking about who's the good nurses and who's the bad nurses.

Q: Tell me about your influence as a senior indigenous nurse when younger indigenous nurses are coming through on practicum.

KTP: Initially when I did, because remember I was telling you they started calling it a preceptorship. When I was at the Cardston Hospital there was never, oh only one indigenous

nurse came through, and I preceptored her. I was saying back then that there wasn't that many. But I did a lot of them that were white nurses. I'd have to say I did six to eight preceptors, and only one of them was indigenous. She worked at the hospital as well. So when I gained more years of nursing and just seeing, as nurses you see a lot of traumas with your own people, some traumas coming in that just stay.

Q: What kinds of traumas?

KTP: Well I see traumas in emergency, sometimes when they want you to all go down and be ready. I've seen a baby that came in and they thought they were going to need help with the baby, but when then got in there was really nothing they could do for the baby. That baby was run over, and it was a First Nations baby. You're looking at this baby and you actually see tire tracks on his head and those kind of things. I had another guy come in, and he was cut up all this way on both arms and here. I don't know why my first thought was, who did you kill? They always call us when we're going to have to go down and possibly help with a code and we have to be on standby. The ambulance driver just said that it was a crime of passion, so he did kill somebody. But you know how you kind of know when you see those things. It was I think his partner or girlfriend or wife, I can't remember. Then just seeing everything on how he was, and they said that he stopped just in time for each [1:37:17] or else he would've been gone too. Then I saw a few of the First Nations lose their babies. That's where it's so hard when you know they're too tiny and you can't put IVs in them, that they didn't even send them to Calgary Foothills where they would send them if they're able to do something. I've seen a few of those almost where they have those, and we know just nervous reactions, but it's kind of like they take that breath and you're just like, they're breathing, and we didn't do anything. Things like that have kind of taken a toll on me. I thought I needed a change. Homecare started to be more seen as a need in First Nations communities. The federal government started rolling in funds for that, so that's when I went too. I had had a double thing of wanting to do homecare on my reserve, Piikani Nation or Brocket, to learn my own roots because that's where I'm from.

Q: What did you do next in your career after Blood Indian Hospital?

KTP: It was at the Cardston Municipal Hospital, so we've talked about some of the things there and how I wanted to be an advocate for my people there. I was there from May 26, 1986 until about November 1997. We talked about a few things that really started to take its toll on me. But I really loved working in a rural hospital, even though it was in a community where there was a lot of discrimination. They had every speciality doctor there, because this was before regionalization. Remember '95 was kind of the regionalization; I don't know if you guys remember. But anyway, they had an obstetrician, they had a pediatrician, they had two surgeons, and I believe there was like about three MDs, medical doctors. So they had a little bit of everything there. They even had an internal specialist, two of them, that had their own anesthesiologist. The one good thing about that rural hospital is I learned a lot, especially from the obstetrician; he was good. He helped me learn how to deliver babies so that if he was ever not on time I could deliver a baby. He had confidence in me, and that made it nice, knowing that. Sometimes I'd call him and he would always say, well if I don't make it there I know that one of the best nurses up there can do it. It's so nice when you can work with them like that and they help give you that confidence. My specialty was mainly maternity, delivery there, although I did ICU and pediatrics as well, and the med surg. I didn't really do ER until after when I just worked casual there and started to do ER more. But it helped me move on to my next area, the experience I got there. I did want to go into nursing for bedside nursing, that's what I wanted to go into. When the homecare did come out I got on in Brocket. The reason I chose Brocket is that is my nation; Piikani Nation is my nation. I hadn't been there since five or six. I would go visit but I never lived there again. It was good to go and learn about my roots, the Provost side of my family. Mend my relationship with my dad, or I should say start mending it, because we're still mending it right now. So that's why I chose to go work there, and I actually worked there for November '97 to I believe it was either the end of November or beginning of December 2007. So I was there for ten years. I really found that was all indigenous, well I shouldn't say it was all indigenous people I took care of. There were some white people married on the reserve, and we took care of them.

Q: Was that a common thing?

KTP: No, not very common, because I have to say I can count them on one hand. It was less than five.

Q: Living on the reserve?

KTP: Ya living on the reserve because they married there. But it was mainly First Nations we took care of, and we took care of the whole age spectrum, from babies to elders, and whatever their needs were once they got home. The homecare was a really different kind of nursing, because you went right in their home. You had to build that rapport with them, the trust rapport and just listening to them. Half of the time they just wanted to be listened to, so a lot of it was sitting there and getting to know them, especially when they admitted them, and just really building that trust and the rapport going in there and taking care of them. You're in their space. Even me, I don't want just anybody coming in my home.

Q: So if someone suspects they're having a stroke or something, do they call the hospital and you are dispatched?

KTP: No, the EMS would go there. Say they did have a heart attack or a stroke, 911 would be called from their house or whoever their family is. We wouldn't go there, because it's EMS's job. We took care of them post-hospital. The homecare was post-hospital, whether there were dressings. . . I enjoyed working at Piikani because we also did some central lines and the pick lines, we did super-pubic catheters. A lot of it was educating these people and doing the dressings on those IV lines. Once we started teaching them, and in our culture the families are really modest around one another. As a daughter, I couldn't just go take care of my dad's super-pubic catheter, although I'd probably be so insistent because I'm a nurse. But you'd see that and then you'd work through even that with them. If the elderly gentlemen didn't have a son, they came to the realization at some point in time the daughter would have to help. We'd help them work through those issues and stuff like that. It wasn't just doing the nursing care, it was social issues and everything that we'd help with. So I liked the homecare. I did the hospital and I learned all the tests and different treatments, things about IVs and all of that. So it carried so smoothly into homecare. We did some of the stuff we could do at home, whereas I kind of

noticed that when I went back to Blood tribe that their homecare never really did stuff like that. We worked well with the Pincher Creek doctors. They would teach us different things if we needed to like be certified in even just putting in a subcutaneous line where you could give insulin. We had this one little baby where we needed a sub-cu line but it was called a different thing. We actually had to go and get it at Children's Hospital, and the doctor showed us how to put it on. We put it on this baby, so we did a lot of hands on stuff. When I went back to Blood tribe they did minimal hands stuff. We worked with Lethbridge Hospital for our IV stuff. We made it a really good functioning homecare. At first I was the homecare there for six years and then I coordinated the program for four years when I left.

Q: How did the patients receive this personal care they were getting from you?

KTP: Because I was new to the community, and any time you're new to a community they always ask about who you are, who your parents are.

Q: Did people ask you that?

KTP: Ya, because I never grew up there. So I would tell them that I was a Provost before but I married a Three Persons. Well who's your mom and dad? Then I'd tell them who my mom and dad are. I told them my mom is from the Kainai Nation so that's where I was pretty well raised more. I was here for about five or six years. So once they started to know who I was, I kind of felt like I was more accepted into their homes and that I could go into their homes more. We did palliative care as well, so I had some HCAs in our program once I was coordinating it, and we had palliative care. They came in in the morning, they helped them with their personal care. We let them go home for a few hours, and then they came back in the evening and helped them with HS care. So we kind of made it work like that. We probably had more than half a dozen that wanted to die at home, and we really tried to help them have that experience.

Q: Were you involved with UNA?

KTP: Now I am, but in the beginning where I first found out about unions was at Cardston Municipal Hospital. That would've been in the '80s. I had no inkling of what a union was prior to that. In one of our conversations I told you that the manager, because I was hearing about a strike, and I don't know if it was '85 or '88, but I don't think it happened but I can't remember. But I remember the manager telling me, because I was one of the new nurses, she goes,, so if there's a strike, will you work? Me not knowing anything, I'm like, I guess so. You don't know anything and I'm working and I'm so new and I needed some money. So that was my first experience of a union, then I started to know a little bit more about the union. Where I really did ask for something from the union was actually my transition from the hospital to homecare. I wanted to just take a leave of absence so that if things didn't work out with homecare that I could at least go back to my job. Initially it was not approved, so I appealed it. Once it was appealed they asked, and I went and explained my reason. But it was nice then that I didn't have to be the one there. It was so nice to have I guess our representation then. I don't know back then if they were called LROs or whoever they were, but the representation did all the work for me. I go, okay so that's why I pay my union dues. So I started to kind of know that. Then we would go to some local meetings. It was always nice that sometimes we got a little gift sometimes, which is nice that they're acknowledging us. I didn't always make it to a meeting. Then, like I said, I went into homecare and there was no union there. I was at Piikani Nation for ten years and I believe I only got a raise once every five years. There was nothing there for pension plan; I started bothering them for a pension plan. I was always constantly saying, when are we getting a raise, why aren't we getting a raise?

Q: Were you trying to encourage union conversation?

KTP: Well not really, because I was just starting to know about union. I was like, well why do you not have all of this? When I was at Cardston Hospital I had the local authority pension plan. The first year you don't get it, so for 10-1/2 years. Then when I went to Piikani there was no pension plan, so I lost ten years of putting anything into pension over there. But I kept fighting and telling them we need a pension plan. We can't just expect government to give us a pension plan, that's not a lot of money. Then even our pension plan is not going to be a whole lot of money either. So by the time I was leaving, that last either four or six months, they did take,

they were taking money. But you know what I found out? When I asked for mine back, I told them, could I get the money that I put into the plan. I told them I'll decide what I'm going to do with it. What I did is I asked for it, but it took them a long time to get it for me. They themselves over there put it in a GIC with the bank. I don't know what they were planning on doing, but I think after a while it got better. So once I left there I know they started that, then I just kind of worked casual. I used to do shifts with long term care too, but it was casual. So when I left that job I actually left it because one of the other employees was bullying me. I kept reporting it but they were not getting rid of this bully. I got really sick and had major surgery that year, 2007. I took the whole summer of and when I went back she started it again, and I had no more tolerance for her. Having been off and having been sick and had major surgery I was like, I can't take this anymore. So I left. They didn't want me to leave but I just told them, if you guys choose to keep the bully, then I'm going. You don't just see it with the white communities, sometimes our First Nations people can be really bad to one another too. They call it lateral violence now, that's the name they use for it. So I ended up leaving after ten years over there, and then I just went – how would you say it when you're not under fulltime part time, just casual – I guess I was a free agent there for a while. I worked between Cardston Hospital, because I remained casual there, and then the long term care at Blood Tribe Department of Health. I was able to make it by. It was kind of nice being a free agent; you didn't have to really answer to anybody. Then that's when the Red Crow Community College, the one guy I know there, he approached me. There was two of us, there was me and another RN, we were both working at the Blood Tribe Department of Health. He approached us, we did a lot of meetings with him and Bow Valley College, because it was Bow Valley College's program we followed, so it was a partnership. We rented space right at Blood Tribe Department of Health, so we had meetings with them too. There was an area that was supposed to be semi-acute; they had beds there. We rented some of those rooms as office space, and there was one place there that we rented for the classroom. We did that LPN course between Red Crow Community College and Bow Valley College, and it was all done on the reserve and it was all just for First Nations. They're hoping now, they're building a new college that when they get the health programs there they'll hoping they'll just open it up for anybody, all people; it won't be just First Nations. But it was kind of nice that we were all First Nations. That's when it was becoming two years. All of my experience up to this point played such an important part in this. I wasn't a teacher, but those teachers at

Red Crow Community College were very helpful. I approached one and told him. . . Oh then I was going back for my degree. From 2003 to 2008 I went part time for my nursing degree. So I told him, when I go to class at the university the instructors will say, now you pay really close attention to that one, because it just might be on the test. I used to always star them. So I told him, I can do that in the classroom. But I told him, but I don't really know what's on the test. This is not Red Crow's program, so we didn't always have access to tests. So he told me, when you do get access to the test, ask for it a week in advance, two weeks in advance. So we started doing that. Well we asked our boss then if he could do that. He told me all he does is write one word and he goes, and you tell them you learn everything about that. So it wasn't like, here's the answer. Some of those students did really good because they studied. But I remember the one lady from Bow Valley telling me not to teach to the tests. The students got really good marks. But they wanted the good marks. I studied with them, we learned how to do all together. It was a cozy little group. We started off with 16, ended up with 15, then we went down to 13. Everybody came up with acronyms. I wasn't that good in math, and Bow Valley was supposed to send down somebody to actually do a math class in the pharmacy. They were supposed to send somebody down to do it, but they never did that for us, so we did it ourselves. I told them, you're going into nursing, you work as a team, we're a team here. Who's the smart ones in math? I had a few. Okay, you're going to help lead us in this. But we managed, and they had to have like a 90 percent before they passed. They needed a really high mark. But they all worked together, they were very studious, they did well. Then when we went for our practicum in Cardston it wasn't too bad. They did their long term care and their nursing home. It wasn't too bad; they were accepted. There were some of our people there. Then when we did the surgical at Lethbridge Hospital, they were not very nice to us because we were all First Nations. There was a few there, like I'd come all of a sudden and they'd be talking about our group. I looked at them, because to me I'm just like, that's how I deal with things like that. I'd just kind of look at them and they'd walk away. Or I'll say something so they know I'm around. But I had eight students under me on a busy surgical floor. But we made it through.

Q: Were they LPNs?

KTP: LPNs, yes.

Q: So you transitioned a lot of LPNs through the program?

KTP: Well just the class from 2008 to 2010. Then because Bow Valley, they didn't do what they said they were going to do at their end, so I think at the next one it was just them, they never hired any of us First Nations as instructors and that. But I really believe that out of our 13 that we were able to graduate eight of them, so that's more than 50 percent.

Q: Do you know any other indigenous instructors in the field?

KTP: Right now I have to say I might know of a few at the University of Lethbridge. With Bow Valley I wouldn't know, because they're in Calgary.

Q: There must have been some change that encouraged them to hire indigenous instructors.

KTP: I don't know, I can't even answer that question. But they did go out to the other Treaty 7 area, Siksika, and they had the same program partnership of the old Sun College there and Bow Valley College. And that's what I was kind of hearing, that things they said they were going to do, they didn't do. But they eventually finished. I think their program took a little bit longer, but they eventually finished. But we finished ours in the timelines it was supposed to be finished, I think because we were better problem solvers and just worked as a team in doing all of this. I just told the students in the end, sometimes they'd get frustrated because they'd feel kind of the discrimination or racism, whether it was something said or just body language or the vibes they feel. I told them, you're student nurses, you're here to learn. You're not here for them. They're not going to give you an education; this education you're getting for yourself. So don't let it bother you. It's going to be there, but don't let it bother you. I always gave them pep talks because I'd just see them sometimes that they had that hardship or we'd all have the hardship. But I always tried to give them a pep talk for it. So eight of them graduated. Then when Bow Valley did their course and hired nobody that was First Nations, they had 20 people and they only graduated four. So I don't know what really went wrong there. I think it's just not having a good rapport with them. Maybe trying to understand them more.

Q: Were they LPNs?

KTP: Ya they were LPNs.

Q: And 16 of them just never got to the next level? Because of lack of supervision?

KTP: Probably. They probably didn't want to put in extra stuff in there. I have to say I gave them my heart. I know how it is to be a First Nations, because I went when there was hardly any. You feel like you just need somebody to almost sometimes hold your hand and just help you to begin with, understand you. So that's where I really felt like I had that understanding. I had my experience to share with these people. Once they were out there in the community, some of them went to work in Cardston, and I worked in Cardston. I got the best compliment ever from one of the male RNs. His mom was a nurse too. I was really good friends with her and then he went into nursing too. When they had some of those nurses, I think there was three of them there, he was saying, where did these LPNs come from? He was very impressed with their work ethics and their knowledge. Somebody told him, oh Karen Three Persons was their instructor. He goes, no wonder. I just thought, oh. I always used to tease them – we're gonna teach you guys to be workaholics so we don't become alcoholics. We'd all laugh about it. The way I taught them to is, they'd ask me a question and I was forever telling them, look it up. So when we were all done and they graduated, they gave me a little paper badge thing they made, and they came and stuck it on me. On it it said, look it up. And it said, thank you. So teaching them how to do their research but also helping them to remember it. Or as a group we would go, well what kind of acronym can we come up with here so that you all remember it? Working together as a team, teacher-student team.

Q: Tell me about your transition to branch local president.

KTP: When we first started, I don't even remember the year that we were first in this, but it was when we were in community health. I was in community health from 2010 to 2016, so it would be any time after 2010. We had one of the non-indigenous nurses contacting UNA to bring UNA.

Like how I told you, when I was at Piikani I hardly had raises, whereas when I was at the hospital any time I went up an increment or step or whatever they called we got some kind of a raise back then. But when I went on the reserve there wasn't, so at community health we weren't getting anything. She got the ball rolling and now I can't say per se if they fired her because she brought the union in, but they probably did.

Q: So you were part of the initiative to bring in UNA?

KTP: Ya. We all voted on it. The person that did contact UNA and then we were all there to make our vote on it, in the end the Blood Tribe Department of Health fired her. But because we had already voted on the union, the union was able to get some compensation for her, which I thought was good. And she did, she brought a good thing in. We always say everything has its pros and cons.

Q: Was it a problem to bring in UNA?

KTP: We're actually the first First Nations community, Kainai and Piikani, to get the union in there. I don't know if there's been other reservations right now across Canada, but I think here on this side Treaty 7 area I know were the first. When we first came to AGM I'm thinking it was 2011 or 2012. Time flies sometimes, but I think it might be 2012. I just know that this is our third contract we negotiated with them. Ya it's gotta be ten years. You try to think back, but we've had three contracts with them. So when they came in everybody was like this and that. Us nurses were happy about it that we're going to have some kind of support system, representation for any grievances or stuff that we needed help with. Especially monetary, monetary is always in there. So we did get it, and Blood Tribe Department of Health was so mad at us RNs. They did not like it that the union got brought in, because then they had to pay us what we were worth. We were like \$5 less than any other nurse, if you worked on the reserve. And you know what their excuse was? You don't pay taxes on the reserve. So that's why we had to work \$5 less than any other paid nurse.

Q: Isn't that discrimination?

KTP: Well that's what I said. We always say, yes we're discriminated there. But we look at our own people and we're very discriminated, can be so mean and unkind to one another.

Q: The tribal department was run by whom?

KTP: Let me see, back then they were First Nations. Every now and then we'd have somebody that would be non-First Nations to be the CEO, but mainly it's been First Nations.

Q: And they decided that on the reserve they would pay less?

KTP: Yes, it was always less on the reserve. That's what I hear. They're slowly getting used to now, like I said, I believe it's ten years. Years went by before we got this other contract, or close to ten years at least. I think they're beginning to realize. They get funds, and to me Health Canada knows what nurses get paid. So those funds go to the reserve, but then once they get into the reserve they have the choice of how they're going to spend it. Now they pay us what we should be paid.

Q: Are you currently getting the same pay as other nurses?

KTP: Ya.

Q: How big is your branch in membership?

KTP: Our membership right now? It's between Blood Tribe and Piikan, and it kind of bounces around. I think the highest I saw was 42 and then sometimes it's lower, mid-30s. There is a shortage of nurses; you see them kind of come and go. But in the last little while, I think with Covid, they do try to always hire their own indigenous. But with Covid there's no choice, they had to hire. . .

Q: Are you the only indigenous branch in UNA?

KTP: I believe so, unless they've gotten more. I've never really asked. But I remember when we did sign and started, that they did say that we were the first reservation. We're really under federal, when you think about reserve lands we're under federal, and UNA is provincial. So ya, I don't know if they have more. I always remember once we were unionized I went over to in Treaty 7 Siksika, they flooded and I went to go help them. It's so weird that the lady that supervised community health there when I was helping them, she brought me to meet their manager. Their manager is not a nurse. We went and he introduced me and he goes, oh thank you for coming to help us. He goes, but don't you try to bring that union around here. He just openly told me that.

Q: Are you known as a union person?

KTP: I don't know, just because I was one of the nurses in the union. It's all Treaty 7 area. But I know in Treaty 7 the Piikani and Kainai Nation are the only ones in the union.

Q: What's the local number?

KTP: Our local is 416. You know how we do all the voting for the executive, two people wanted to put my name in there. I'm just like, oh my gosh, what am I going to take on? Like I said, I was just familiar with the union. But I'm glad I did, because sometimes it really opens up your mind to a lot of things. Even I didn't know how important it was just with the Labour Movement, like the AFL and all of those things. I really feel like I've come a long way. Sometimes when they ask me questions about the union I'm kind of like, I do know that. So I have really grown in union and knowing there's always the pros and the cons, but I like the pros way better than the cons.

Q: How long have you been local president?

KTP: I was local president for I believe four years, and then I took a leave of absence. Back then I just kind of left it up to the vice president;. I took a leave from that. Then they finally got one of the other nurses from Piikani to take on the presidency, but nobody wanted it. I don't know if

they felt intimidated by it or what. As soon as I came back they voted me back in there. Sometimes nobody else wants to run, so I'd just get it by acclamation. I've been on the negotiation team a couple of times too, because nobody else wants to go on it. So we were telling the younger gals that they need to start putting their foot forward.

Q: Do you advocate for any additional conditions for indigenous nurses, like any understanding of your traditional values?

KTP: I guess I'm going to say working with the elders, and I'm calling them the old elders, because I feel like I'm a young elder.

Q: Does the term elders refer to elders in the aboriginal context or in the age context?

KTP: It's kind of that way too, or seniors.

Q: So are you talking about seniors, or elders in the traditional indigenous sense?

KTP: Either way. I'm getting up there. I just say the elders, kind of the ones that we're taking care of in the long term care. I'm going to use them as an example. There's that modesty between the male and the female that's almost more readily accepted for the female to take care of the male, because females are known as caregivers. But we also have male workers. So it's really hard sometimes for the females, because of their modesty, to have a male taking care of them. But we did have an HCA and he worked over there for many years. He was probably there for close to 20 plus years. From the time it opened, they got used to him. I remember sitting with one of my nightshift, I went and helped the one resident to the bathroom and I sat with her or I'm standing there. I'm like, are you okay with me standing here or do you want me outside the door? Most of them were okay with me, being a female, to stand there. She was telling me, I'm really glad you came to help me. I told her, ya, why? She goes, well you know, the guy is good but I just like it so much better when the ladies come. I did most of my nightshifts directly with the male HCA, so I would try to make it to go help the females, especially the ones are just like one person assist. But I'd have to get his help with lifts and that. But then at the end

she goes, you know, things are really changing nowadays. She said, the men or even sons-in-laws before could not be in the same room as their mother-in-law or certain people. She goes, but times are changing and I'm slowly getting used to him coming to help me. I just thought, wow, when they just start to recognize those things, and being able to talk about it as well. So those are just some about the traditional things that they're not so open to but started to be open to that involved their care.

Q: Have you worked in any other part of Alberta?

KTP: No, I haven't. All southern Alberta.

Q: How have things changed over the years for indigenous nurses? You came in during the Klein era.

KTP: He's the one that brought the regionalization, wasn't it, in '95? Initially when I became a nurse I have to say that I probably just, I'm sure there was more but I only knew of maybe three or four prior to me.

Q: Indigenous nurses?

KTP: Yes.

Q: Across the province?

KTP: In our area, in southern Alberta. And I was going to school with one other gal too, but she had to take time off and didn't finish. But even though I had my baby – she was born in '84 – I went back that September '84 because I found a good daycare centre. I finished just my nursing then. There wasn't many indigenous nurses. After being in the profession for 20 plus years, we started to notice a little bit more of the nurses that were coming in. Now there's more so, but I'm kind of noticing them more too. Working at long term care, we get those first year nursing students and that. You just always hope that they complete the program. We do have a couple

of first years right now. I always have my family that have told me that I really inspired them to go into nursing. There's myself, we have quite a few nurses in our family. There's myself and I'm thinking Patty, Lanny, Emily, Shawna, my own niece. I work with my own niece, we're both at the long term care. She actually did the U of A program. So Shawna, Emily. We have one that's waiting to write her NCLEX. In our family we have right now almost ten nurses, whereas I was the only nurse before. It's so nice that more young people are going into it. I have one daughter, she didn't go into it. She's a single mom right now. She got her degree in addictions, because that's kind of the new thing now. She is wanting to go back to school.

Q: Are the ten nurses you mentioned in the Provost line or the Three Persons line?

KTP: The nursing? Actually both sides of the family, my dad and my mom's family. Which is nice, because when we all get together we can share. It's really good for debriefing, because we all understand confidentiality; we don't use any names. If we debrief with one another, we know that it's with us and nobody's going to share it. We do that sometimes. We just have to sit and debrief about situations or things like that.

Q: Do you think there's more understanding of indigenous nursing care now than when you started out? Has there been any improvement, on a provincial level?

KTP: Right now I'll kind of go federal, and I'm just kind of going by our workplace, and I think I hear it with others. I don't really see any improvements. I think we're going to see a lot of nurses leave. Covid has just been like. . .

Q: Has Covid impacted you?

KTP: I think it's impacted all nurses globally. I'm just saying that first year everybody was booked for holidays and couldn't take any holidays. That was all taken back from us. Then the second year, we were able to take holidays, so I took advantage of it. But I still had a whole bunch of holidays left. But I was already starting to feel burnt out, then I ended up with this broken ankle. I think it was just the universe telling me that I needed to rest. Sometimes we

don't realize when we're burnt out, we just keep going and going and going. So I just believe the universe said, you need some rest here, and they made this happen to me to make me realize. Then being off for two months, I went back on desk duties; I came back. You actually feel the lack of appreciation for everything that we did through Covid. I did say federally, but I think it's provincially, I think it's globally. I hear of a lot of nurses that are just not satisfied anymore – they're leaving nursing. But there's still some of us who still love nursing, and will work through it.

Q: You will continue?

KTP: Ya, I'm going to continue. But I know when I become 65, like I hear of some people working still fulltime after. Even if I could, I think having this life-changing moment is that I've worked a lot in my life, and by the time I'm 65 it's going to be 40 plus years. So I think I'll do casual, very casual. But I'm preparing myself for retirement. Like I told you, I've done alternative medicine. I did Reiki and it really helped me find my peace. I got to the point at one time, my husband and I had marital problems and we almost separated. It took a lot of work. I was like, what do I want now? I was content but yet we had all of this stuff happen. That was a real turning point for myself as well. I wasn't just a caregiver leaving myself on the back burner anymore; I'm like, I matter. It took me later in life to really realize that. But I'm preparing myself for retirement because I want to do Reiki. There's another class I'm taking, and energy healing. That's what Reiki is. That's why I talk now a lot about not allowing people to take your power away, and working on your own energy. I do feel that way. I was talking with my niece, because I told you we almost thought we had my brother missing. Oh and I'm also doing mediumship, getting messages from spirits. You know how they have these mediums, even on TV. I'm never going to be that person, but I've really worked on my intuition through exercises. But I come from my grandfather, who could do that. He showed me.

Q: Can you tell me what Reiki is?

KTP: Reiki is just healing hands. We just use different symbols and stuff. We attune our hands, and then we can do energy healing. I always tell a person, do you want me to put my hands

right on you or do you want me just to put my hands a little... I always say, excuse me if I do touch your body, because sometimes I do close my eyes. When I first learnt it I was invited to the Piikani, they had a wellness day. That's where you see all these problems with the drugs that go on, the bad drugs. So I went and had a list and I had people come to me, and at the end of the day I had 14 people I did Reiki on. When I went in there I could just feel the energy buzzing of these addicts that were around, and some of the ones that probably came onto my table were too. I could probably say who they were, because I felt them. But once I took care of them it was just like their energy just kind of settled down. Then you could see them start coming again once it wore off. But ya, I like Reiki. It's helped me heal and move through a lot of stuff. I've been trying to get it into their detox program over there. I just feel like they need to get rid of that energy inside of them that's all associated with addiction. I'm trying, but not everybody believes in things. I told my husband, we're going to build a tiny home with solar energy.

Q: Were there any more steps in your career?

KTP: I did do the community health, but we did kind of talk about that. That's the only one I couldn't stay at for very long, just because of the work environment.

Q: Why did you decide to go into community health?

KTP: It's like immunizations programs, so at least I learnt that. That was something I didn't have, and I wanted to be a well rounded nurse. Community health was one of the ones I hadn't done, and I thought I might as well do it. So I did it actually for six years, almost seven but I just say six. When I first went there and people know that I guess I could talk and a lot of them would talk about their problems, then they'd want me to be the person to go and tell the boss this or that. They were just kind of using me. So I'd just kind of look at them and I'm like, you go tell her. After I caught onto them – you go do that. Then I think there was a few of them who were intimidated by my experience, so sometimes they didn't treat me very nice. But I would stand up for myself. I was to the age where I'm like, I'm talking, my mouth is unzipped. I never did it in an angry, bad way. I just made them know that it's time to stop. A few times I was like, you need to stop now. And then they don't. I'm like, I thought I told you you need to stop, so just stop

now. I know the one had her nose out of joint because power went off and I got called to go save all the immunizations, the vaccines. Apparently they had \$25,000 worth of vaccines in there, and I saved them. She I think had her nose out of joint that it wasn't her; she's usually the one that's called. But I was the closest. So I could not believe the way she acted. It was ridiculous. So I stayed there for six years and I just left when they said there was a job open at Kainai Continuing Care. I always look at it that I started off with bedside nursing at Blood Indian and Cardston Hospital, and I took one big turn and went around the block a few times, experienced homecare, stayed casual at the hospital and long term care, then some teaching of both the LPNs and the HCAs. Then going back to school myself and getting my degree; I was done December 2008 and I did my convocation May 2009.

Q: Tell me about Red Crow Community College. Were you teaching there?

KTP: Ya. Red Crow. . .

Q: Where is it and where is it?

KTP: It is the college on the reserve, the Kainai reserve. The reason they called it Red Crow is historically the chiefs, like they always have the chief and the council. So before when the chief was voted in he was a lifetime chief. His last name was Redcrow, so I think that's why they named the college Red Crow Community College. We did the program with Red Crow College and Bow Valley, and then after that Red Crow wanted to try some other health classes. They worked with Norquest, but rather than being in a partnership with Norquest, Norquest just, I don't know if it's a license or whatever they get, then they have to know the standards of the program. So he just got a skeleton form of what to follow and guidelines and the standards, so I had to put that program together. There was modules, they wanted to do modules. But I don't know, being a nurse, I always thought about textbooks, and I did find a textbook for them and networked getting that textbook there. I had to learn how to generate tests from that textbook. But everything I did was for that. He wanted it not in the five months, he wanted it in six months and he wanted it to be geared towards First Nations. He put everything in order. Not everybody was a Grade 12 graduate, but he was trying to give opportunity to students that

didn't graduate but still had some good marks that we knew would make it through. So that's how we kind of helped some of them. What else was I going to say? Oh, bringing the elders in. They have their elders that they use, and we brought them in a lot. Even with how we talked about that personal care and the male and female component of it, they would come and talk about that too. Every different little area we could bring them in to talk about that. What they didn't really have to do but they would do, they'd bring some of those students on fieldtrips to significant historical points that maybe they would never make it to. I know they brought them to some medicine wheels. In Siksika they call it the Blackfoot Crossing; historically they've done something there. They were able to go there. So it was kind of nice that I was able to go to these places too along with them. I taught their HCA program, which I had put together myself, three times for them. Their college burnt down I believe 2015. Now they have a big beautiful college. Their college was actually in the old residential school building, so it was really kind of an old building that they used for that. Now they have a brand new college going up, and I believe they're looking at this September to open up. But it was really good to incorporate the elders into it. Then we also gave some of them extra tutoring. I had somebody that helped me kind of like an admin assistant, but we both would tutor some of the students. A lot of them, like even multiple choice. Multiple choice can be such a hard test to do, so we really taught them to look out for certain words and things like that. They would thank me, like thank you for helping us that way. But it also made me understand multiple choice questions too, just being a nurse that went as an instructor and didn't really have an education in a teacher background; I didn't have it. But the teachers at Red Crow really helped me in that aspect.

Q: You've had such a varied career.

KTP: I have. And like I said, there's still some of us that like nursing. Even though I really feel like Covid burnt me out, the union has helped us in a lot of things and certain problems. Sometimes I'm like, you know what, I'm going to let the LRO know to see what is going on here.

Q: Are there any indigenous LROs?

KTP: I don't think so. Maybe that's what I'll have to become. . . . Even now that I work at the Blood Tribe Department of Health long term care, I'm working with some of the LPNs I taught and I'm working with some of the HCAs I taught. When they're on with me they know that I know what they're supposed to be doing. I told some of the other ones that I didn't teach, you are aware of your own roles and responsibilities on the floor; all of us are. All we need to do is go out there, work as a team, and get our job done.

Q: Would you encourage young LPNs or RNs to offer their skills to indigenous communities?

KTP: Yes. Just like what my young cousin did, she did the U of A program as well. She actually worked with not Enoch but the other one this way; they call it Muskogee, it used to be Hobbema. She worked there first and she was working with the federal Health Canada. Then she went to another community down in Calgary, Eden Valley. She worked at Siksika too and now she's finally back at the Kainai community. I just need to take another quick comfort break. . . . I think in all of this, just to end, I remember when I first got my RN I was like, I'm never going back to school. Then yet I took my degree from 2003 to 2008, because you get that five years to complete your degree. I actually went back to the university in Lethbridge to take a palliative course, because that's when I was doing homecare. Then I got the education itch and I just kept going. Never finished the palliative certification but I finished my degree. When we talk about education I always tell everybody, get educated. Don't ever think that you can't do it. Whatever we put our minds to, we have to do the work. What is your reason for becoming who you are? I wanted to become a secretary when I was young, but I ended up being a nurse. Like I said, sometimes it was hard being the only indigenous person in your class and that. Even when I went back to university, not much changes sometimes. But approaching some of the instructors when you want to talk to them about your paper or something, it's almost like they give you that impression that it's not important enough what we want to discuss with them. Then I was just like, the one time I just kind of stood there looking. We weren't even done, at least I wasn't done talking, and she already turned her attention to somebody else. I just stood there kind of looking at her. After that I just walked off and I said, okay whatever, and just walked off. But sometimes things don't change. But like I said, we're only there for ourselves and what we want to do. I'm always thankful, like I said, my mom is my hero. Whenever I was in

school she always made sure that I had enough to eat. She was working, she helped take care of my son that I already had when I started my nursing. Then I had my daughter. Even any obstacle that comes across, it's your journey and we need to push ourselves to keep going.

Q: Did you ever file a grievance on the grounds of discrimination?

KTP: I didn't. One thing I did forget to say was when I was just young and really inexperienced and I worked in Cardston, there was one of those men who thought they could just go like this to my butt. I was so young, I didn't know what to do. I just told one of the older, remember I told you there was two LPNs. But I never brought it forward. But I told him to not ever touch me again. I told him, don't you ever touch me again.

Q: What was his job?

KTP: With maintenance or something. Don't you ever do that again. I was ready to slap his face. But those kind of things that happen, and it just happens so quickly you're just stunned and don't know. He laughed and thought it was a joke. But no, I never did, except with the doctor. My supervisor then said if I wanted to go to the College of Physicians. I told her to let the doctor know that it's not a joke when you say that to people when they're vulnerable. When you're in ER, you're vulnerable, you're at the other end of the spectrum, and I don't believe a health professional should talk to you in that manner. I go, and if he ever did that to me again I was going to go to the College of Physicians. I always believe you give a person a chance but you let them know that they have overstepped their boundaries, and if they continue then I'm sure I probably would've went somewhere and taken it further. But right now I have a chucker's mouth when I want, and I swore at this guy. When I first became a nurse there was lots saying, I'm going to go into nursing too. I just always encouraged them. I told them it's not easy, it's a hard journey and you gotta put the work in. Now I'm even helping one, because you know how they changed the exams over. They used to call it CNAT and I think it was Canadian Nurses Assessment Test or something. Now they call it NCLEX, and I don't even know what the NCLEX stands for. But I guess that was an American test. They brought that here maybe four or five years ago, and some of the nurses have such a hard time passing it. Maybe they need to start

looking at what is the program actually teaching that is not helping them pass this test. So I'm helping one girl kind of study for her test and that. Even when she works, she didn't get her grad certificate but she works with us as a healthcare aide. So I just always call upon her, even if I'm just doing a specimen. How do you label it, what containers? That's all important to learn. I've let her do some dressings; she watches me first. So I really like to take the younger generation, I like to take them under my wing and teach them how. I'll keep doing that as long as I can. But like you said with the union, maybe I could. . . I've done lots with the executive. I went to some of the other meetings but with Zoom even our local couldn't even see each other. I have not been able to do the labour school; I wanted to. They had one in June, I did register for it and was trying to get some of the other executive engaged to go. Nobody wanted to go. I'm like, well I just told them to give it up to somebody, because my June is already getting filled up.

Q: Is there anything else you'd like to add?

KTP: No, I think that's it there. Sometime in there is just seeing that big circle I took, because I really did want to go into nursing for bedside nursing. I did all the hospital work. Then I had all these other stepping stones, like the homecare nursing, then the teaching, then still continuing with hospital work and the long term care work. Then adding community health there, that was one part of nursing I hadn't done. Going back to school, even though I felt intimidated to go back, I went and I did it. Coming back to long term care, taking that big full circle from bedside nursing and going back to bedside nursing. It has been a journey.

Q: Thank you so much for sharing today.

KTP: You know how they say as First Nations our health determinants, our own genetic makeup, and I guess living more western society now than the way we used to historically live off the land, is we're starting to see more chronic diseases in our communities and with our people. But I have thoroughly and still enjoy my nursing career. It's been a ride.

[END]