

Onkwaná:ta *Our Community*
Ionkwata'karí:te' *Our Health*



Tsi niionkwarihò:ten tánon Kanien'kéha
Traditional Ways, Culture and Language

About the report

This report belongs to the community of Kahnawà:ke and is stewarded by Onkwata'karitáhtshera. The materials are to be used solely for non-commercial purposes and with the goal of improving the health of the community. The production and distribution of this document and the information contained within it is guided by the Onkwata'karitáhtshera Health Surveillance Policy and Health Research Policy.

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Information sources used

The main information source for this chapter is Kahnawà:ke's community data from the Regional Health Survey in 2015. Details about this survey, its advantages and limitations can be found in *Onkwaná:ta Our Community, Onkwata'karí:te Our Health Volume 1*, and *Onkwaná:ta Our Community, Ionkwata'karí:te Our Health 2023 Volume 2*. Both documents are available at <https://www.onkwa.org/healthportraits>

Some information gathered by community programs and organizations is also reported. This is noted in the text when this is the case.

Some information from the First Nations Food Nutrition and Environment Study (FNFNES), done in 2016, is also shared for comparison. This

was a research project stewarded in the community by the Kahnawà:ke Schools Diabetes Prevention Project (KSDPP). The full community report, including the methods and limitations, can be available by contacting KSDPP.

Special Note:

Small numbers limit statistical analysis for less common responses. Throughout the report, a single asterisk (*) indicates this is an imprecise estimate and results should be interpreted with caution (the coefficient of variation greater than or equal to 16.6 and less than or equal to 33.3). Occasionally you will see two asterisks (**), in this case, the data is very imprecise (the coefficient of variation is 33.3 or greater).



Tsi niionkwarihò:ten tánon Kanien'kéha: Summary of Key Points

Culture and Collective Identity

- Almost 7 out of 10 (69%) people felt that awareness of Kanien'kéhaka culture was a community strength
- 6 out of 10 (60%) felt the community is making at least some progress on cultural revitalization
- 6 out of 10 (60%) said they regularly take part in community cultural events
- 6 out of 10 (61%) adults felt that traditional spirituality is important to them
- The most commonly consumed traditional foods were: fry bread, corn soup, cornbread, berries, and freshwater fish
- Gardening and fishing were the most common activities linked to traditional food gathering

Kanien'kéha (Language)

- 9 out of 10 (90%) survey respondents stated that they have knowledge of Kanien'kéha (even if only a few words)
- 7 out of 100 (7%) people said that they used Kanien'kéha on a daily basis
- Self-reported fluency in Kanien'kéha was much more common at ages older than 65 than for adults 18-64 years old
- There are positive signs of increasing fluency among the community's children and youth
- More people considered themselves fluent in speaking and in their verbal understanding of Kanien'kéha compared to in reading and writing
 - This is in keeping with the higher fluency among Elders and the development of standard written expressions of the language in the 1970's

Traditional Medicine, Traditional Healers and Traditional Support Services

- 1 out of 3 adults said they had used traditional medicine in the last 12 months
- Medicinal plants were the most common type of traditional medicine used
- Almost half (45%) of people said they had no difficulties accessing traditional medicine
- 1 out of 3 people (31%) said they were simply not interested in accessing traditional medicine
- 1 out of 10 (10%) people felt they did not know enough about traditional medicine
- 1 out of 6 (16%) adults had consulted someone they considered to be a traditional healer in the last 12 months

Introduction

Culture, language, identity and sense of belonging play important roles in shaping individual wellbeing and community wellness. Kahnawà:ke's 2024-2032 Community Wellness Plan (CWP)¹ recognizes this central influence of culture and language as a foundational determinant of wellbeing. Kanien'kehá:ka culture has long been threaded into the ways the community has addressed its previously identified health priorities. This has been done within approaches to diabetes prevention, or in arranging engaging activities for people with disabilities. There are many examples of this from individual stories; it is also visible in photos in the annual reports of community organizations. Even so, it is recognized that there is a need for further revitalization of Kanien'kehá:ka ways, and that these must also take a more central place in how the community approaches health and wellbeing.

The vitality of culture and language in the community has been impacted by colonization and continues to be affected by ongoing forces of systemic discrimination. Even as we work to hold fast to our culture and find healing within it, we recognize that we often collectively struggle to do so. There is individual and community grief, shame and trauma associated with the losses our people endured – and those we continue to experience. We need to keep working together in a sustained way to re-root our collective wellbeing in our culture.

This chapter of the *Onkwaná:ta Our Community, Ionkwata'karí:te' Our Health* portrait gathers together measurable data that is already held by

the community that is linked to culture, language, identity and traditional medicine. Numbers from programs and surveys can never tell the whole story; culture, language and traditional ways are woven into the day-to-day lives of families and social groups. These may include: how old friends greet each other when they bump into one another at the bank; the sharing of family stories across generations; beading; practicing ceremonies; participating in longhouse activities, or even a simple habit like stirring one's cooking in a counterclockwise circle.

For many, culture, language and traditional activities are tied to the specific way of seeing the world, and core concepts guiding their way of life. Longhouses serve as cultural epicenters, putting traditional concepts and ideas into practice as a way of life. The Rotinonhsión:ni of Kahnawake are committed to the revitalization of culture, and language. More community members have been attending Rotinonhsión:ni ceremonies. Community schools and many workplaces have included the cycle of ceremonies in their calendars; this gives both students and staff support to attend ceremonies.

These strong cultural roots cannot be captured in statistical data, and it is not the intent of this chapter to try to do so. Instead, the hope is to make the information available to community members as one resource to help visualize what data *is* measurable. Over many years, community members and organizations have consistently expressed the need to have data and statistics to go *alongside* other detailed

¹ Kahnawà:ke's 2024-2032 Community Wellness Plan, Onkwata'karitáhtshera (2024). <https://static1.squarespace.com/static/6527f0b50efa343f4f45b90a/t/668f331ae7f648775233c116/1720660778451/CWP+v2+5-31-2024.pdf>

knowledge to aid in understanding and planning. Statistical portraits like this one are meant as a tool to help assess if people are achieving the goals they have set, and to help community members with background information to support ideas or programs. After the first two volumes of the Onkwaná:ta Our Community, Ionkwata'karí:te Our Health portraits were published, community members voiced a desire to have a portrait chapter that specifically looked at culture and language. As surveys are done over time and programs continue to run, the hope is that we can add to what we see today and better understand the community's progress in this domain.

We also recommend reading *Ientsitewate'nikonhraié:ra'te Tsi Nonkwá:ti Ne Á:se Tahatikonhsontóntie* (We Will Turn Our Minds There Once Again, To the Faces Yet To Come): Second Language Speakers and Language Revitalization in Kahnawà:ke by Kahtehrón:ni Iris Stacey², and *Skátne Enionkwaió'ten* Community Language Plan³ for further information to help understand some of the context around language and culture in Kahnawà:ke.

Most of the data in this health portrait chapter represent only Kahnawà:ke and come from the community's results of the 2015 Regional Health Survey (RHS). This is a robust survey done with

616 community members of all ages, that follows OCAP principles and is stewarded by Onkwata'karitáhtshera. The results are owned, analyzed and shared for use by and for the community. More information about the survey is found in the methods sections of and *Onkwaná:ta Our Community, Ionkwata'karí:te Our Health* Volume 1 and Volume 2⁴.

The First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC) published a similar health portrait chapter on language and culture⁵. This used the overall 2015 Regional Health Survey (RHS) results for all participating First Nations in Quebec, without identifying specific communities. In a few areas of this health portrait chapter, the combined data for all communities in Quebec is presented alongside Kahnawà:ke's, in order to have a point of reference. The report of the FNQLHSSC on culture and language is available at <https://files.cssspnql.com/s/uxnTJaeburu3quDO>.

While most of the data in this chapter comes from the 2015 RHS, there is also some data from local service and program statistics to complement it, as well as some from other locally guided projects. An updated survey has been ongoing in 2024-2025. After all the surveys are completed, we plan to come back to this chapter to update the results and see if there are changes over time.

² Ientsitewate'nikonhraié:ra'te Tsi Nonkwá:ti Ne Á:se Tahatikonhsontóntie We Will Turn Our Minds There Once Again, To the Faces Yet To Come Second Language Speakers and Language Revitalization in Kahnawà:ke. Kahtehrón:ni Iris Stacey. 2016. University of Victoria. Accessed 2024: <https://dspace.library.uvic.ca/server/api/core/bitstreams/d0674718-bd9c-43ae-a605-9227b3e72a15/content>

³ Skátne Enionkwaió'ten Community Language Plan. Kahnawà:ke Education Center. April 2018. Accessed 2024: https://static1.squarespace.com/static/659f155b4d58cb1a89bab5c8/t/65fc949a2f0caa254b1fe6d8/1711051930718/skaten_en_ionkwaioten-final_english_web.pdf

⁴ <https://www.onkwa.org/healthportraits>

⁵ *First Nations of Quebec and Labrador Health and Social Services Commission. (2018). Quebec First Nations Regional Health Survey – 2015: Language and culture. Wendake: FNQLHSSC. https://files.cssspnql.com/s/uxnTJaeburu3quDO*

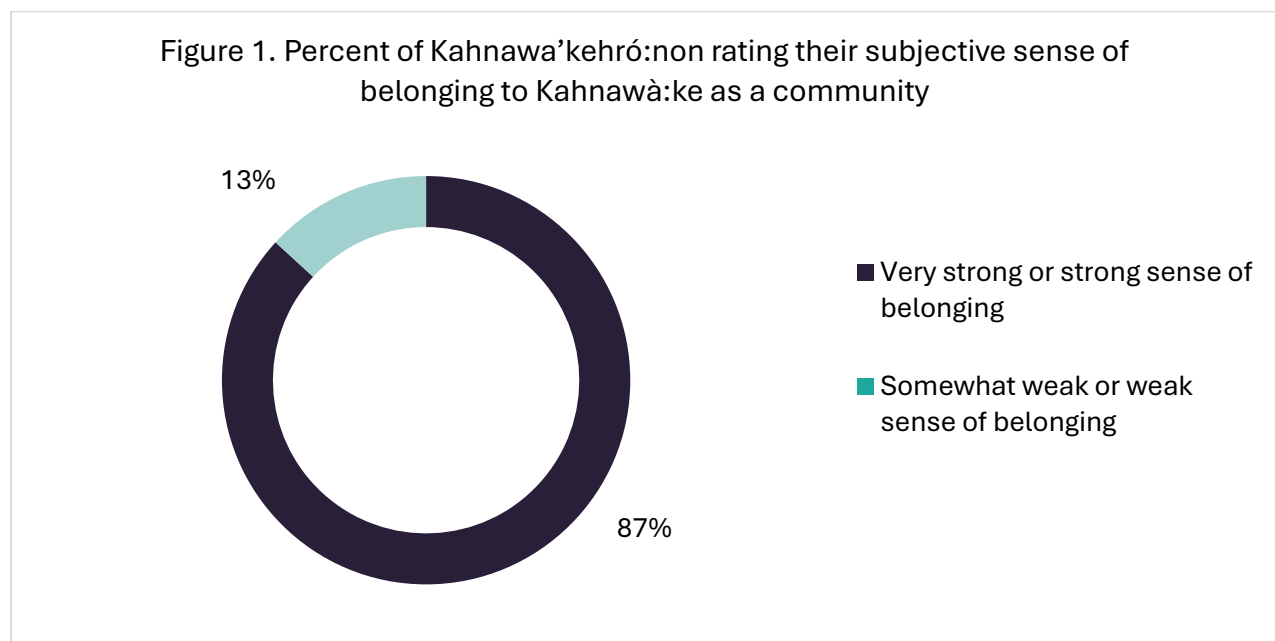
Concepts Related to Individual and Collective Identity

Feeling a sense of belonging to one's community

While culture can partly be something people feel connected to as individuals, there is a collective power in bonding through culture with others. Sharing food, stories, jokes, traditions, beliefs, activities, ancestry, connection to land and more contributes to a sense of balance in overall wellbeing. The First Nations Mental Wellness Continuum Framework⁶ puts “belonging” as a key wellness outcome, along with hope, meaning and purpose. People working in health and social services in Kahnawà:ke readily identify sense of belonging

as a protective factor for wellbeing among the people they help.

In Figure 1 we see that 87% of Kahnawa'kehró:non felt they had a strong or very strong sense of belonging to the community. Only 13% rated their sense of belonging as weak or somewhat weak. In comparison, among adults in Canada in 2016, 62%⁷ had strong or very strong sense of belonging to their local community, while for all First Nations in Quebec it was 84%⁸.



Source: Regional Health Survey 2015, participants 12 and older

⁶ The First Nations Mental Wellness Continuum Framework. Thunderbird Partnership Foundation and Indigenous Services Canada, 2015. https://thunderbirdpf.org/wp-content/uploads/2023/05/FNMWC-Full_EN_WEB2023frameworks.pdf

⁷ Public Health Agency of Canada, Centre for Surveillance and Applied Research (2016). Positive Mental Health Surveillance Indicator Framework Quick Statistics, adults (18 years of age and older), Canada, 2016 Edition. Ottawa (ON): Public Health Agency of Canada. <https://health-infobase.canada.ca/positive-mental-health/data-tool/>

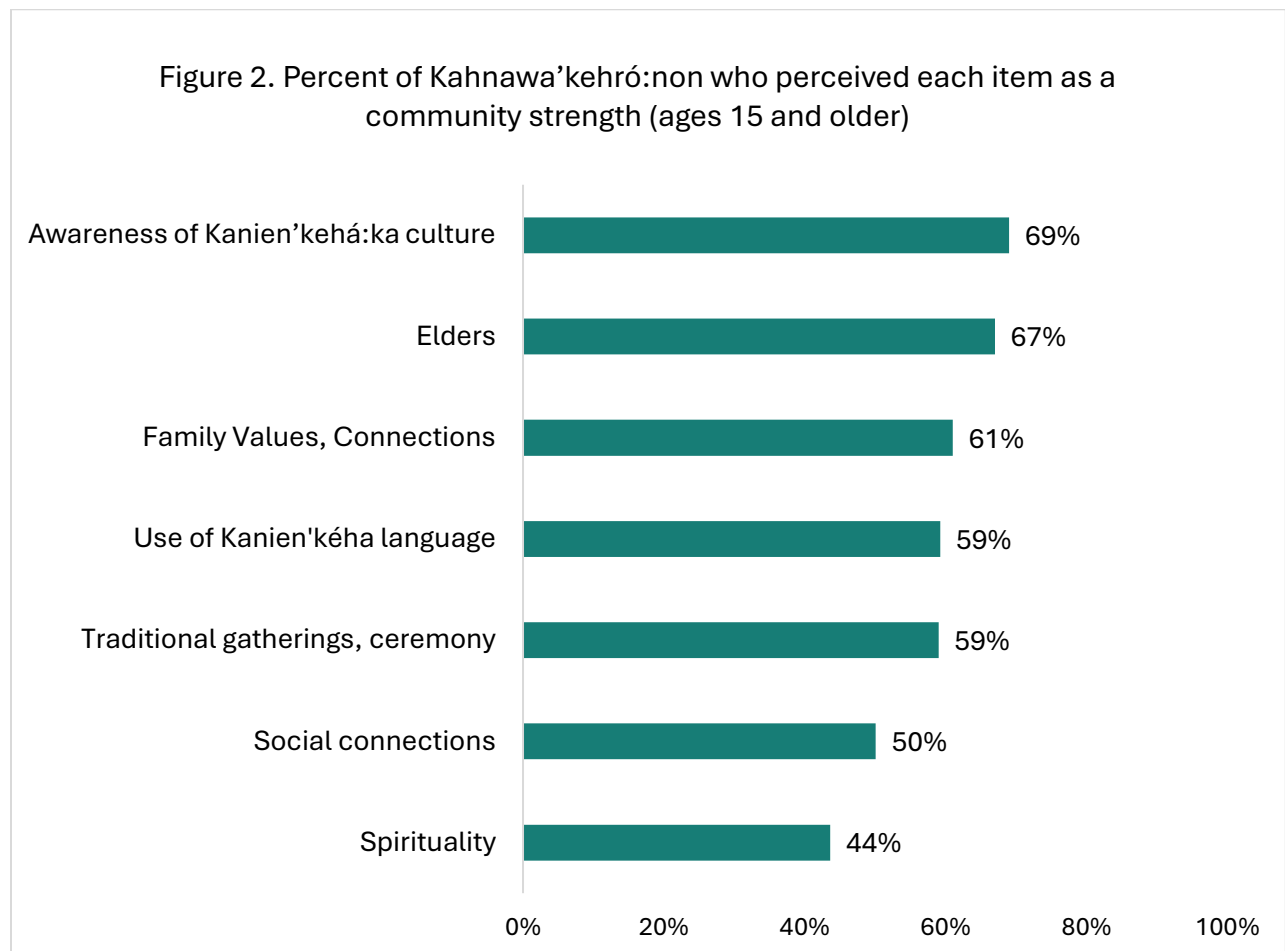
⁸ First Nations of Quebec and Labrador Health and Social Services Commission. (2018). Quebec First Nations Regional Health Survey – 2015: Mobility and community wellness. Wendake: FNQLHSSC <https://files.cssspnql.com/s/Gsmz3X32iC1hBev>



Community strengths related to culture

In Figure 2, we see that the majority of Kahnawa'kehró:non see awareness of Kanien'kehá:ka culture, Elders, family values and connections, use of Kanien'kéha, traditional gatherings & ceremony and social connections as community strengths.

In general, people who saw these areas as community strengths ranked their sense of community belonging as higher than those who did not see these areas as community strengths.



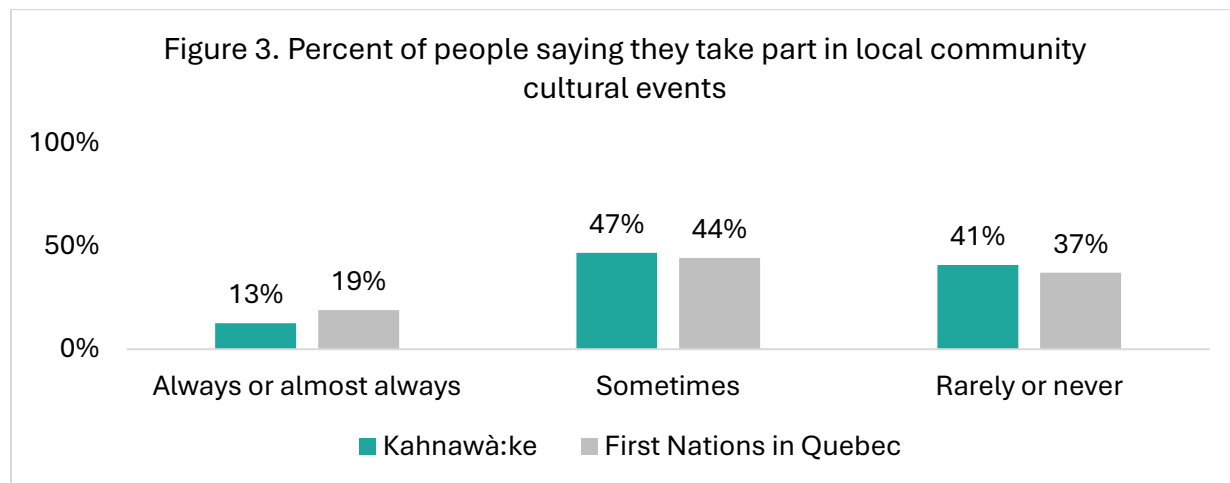
Source: Regional Health Survey 2015, participants 15 and older

Concepts linked to Expressions of Culture

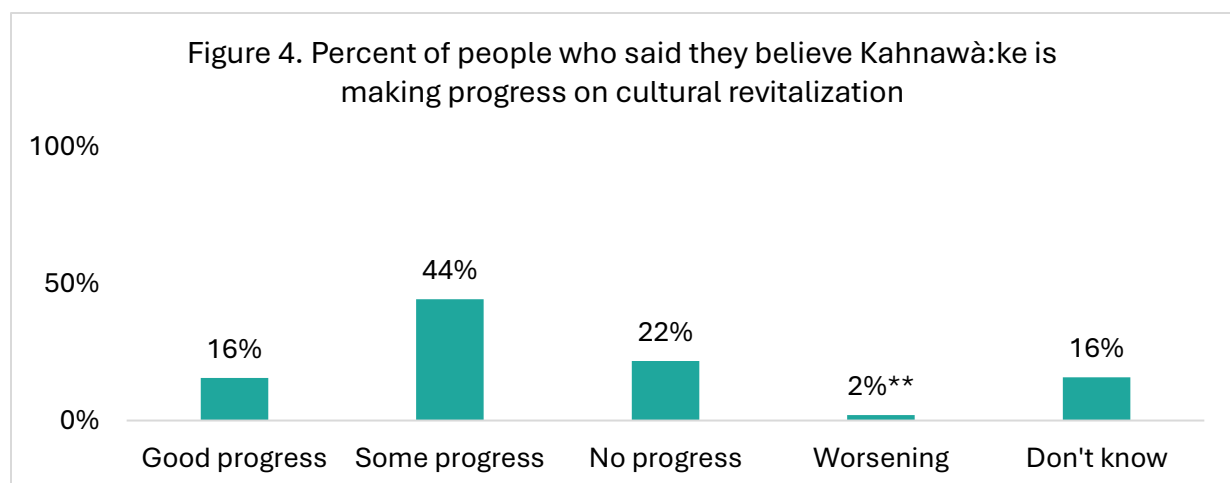
Cultural activities

Kahnawà:ke organizes many cultural activities. There are large annual events like the *Echoes of a Proud Nation* Powwow or the Harvest Fair, and smaller events like art workshops at the Youth Centre or tobacco burning at the hospital. Many examples of these activities can be seen in the annual activity reports of community organizations. Culture often anchors other activities, such as opening a gathering with the *Ohén:ton Karihwatéhkwen*. Kahnawa'kehró:n

also participate in many cultural activities on private or personal level, and in ceremony with their longhouse and their Elders. Even though these events are not counted by how many happen or how many people participate, it is clear they are valued, bring meaning to life and support spiritual wellbeing. The following are statistics from the 2015 Regional Health Survey and local services that were related to cultural activities in some way.



Source: Regional Health Survey 2015



Source: Regional Health Survey 2015, participants 15 and older

Statistics from local services and programs supporting cultural activities



In 2023-2024, Tsi Niionkwarihò:ten of KSCS

- Took part in or led at least 34 traditional or cultural events
- At least 478 people participated in these events
- These include planting activities, Moon ceremony, traditional dress events and more
- The team also provide translation support to numerous other KSCS and community services and onboarding for new staff

Source: Direct communication, KSCS Tsi Niionkwarihò:ten team

In a 2017 KSCS staff survey, heavy workloads or “timeframes that don’t fit my schedule” were the most common reasons why staff did not participate more in Tsi Niionkwarihò:ten activities.



Kahnawà:ke Tourism Office activities

- From 2015-2024, the Kahnawà:ke tourism office has welcomed approximately 9,864 visitors, and coordinated 509 tours
- 20 people act as local tour guides
- Events supported include Strawberry festival, Echoes of a Proud Nation Powwow, Night Market, Fashion Show
- Supports local artisans, businesses, caterers, crossing over promotion of culture and economy
- Contributes to efforts to reduce racism by helping students and staff of other organizations better understand the community and

Source: Tourism Office newsletters⁹ and direct communication

⁹ <https://kahnawaketourism.com/wp-content/uploads/2024/07/KT-Newsletter-June-2024.pdf>



Traditional Food

Food is an integral part of Kanien'kehá:ka culture; it is a way to show love, to give thanks, to recognize life, and it is vitally connected to the cycle of ceremonies and to the earth itself. The cycle of ceremonies¹⁰ is present throughout the year and includes:

- Sha'tekohshérhon (Midwinter Festival)
- Ohkhí:we (Feast for the Dead)
- Wáhta (Maple festival)
- Ratiwé:ras (Thunder Dance)
- Ká:nen & Onónhkwa (Medicine & Seed Festival)
- Ken'niihontésha (Strawberry Festival)
- Skanekwenhtará:ne (Raspberry Festival)
- O'rhótsheri (Green Bean Festival)
- Okahseró:ta (Green Corn Festival)
- Kaienthókwen (Harvest Festival)
- Atierakhonsera'kó:wa (End of Season Feast)

The connection between foods, Kanien'kehá:ka culture, Tsi Niionkwarihò:ten and wellbeing is highlighted across community events and organizations. There is also an important place for foods that have become culturally important to us, like dumplings or meat pies, although they may not be linked to ceremony. Other traditional foods are found throughout our daily lives. Strawberry drink can be found at many events. Corn soup, cornbread and steak and Indian tacos are a regular part of the KMHC inpatient unit meals. In recent years, many people have been offering more traditional foods integrated into catering services. The three sisters (beans, corn and squash) can be seen in community member's artworks and in their gardens.

In addition to the role eating and sharing traditional food plays in culture, obtaining it through gardening, hunting and gathering activities can also promote physical activity, family and friend relationship building, and the feeling of oneness with nature. These foods are also typically local and fresh compared to some restaurant options and make up part of a healthy balanced diet. All of these can positively affect holistic wellbeing.

On the other hand, there have been significant impacts of colonization, city development, biodiversity loss and climate change on access to traditional foods. The Indian Act and agent system forced a disconnection from traditional territory and interfered with using our harvesting knowledge. The building of the St Lawrence Seaway cut off our community's direct access to the river and the many foods it can provide. Many Elders tell us about catching fish for dinner in the river when they were young, before the seaway was built. As access was lost, so was detailed knowledge about where and when to fish, and how to prepare fish. Although there are many community activities ongoing to try to safeguard and revitalize some of this knowledge, it is far less common today. Some detailed traditional knowledge may be held only in a few families, making it harder for others to learn these skills and more difficult to restrengthen the knowledge broadly in the community. Similarly, industrialization and human development on lands vastly changed the ecosystems and our people's ways and ability to hunt and gather traditional foods. Today, hunting or fishing more than occasionally may

¹⁰ Haudenosaunee Cycle of Ceremonies. <http://www.kahnawakelonghouse.com/index.php?mid=2>

require special privileges like time to travel to a destination where this is accessible, and the ability to spend time learning from knowledge holders.

Having enough time and space to grow, harvest and cook traditional crops like squash and corn can be harder to hold onto in a modern world that puts many demands on time, and where it can be convenient to order out rather than make meals ourselves. Diets with more purchased pre-prepared foods often come with higher amounts of carbohydrates, calories, sugars and salt, which are linked with chronic health conditions like high blood pressure, diabetes, heart attacks and strokes.

Some traditional foods like strawberries, corn and maple water can still be easily accessed close to home, though some of these may be changed from the past – for example cultivated strawberries rather than wild strawberries. With climate change and biodiversity loss, it is

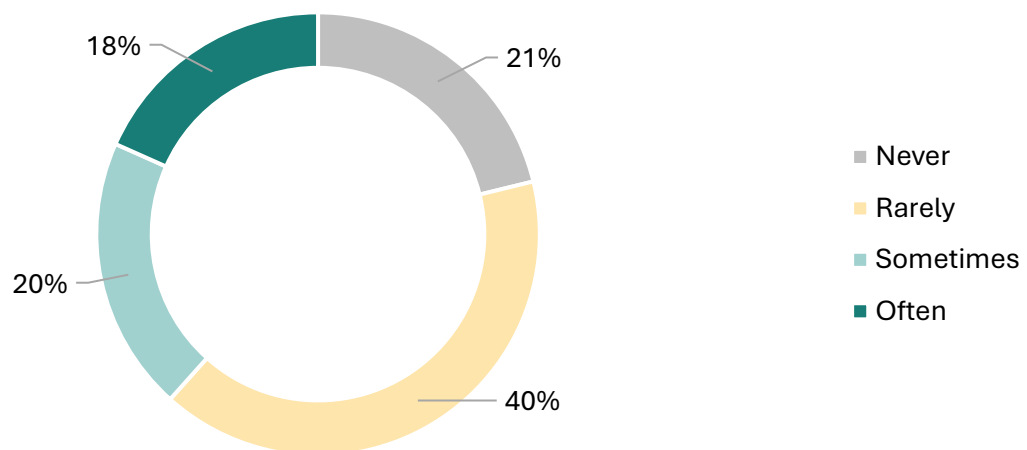
expected that the future will bring new challenges for accessing traditional foods.

Today, there are many initiatives in the community aimed at improving access to traditional foods, ensuring food security and enabling food sovereignty. Among these are programs teaching children how to harvest fish, farming and traditional gardening activities, stores stocking traditional foods, sharing meals at the Two Teepees, and core work to protect the natural environment.

Sharing Traditional Food

Sharing traditional foods from one household to another is one measurable indicator of this aspect of culture and social connection. In Figure 5, we see that almost 8 out of 10 (79%) of people in Kahnawà:ke said someone had shared traditional food with their household in the last 12 months. For almost 2 in 10 (18%), this happened often, while for many people (40%) sharing traditional food only happened rarely.

Figure 5. How often did someone share traditional food with your household in the last 12 months? (2015)



Source: Regional Health Survey 2015

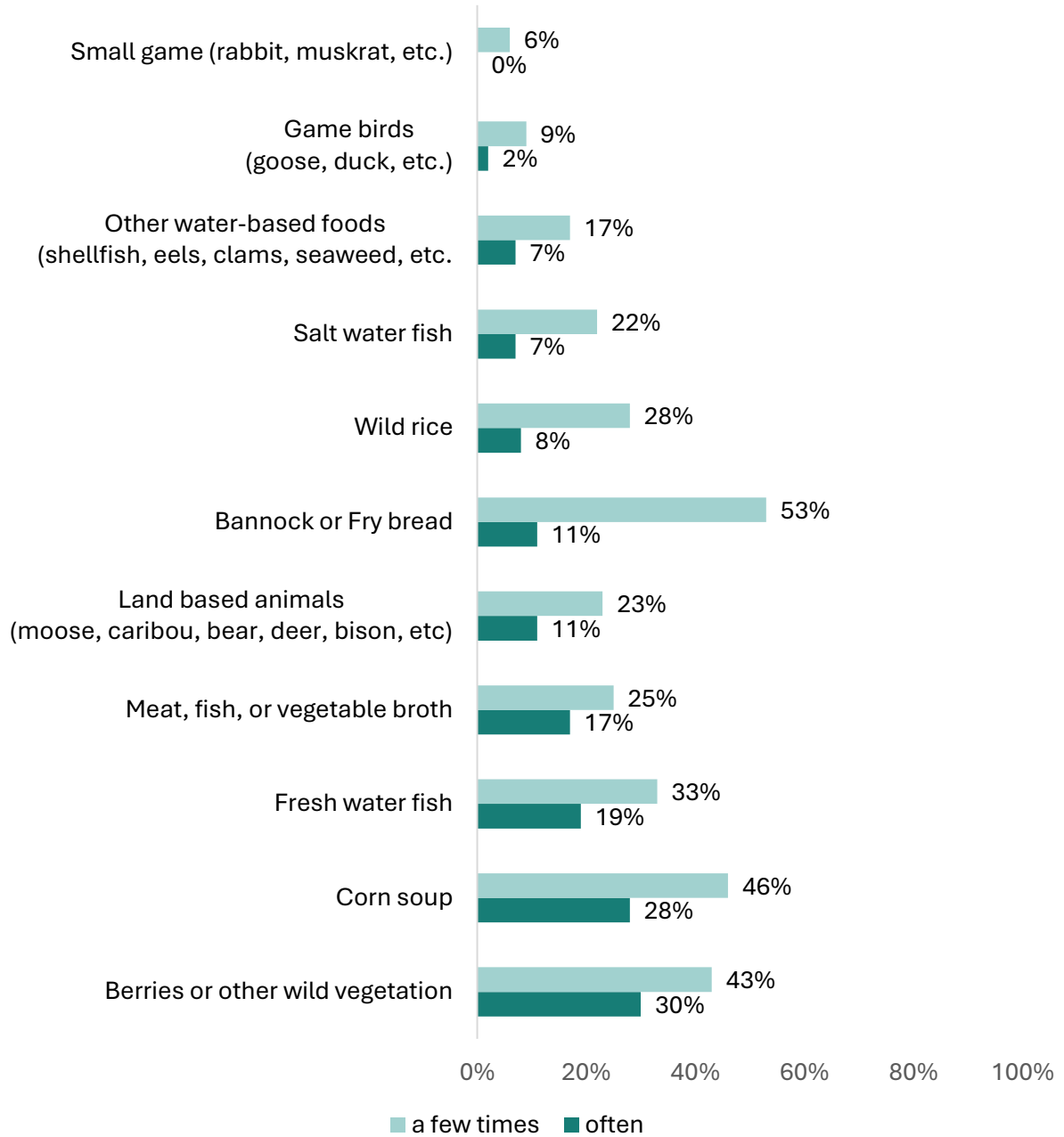
Types of traditional food eaten

People were also asked about how often they ate specific traditional foods. Since the same survey was used in other First Nations, some of the listed foods might not be considered traditional in Kahnawà:ke. Some people might also think of foods like dumplings, fry bread and meat pie as traditional in Kahnawà:ke while others might consider these more newly adopted foods as now “traditional” in a social sense, but not in the sense of being connected with the cycle of ceremonies. These differences in personal definitions of “traditional food” may have affected how different people answered this survey question.

Figure 6 shows the percent of people saying they had eaten specific categories of traditional foods in the 12 months before being surveyed, and how often they had eaten them. Berries and other wild vegetation, corn soup, and freshwater fish were the most common traditional foods eaten. Fry bread was also eaten by many, but only a few times per year, rather than often.



Figure 6. "How often have you eaten the following traditional foods in the last 12 months" (2015)



Source: Regional Health Survey 2015



“Other” traditional foods

In addition to the specific foods asked about in the survey and shown in Figure 6, survey participants could also fill in “other” traditional foods they consumed that were not already on the list. Many people added cornbread in this “other” category. “Other” responses also included: meat pie, dumplings, beans, squash, corn, Indian tacos, blueberries, cedar tea, strawberry soup, buffalo meat, corn mush, cranberries, hemp hearts, maple syrup, strawberry juice, steak.

Traditional food data from the First Nations Food Nutrition and Environment Study

In 2016, Kahnawà:ke also participated in the First Nations Food Nutrition and Environment Study (FNFNES)¹¹, a project stewarded in the community by the Kahnawà:ke Schools Diabetes Prevention Project (KSDPP). In this research study, 135 Kahnawà:kehró:non over 19 years of age responded to a detailed food consumption survey. The full community report can be available by contacting KSDPP¹². National and regional reports combining all participating communities can be found on the FNFNES website. A few highlights from Kahnawà:ke’s FNFNES report are extracted and reproduced here to compliment the 2015 Regional Health Survey data about traditional food use.

Some of the questions from the FNFNES are not directly comparable to those from the RHS. Figure 7 (next page) takes the broad categories that were quite similar and shows the results of both surveys together. We can see there is

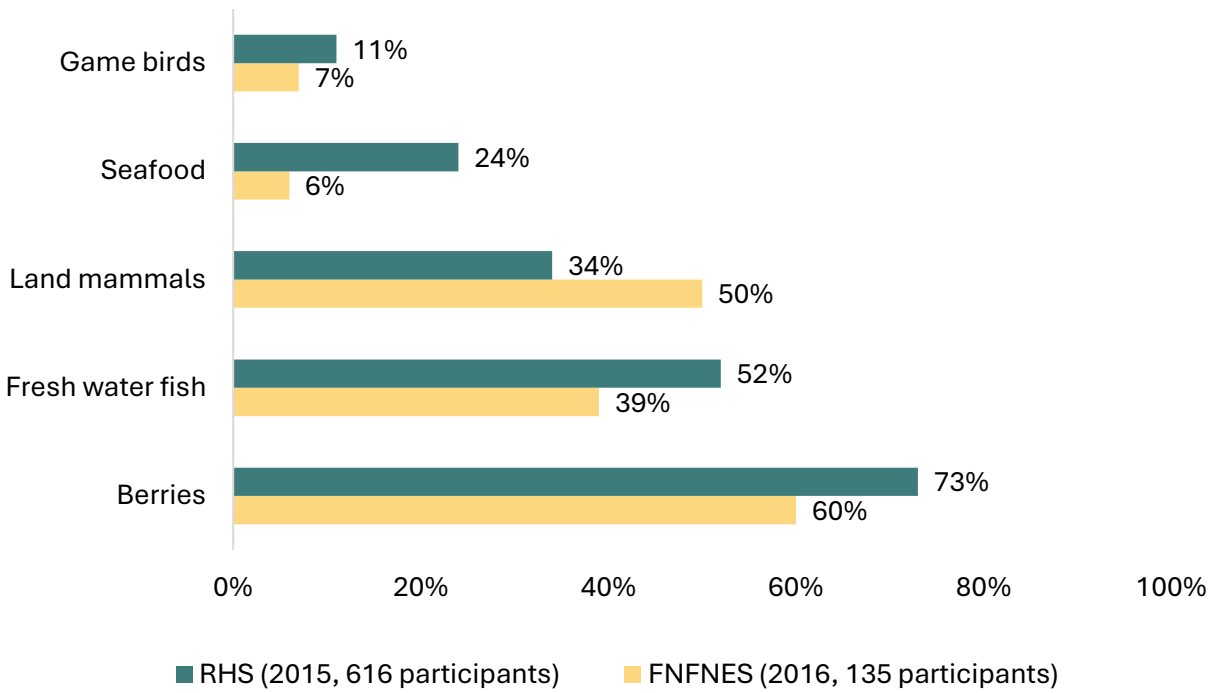
overall similarity in which types of traditional foods are more common and less common. Berries, freshwater fish and land mammals (like moose) were the most common. This fits with what we expect. Strawberries have a particularly important place in Kanien’kehá:ka culture, and many people fish in the community, or in places like Tioweró:ton, or hunt moose. There is some variation between the responses in the two surveys and many reasons for this. Variation can be partly caused by the questions being asked in somewhat different ways in each survey, and the different ways in which people were selected for the two surveys. There is also an element of random chance, since the overall numbers surveyed are 135 and 616 people, a 5% change in response can be caused by as few as 6-30 people giving a different answer. Finally, there is a dynamic nature to our diets, just because we ate a food at least once in the last year does not mean we will eat it every year.

¹¹ Chan L, Batal M, et al. *First Nations Food, Nutrition and Environment Study (FNFNES): Results from Quebec (2016)*. Ottawa: University of Ottawa, 2019. <https://www.fnfnes.ca/>

The FNFNES study received community ethical research approval through the Kahnawake Schools Diabetes Prevention Project (KSDPP) in accordance with the KSDPP Code of Research Ethics (2007). The study was in partnership with the University of Ottawa, Université de Montréal, and the Assembly of First Nations. KSDPP is the data steward for the FNFNES project.

¹² <https://www.ksdpp.org/>

Figure 7. Percent of Kahnawa'kehró:non who ate this food type at least once in the last 12 months (Regional Health Survey, 2015 and First Nations Food, Nutrition and Environment Study, 2016)



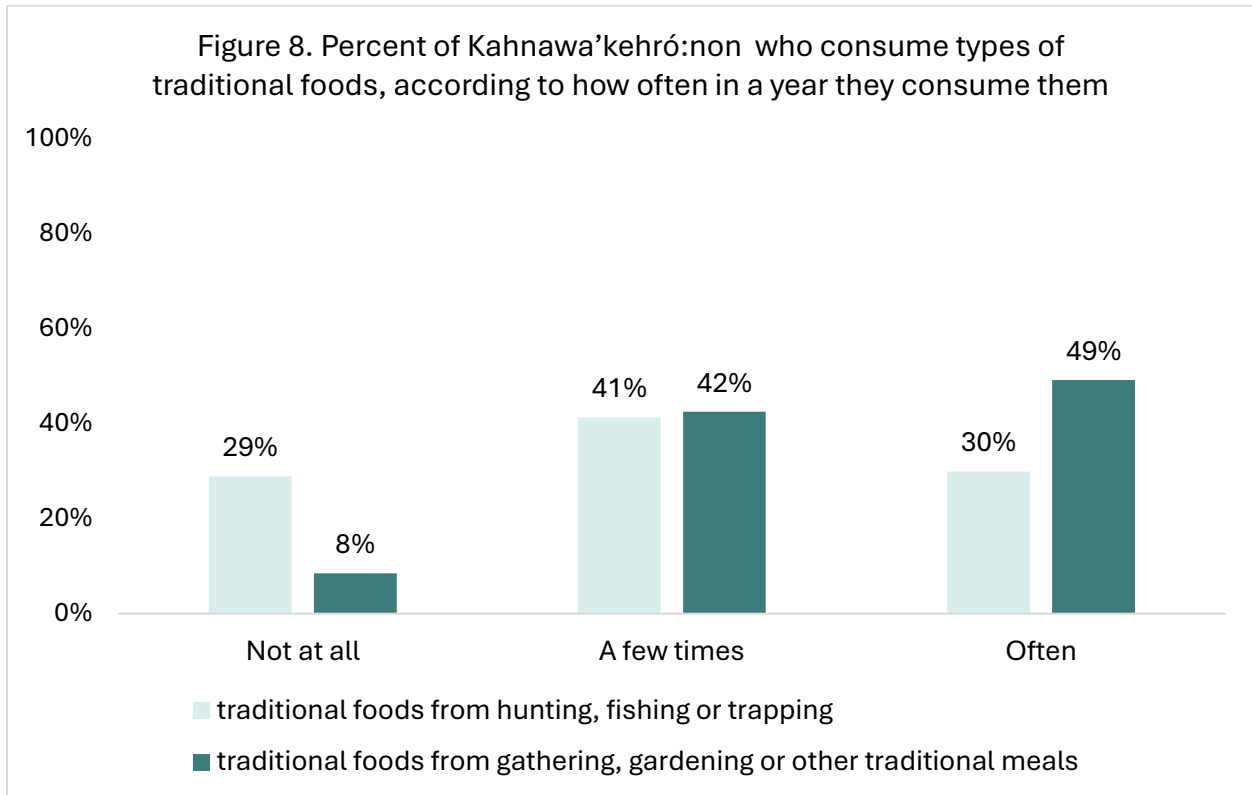
Sources: Regional Health Survey 2015, FNFNES 2016

In the FNFNES survey:

- Walleye and trout were the most common kinds of freshwater fish that people ate
- Moose and deer were the most common land mammals eaten
- Strawberries, raspberries and blueberries were the most common berries eaten
- 75% of people said they would like more traditional food
- Key barriers to eating more traditional foods were:
 - lack of time (33%)
 - lack of knowledge (13%)
 - lack of availability (8%)

A majority of people responding to the RHS in Kahnawà:ke ate some type of traditional food within the last year, and almost half of people said they do so often. People were more likely to

eat traditional foods from gathering or gardening activities and traditional meals than foods obtained from hunting, fishing or trapping.

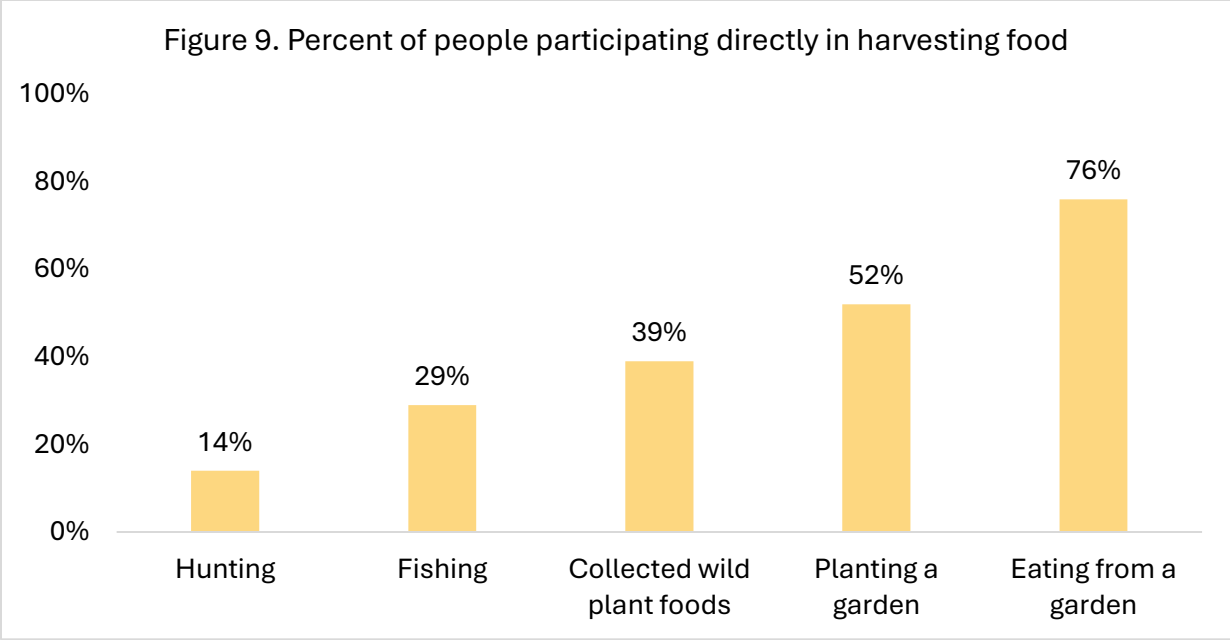


Source: Regional Health Survey 2015

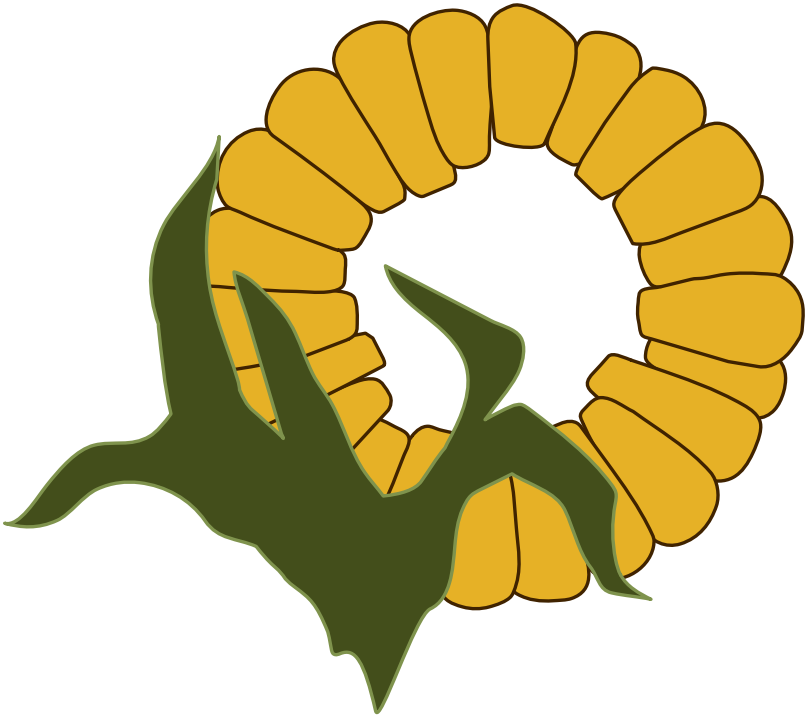
Hunting, fishing or trapping includes: Fresh water fish, Saltwater fish, other water-based foods (shellfish, clams, eels, seaweed) Land based animals (Moose, caribou, bear, deer, bison, etc.), Small game (muskrat), Game birds (goose, duck)

Gardening, gathering or traditional meals includes: Berries or other wild vegetation, Corn soup, Bannock or Fry Bread, Wild rice

Note: The foods did not have to have been hunted or gathered by the same person or family as the person who ate them



Source: First Nations Food, Nutrition and Environment Study 2016





Kanien'kéha (Language) Use

While some people have resolutely acted as keepers of Kanien'kéha throughout generations, the use of Kanien'kéha as our main language in Kahnawà:ke has been affected by our peoples' experiences over time. Colonization, residential schools and Indian day schools, discrimination and racism have been strongly negative forces affecting our ability to use our language and to feel safe doing so. Some of us have followed economic opportunities that have moved us away from our people for short or long periods of our lives, and this has also influenced hearing and using the language on a regular basis. Provincial language laws in Quebec, such as "Bill 101" ("C-11 The Charter of the French Language, 1977")¹³ and "Bill 96" ("Law 14: An Act respecting French, the official and common language of Québec, 2022")¹⁴ continue to exert systemic discrimination and create a competing influence on the use of our own language. Parents can feel they have to make challenging choices prioritizing Kanien'kéha or French language fluency in their child's upbringing or schooling in order to offer them the best future they can. Adults can feel the same tension for themselves in prioritizing learning or practicing a second or even third language.

Despite these challenges, our people continue to be resilient and prioritize the safeguarding and revitalization of our language. Our 2009 community Shared Vision Statement sets the goal of Onkwewonwehnéha (Kanien'kéha) being

the main language of communication in the community by 2029, and Tsi Niionkwarihò:ten (culture and language) is at the centre of the 2024-2032 Community Wellness Plan.

There are many examples of community programs, activities or entities that support culture and language revitalization, these include, but are not limited to:

- Kahnawà:ke Education Centre
- Skátne Enionkwaió'ten Community Language Plan
- Iakwahwatsiratátie Language Nest
- Tsi Niionkwarihò:ten at KSCS
- Tekanonhkwashterané:ken (Two Medicines Working Side by Side), the Traditional Medicine Unit at KMHC
- Kanien'kéha Ratiwennahní:rats (Adult Language Immersion Program via the Kanien'kehá:ka Onkwawén:na Raotitíóhkwa Language and Cultural Center)
- Kanien'kéha immersion in schools and early years care, integration of Kanien'kéha in non-immersion elementary and high school settings
- Skawenní:io Tsi Iwenwennahnotákhkwa Kahnawà:ke Library

Many other activities and programs integrate use of Kanien'kéha into their daily work, whether it is integrated into sports activities or an

¹³C-11. Charter of the French Language, 1977 <https://www.legisquebec.gouv.qc.ca/en/document/cs/c-11>

¹⁴An Act respecting French, the official and common language of Québec, 2022.

https://www.publicationsduquebec.gouv.qc.ca/fileadmin/Fichiers_client/lois_et_reglements/LoisAnnuelles/en/2022/2022C14.A.PDF

opening with the Ohén:ton Karihwatéhkwén before an event.

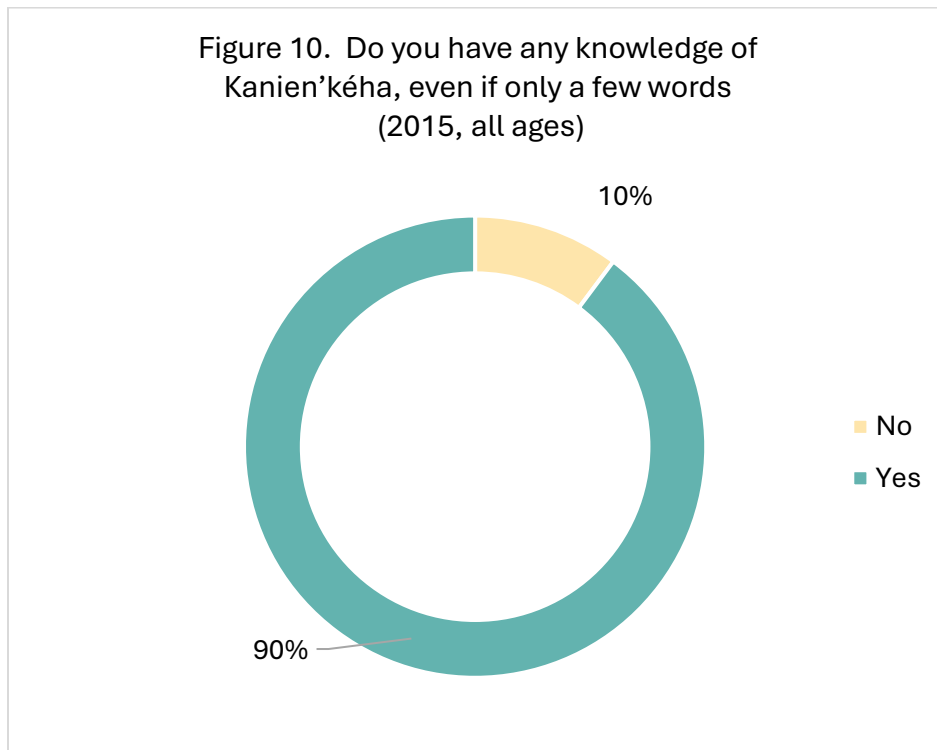
The following information was asked on the Regional Health Survey (RHS) to respondents of all ages about their use of Kanien'kéha.

Use of language

- 9 out of 10 respondents (90%) stated that they have *any* knowledge of Kanien'kéha (even if only a few words), while 1 out of 10 said they had no knowledge (Figure 10)
- In Figure 11, those who said they had *any* knowledge are sub-grouped into those who said they use Kanien'kéha on a daily basis and all others who have some knowledge
 - In Kahnawà:ke, 7 out of 100 (7%*) of people said they used Kanien'kéha on a daily basis.

- 2 out of 100 (2%*) said they used Kanien'kéha as their most frequently used language
- 5 out of 100 (5%*) said they used both Kanien'kéha and English daily
- 83 out of 100 (83%) use English most frequently

- Figure 12 shows the percent of people who used Kanien'kéha daily compared the same question for other First Nations in Quebec
- A small number of respondents also said they spoke another First Nations language



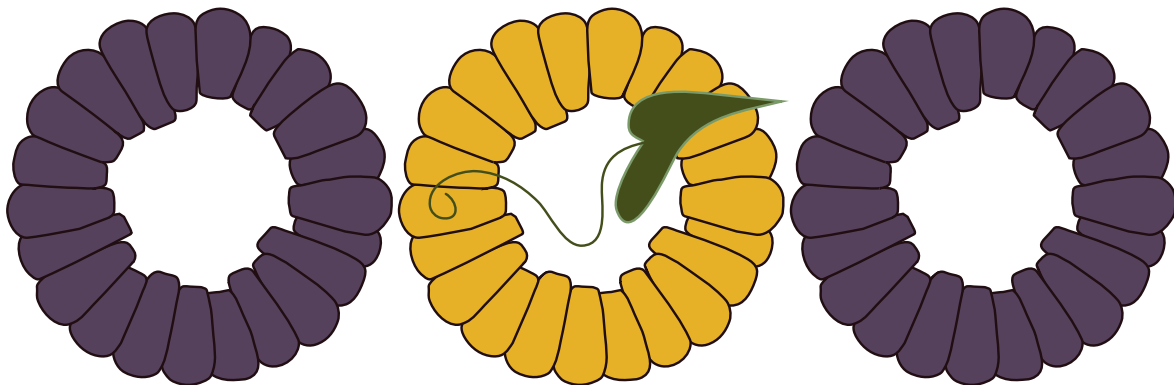
Source: Regional Health Survey 2015

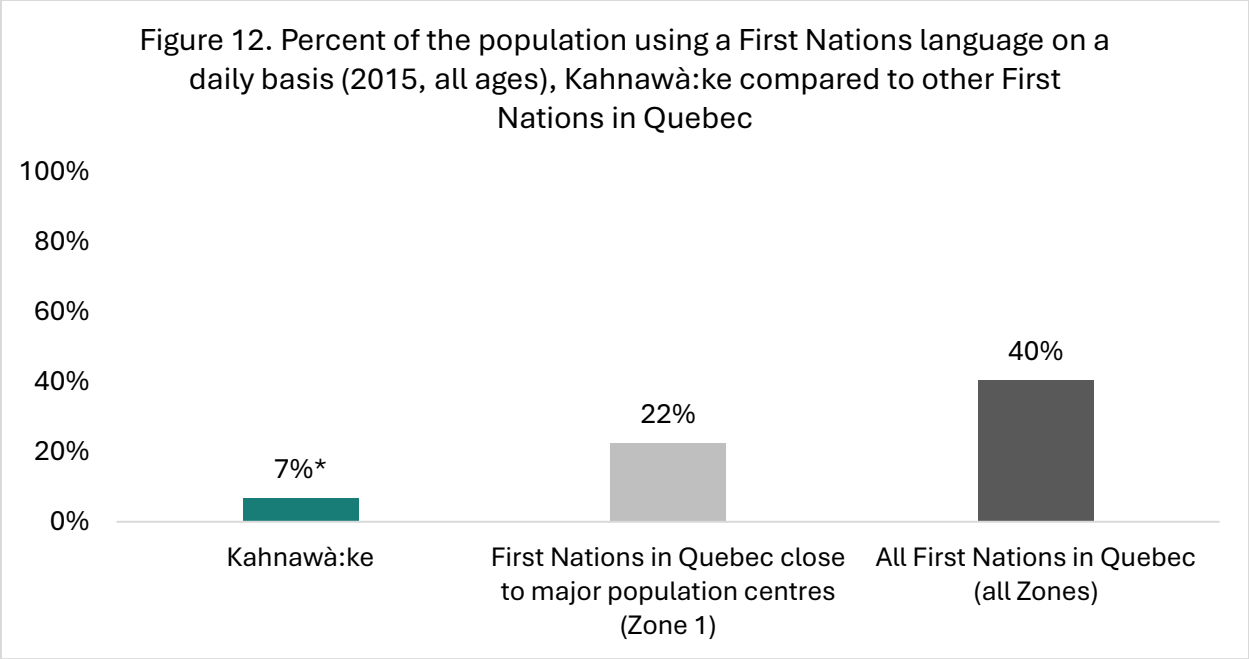
Figure 11. The most commonly used languages by Kahnawa'kehró:non in daily life (2015, all ages)



- 2 out of 100 Kanien'kéha is their most frequently used language
- 5 out of 100 Kanien'kéha and English are both their most frequently used languages
- 83 of 100 know at least a few words of Kanien'kéha, but it is not their most frequently used language
- 10 of 100 have no knowledge of Kanien'kéha

Source: Regional Health Survey 2015





Source: *Regional Health Survey 2015*
 “Zone 1” definition: community is located within 50 km of the nearest service centre with year-round road access. “Service centre” means: The nearest location where community members must go to access service providers, banks and government services.
 Source: *Regional Health Survey 2015*

Subjective Self-Rated Fluency in Kanien’kéha

Our language is primarily oral. Though we now have many examples of written language, when our Elders were children, it was still common that Kanien’kéha was mainly spoken, and infrequently written down or read. Today we have many more printed materials in our language, and many children and younger adults are more accustomed to learning languages through reading and writing exercises.

In the 2015 Regional Health Survey, participants were asked to self-report their own fluency in areas of speech, understanding, writing and reading. These questions were all about *self-rated* fluency; how well someone speaks was not measured with any type of formal language test. The Kanien'kehá:ka Onkwawén:na Raotitíohkwa

Language and Cultural Center (KORLCC) and language researchers use “Oral Proficiency Interviews (OPI’s)” rather than self-rated fluency as a way of assessing language skills. While OPI’s are more standardized and comprehensive, for the purposes of a population survey, self-rated fluency is used.

On the Regional Health Survey, there was also no distinction between people who learned Kanien’kéha as their first language, or as a second language; the survey did not ask about this. Many people who work in language revitalization and who are first language speakers have commented on variation in the way people use Kanien’kéha when it is their first language compared to their second language.

We have to rely on the expert knowledge of those people, not data, to know about those nuances. On the survey, the way people were asked about their language skills did not provide a definition of “fluent,” so some people may have interpreted this differently from others. Even so, the survey responses provide some information that can be followed over time to look at Kanien’kéha use, alongside what community experts tell us. The graphs in this section show how people responded to the questions about language use.

In Figure 13, which shows self-rated fluency in speaking, a basic timeline^{15,16} is provided to give some historical context to the eras when different age groups were born. It is labelled this way to show there were different influences on language use during formative phases of life for people who were born at different times in history. This can be called a generational or “birth cohort” effect. Since the ability to learn and speak a language depends so much on the social context someone is part of, the fact of

being 75 years or older is not as relevant to Kanien’kéha use as the fact of being 75 years or older *as of 2015*. The social context will have been different for people who are 75 years old *as of 2024*. Considering the RHS survey was last done in 2015, someone who was 75 years old when they were surveyed would be 85 in 2025. This person would have been born in 1940, one year after World War II began. They may have helped their parents to catch fish in the river for dinner before the seaway was built when they were between 15-20 years old. This person likely attended Indian Day School and may have been 43 years old and working as a teacher by 1983, when the KEC Kanien’kéha curriculum was introduced. They could have been 62 years old and planning their retirement when the KORLCC 1 year immersion program started. In 2025, they may be 85 years old, they could be sharing stories occasionally with their grandchildren or great-grandchildren, living in the long-term care unit at the hospital, or perhaps have passed on to the spirit world.



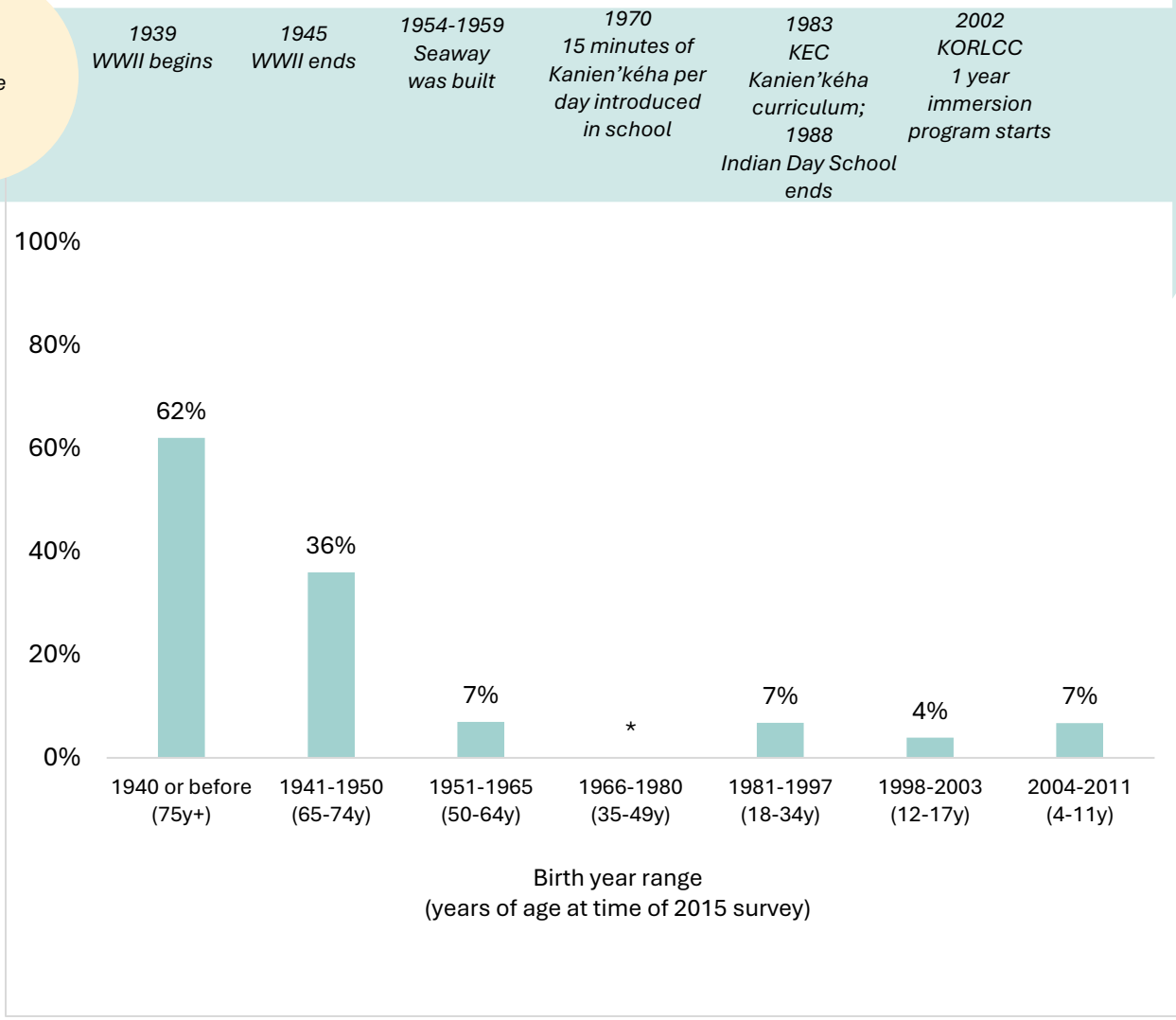
¹⁵ History of the Kanien’kéha Language in Kahnawà:ke <http://www.kahnawake.com/org/docs/2020-06-10-HistoryOfLanguage.pdf>

¹⁶ Tsi Niionkwarihò:ten Tsitewaháhara'n Center Kanien'kéha Language and Culture Training Program. <http://www.kahnawake.com/org/sdu/languageculture.asp>



Figure 13. Percent of people who said they were a fluent Kanien'kéha speaker, by age group in 2015 & birth year range

Basic Timeline



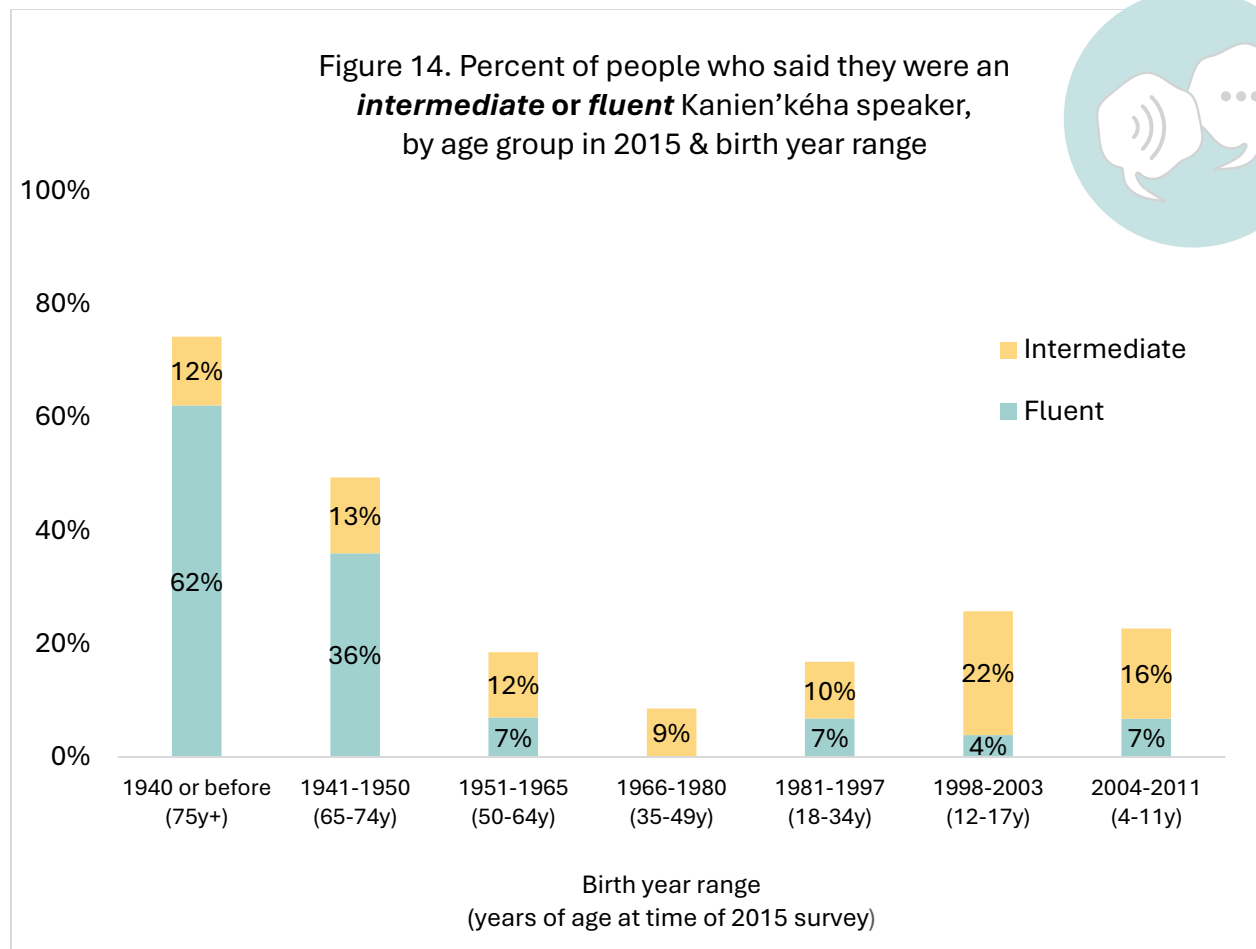
Source: Regional Health Survey 2015

In Figure 13, we can see that, in 2015, a much higher percentage of Elders said they speak fluently in Kanien'kéha compared to other ages. There was a sharp decline in fluency from those oldest generations to those who are now adults in their middle years. This is consistent with what community experts say about Kanien'kéha use in

different generations. We also see some of the outcomes of language revitalization efforts with 4-7% of children and youth speaking fluently (for their age).

In Figure 14, we add on those who felt they had “intermediate” fluency, and we see substantial increases in the younger generations. It remains to be seen if more children and youth will become fluent in time. While the community is investing time, energy and funding in opportunities for learning Kanien’kéha, and people feel positively about this, there are also

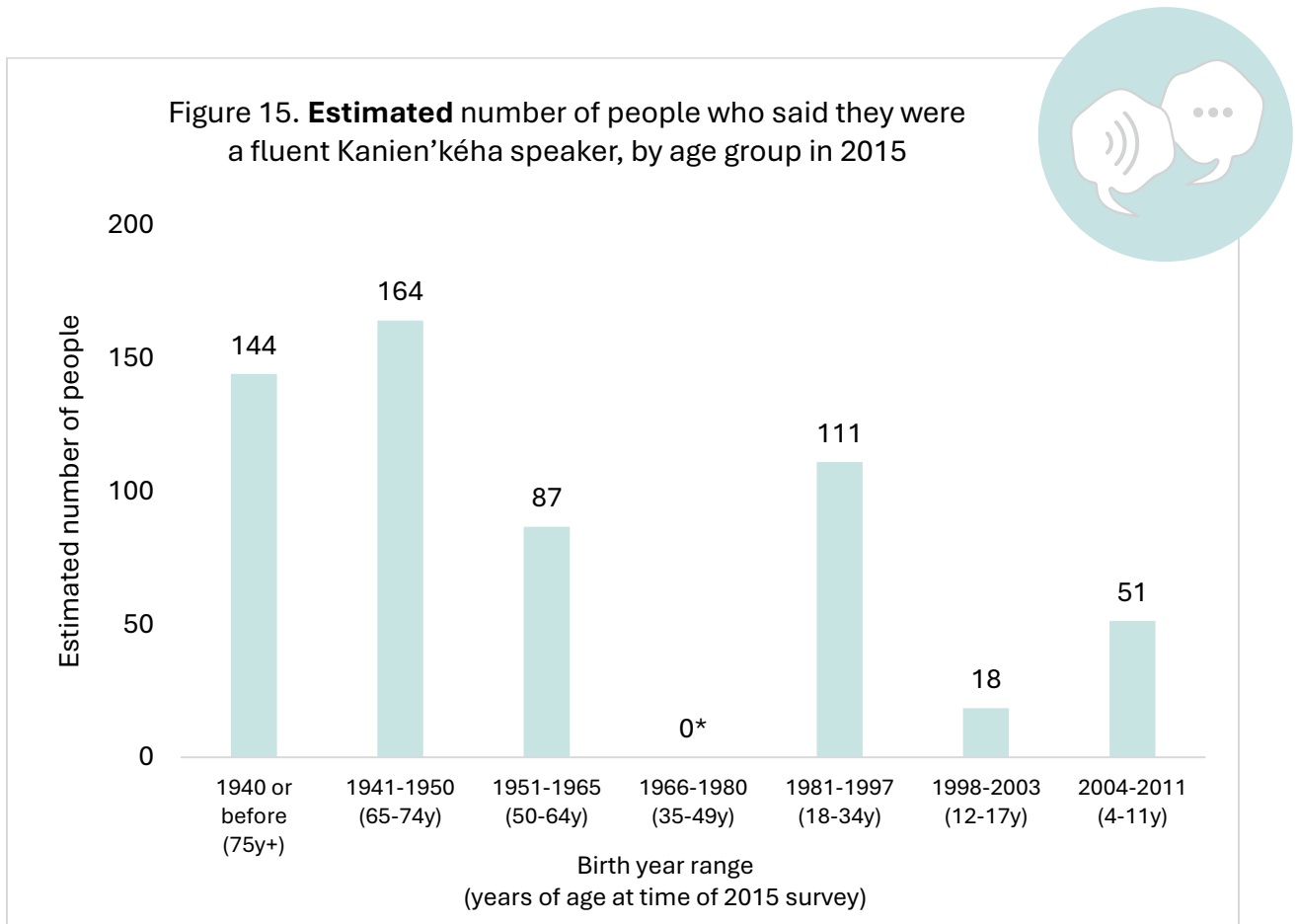
new challenges. Some have reflected on the experience of Bill 101 in the late 1970’s and expressed concern that the constraints of Bill 96 could again lead more young people from Kahnawà:ke to seek education and work opportunities further away from home, and this could disrupt connections to culture, language, and sense of belonging.



Source: Regional Health Survey 2015

While the self-reported fluency above is shown as percentages, it is harder to be precise about the actual number of speakers. We can *estimate* this by applying the survey results to the best estimate of the population we had at the time (2015). Even so, this is only a “ballpark” figure and may be an over or underestimate. We can estimate the population of Kahnawà:ke in each age group in 2015 based on postal code of RAMQ (medicare) card. If we apply the survey results to this population, we can get a rough idea of how many people felt they were fluent speakers at

the time (instead of as percentage of people). This is not a precise number, but it is meant to give a general idea that is as close to the truth as we can estimate it with available data. In total, this would estimate about 575 community members of all ages to have felt they were fluent speakers in 2015, with more than 300 of them being over the age of 65 years at the time. This estimate seems high, compared to other sources of information which are more linked to formally or informally measured oral proficiency. This is discussed more below.



Source: Regional Health Survey 2015, Fichier d'inscription des personnes assurées. (FIPA) 2015-2016

Indigenous researchers specializing in studying languages have also worked with the community to take other approaches to estimate the number of fluent community members^{17,18}. They started with known Kanien'kéha speakers working on language revitalization and used their social connections to estimate the total number of people who speak Kanien'kéha as their first language (which they term "L1"), and as their second language ("L2"). Like the Oral Proficiency Interviews (OPI's) used by the KORLCC, these research methods allow a more objective assessment of language mastery.

These indigenous scholars have expressed concerns about self-rated fluency (like on the RHS survey) as being less reliable than fluency that is rated by an observer of someone's speaking proficiency.

In 2018, Dr. Tehota'kerá:ton Jeremy Green estimated 298 first language speakers ("L1") in Kahnawà:ke through local social connections¹⁶.

In 2023, Dr. Oheróhskon Ryan Decaire estimated 150 first language speakers ("L1") and 45 second language fluent speakers ("L2"), giving 195 total superior level fluent speakers.¹⁹

To reconcile these estimates, and that of the survey, we should consider a few things. The first is changes over time. These three estimates progress from 2015, to 2018 to 2023. It is clear that many first language speakers are Elders, and over these years, some are likely to have passed on to the spirit world. The second is how fluency

is defined and assessed. In a survey, it is different than in language research. In the regional health survey estimate (575 self-identified fluent speakers), second language learners who have reached an advanced level will also be included in this number. Many people who stated they were fluent on the 2015 survey were under the age of 34 at the time; it is reasonable to believe that many of these people learned as second language speakers. This may also be true of some people who were in their 50's and 60's at the time. If we consider *only* the people born before 1950 as likely to be "L1" speakers, the estimate in 2015 of first language speakers is approximately 308 people, much closer to the estimate of Dr. Green's research in 2018. If people generally misjudged their speaking ability as higher than it is (as the researchers believe is a tendency on many surveys) this would also make the estimated number (308) bigger than it really was.

On the other hand, community members have noted that some Elders are "silent speakers." By this, they mean people who are first language speakers of Kanien'kéha, but who only use their language in private settings. These people may not have come up through the social connection estimates of speakers used in the language research.

¹⁷Martin Renard. Re-establishing Inter-generational Transmission in Kanien'kéha through "Authentic" L2 Speakers: A Case Study on Idiomatic Expressions. <https://twpl.library.utoronto.ca/index.php/twpl/article/view/41006/31379>

¹⁸Tehota'kerá:ton Jeremy Green. Kanyen'kéha: Mohawk Language. 2018.

<https://www.thecanadianencyclopedia.ca/en/article/kanyenkeha-mohawk-language>

¹⁹Oheróhskon Ryan DeCaire. *Adult Immersion in Kanien'kéha Revitalization*. Canadian Journal of Applied Linguistics: Special Issue, 27, 2 (2024): 112-146 (<https://journals.lib.unb.ca/index.php/CJAL/article/view/34536/1882530268>)

Understanding fluency is an example of where the available data is far from perfect. However, even though there are discrepancies, all of the statistical information shows a consistent trend that matches with what community members notice:

- It was more common to learn Kanien'kéha as a first language several generations ago
- There was a period from the 1950s to the 1990s where very few people learned Kanien'kéha as a first language, interrupting the passing of the language through generations

- Because a large number of first language speakers are now Elders, sustaining the use of the Kanien'kéha as a language as some of them pass on to the spirit world has particular challenges
- There is a concentrated effort on revitalizing the use of Kanien'kéha in younger generations that is showing a lot of promise

Following both of these ways of measuring language use (surveys, language research) through time can be helpful to understand the impacts of community efforts in revitalizing the language.



Ratiwennahní:rats Adult Kanien'kéha Immersion Program

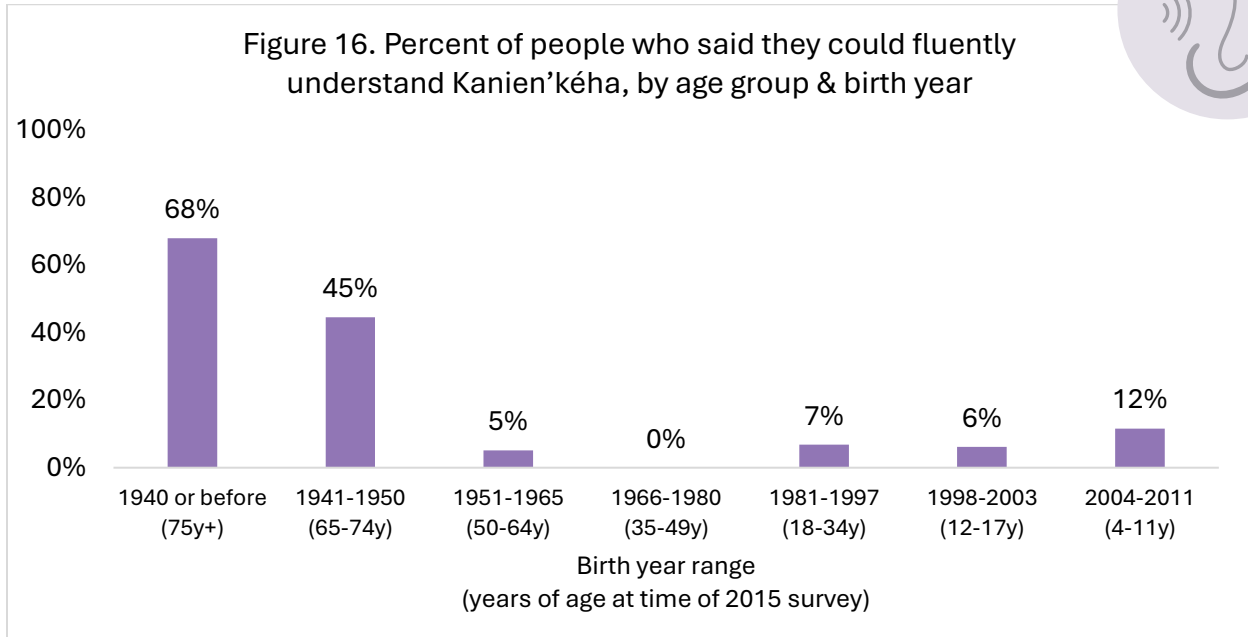
- The Ratiwennahní:rats Adult Kanien'kéha Immersion Program developed from a one year immersion program in 2002 to a two year program today.
- As of 2025, there have been 17 cohorts of students, and 162 people have graduated from the program.
- Many graduates have gone on to take positions in schools or community organizations that give them the chance to further share the language with other community members.

Source: Direct communication, KORLCC



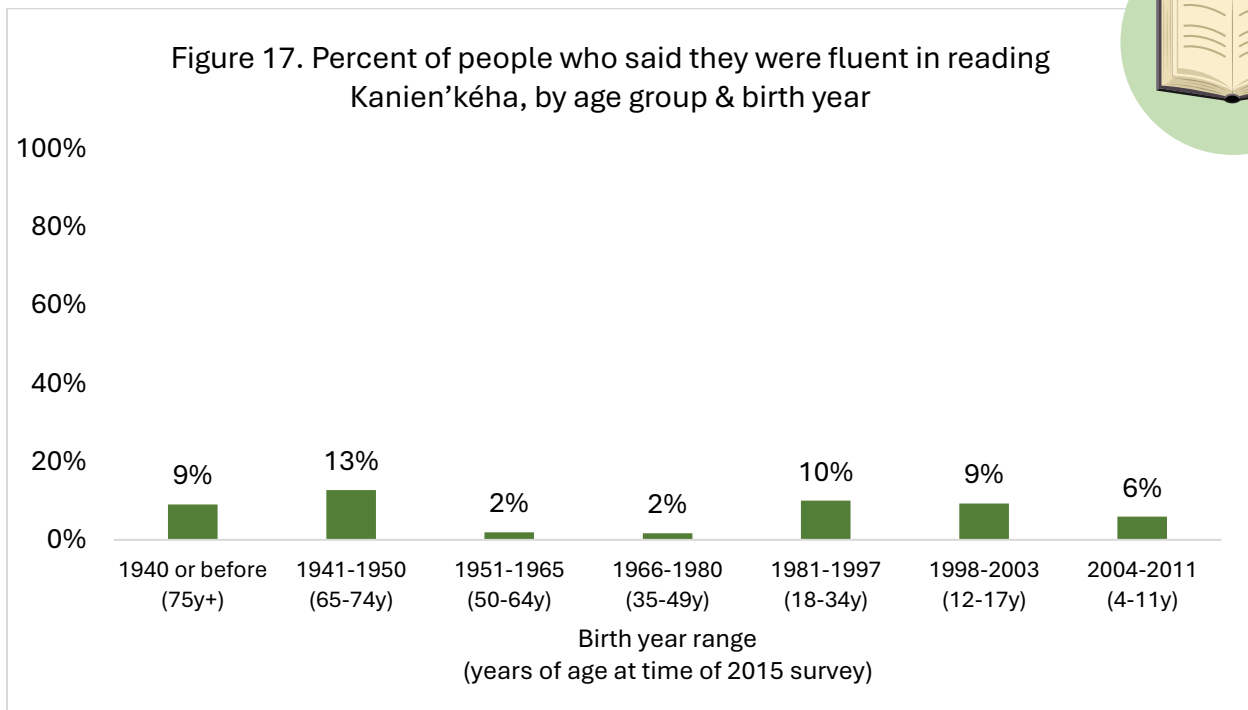


Understanding (verbal)



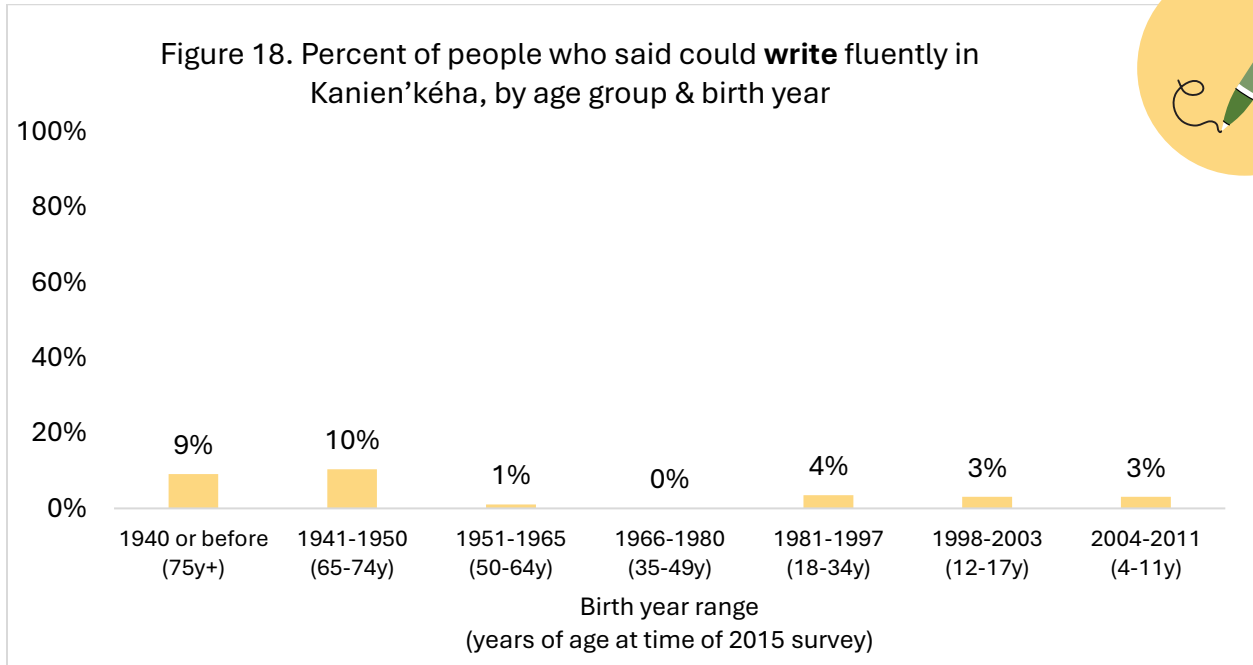
Source: Regional Health Survey 2015

Reading



Source: Regional Health Survey 2015

Writing



Source: *Regional Health Survey 2015*

The lower percentages of people who can fluently write and read (compared to fluent understanding and speaking) among Elders are in keeping with what was expected, knowing the primarily oral history of the language, and the standardization of written formats in the 1970s.

In younger generations, we see similar levels of fluency in each domain of reading, writing, understanding and speaking. This is in keeping

with teaching methodologies that are often used today, where reading books, writing tasks and even using apps may be more accessible to learners than oral teaching methods. The community efforts are showing some effect in sustaining capacity in all domains of language in younger generations, despite the challenges to doing so. Hopefully, we will see this continue to grow over time as it is prioritized in community planning.

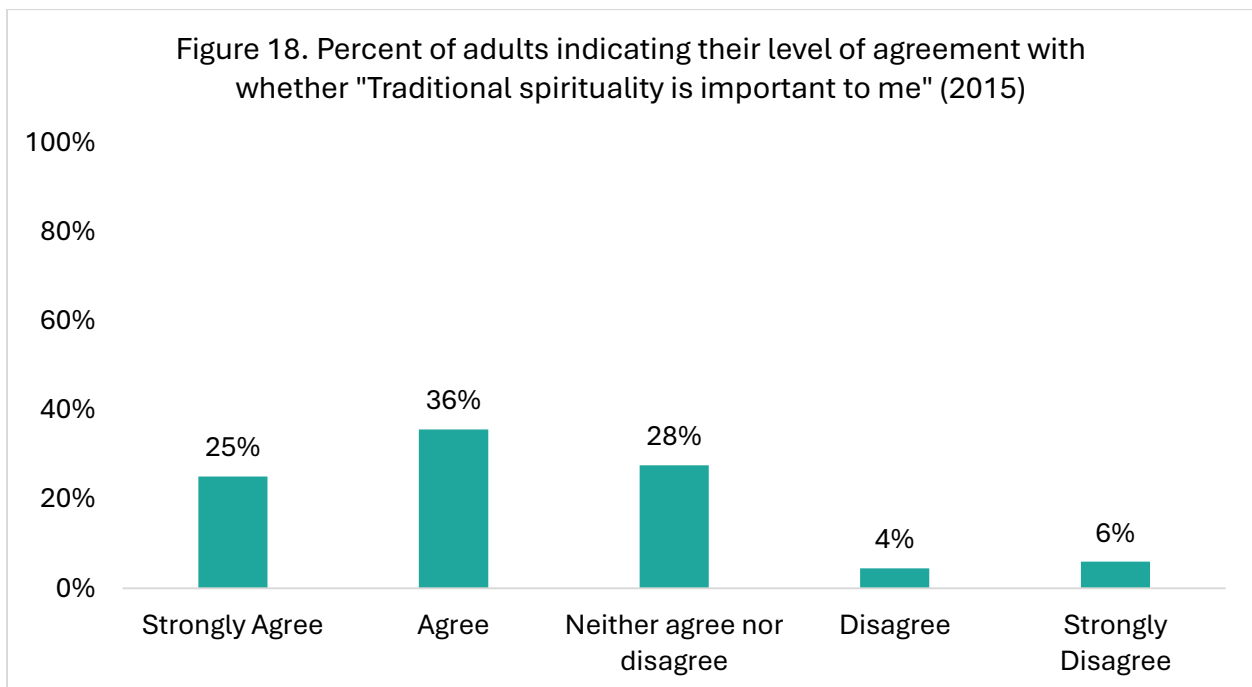


Other concepts related to traditional ways and ways of being from the Regional Health Survey

Importance of traditional spirituality

- 6 out of 10 adult respondents (61%) indicated that they agree or strongly agree that traditional spirituality is important to them
- Many (28%) felt ambivalent, neither agreeing nor disagreeing
- 1 out of 10 (10%) either disagreed or strongly disagreed

A majority of community members find traditional spirituality important in their way of being, but there is variation in this. This information could provide helpful context for collaborators on health services outside of the community, to show the need for cultural safety and adaptation in services, while also understanding individual needs. It also validates community organizations' approaches that are accommodating to different perspectives on traditional spirituality.

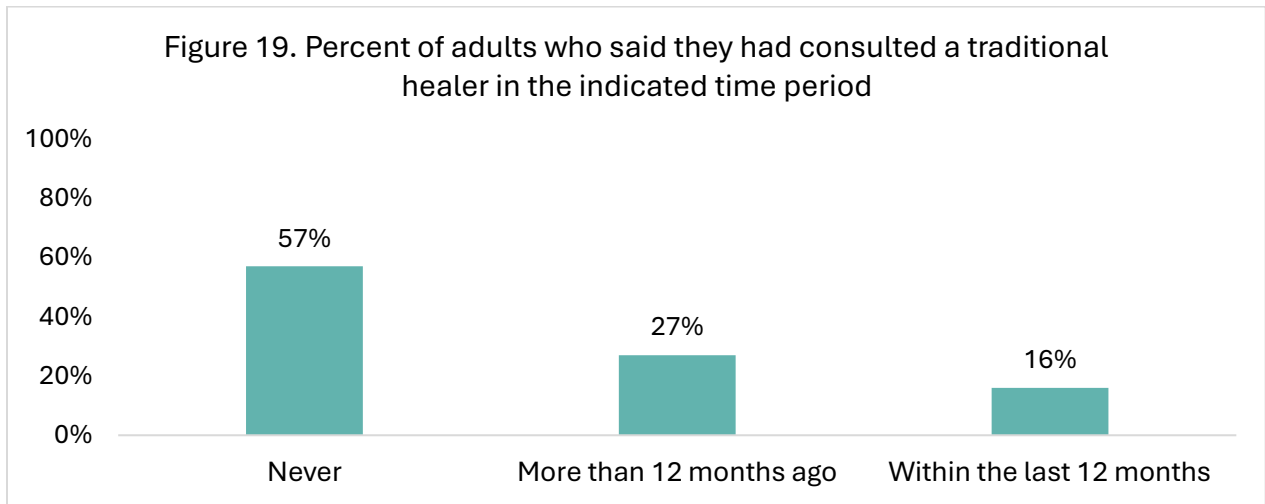


Source: Regional Health Survey 2015, adults 18 years and older

Traditional medicine and traditional ways of healing

In the following graph, we see that in 2015, a high percentage of adults (43%) had consulted a traditional healer at some point in their lives. Approximately 1 out of 6 people (16%) said they had consulted a traditional healer within the last 12 months. Some of our community members have noted that this question has a lot of subjective interpretation, as there are many different perspectives on what being a

“traditional healer” means. This terminology from the survey also has a disconnect with how people in Kahnawà:ke think about healing and help with wellbeing in a traditional sense – all people have some capacities to be “healing,” but some may be called “healer” by others, whereas another person who similarly helps many may not be called this. Others may use words like “traditional practitioner” instead of “healer”.



Source: Regional Health Survey 2015, participants 18 years and older



In contrast to consulting a “traditional healer”, adults were also asked about use of “traditional medicine” in the 2015 RHS:

1 out of 3 (32%) of survey respondents (18 years of age or older) said they had used traditional medicine in the last 12 months

Barriers to using traditional medicine

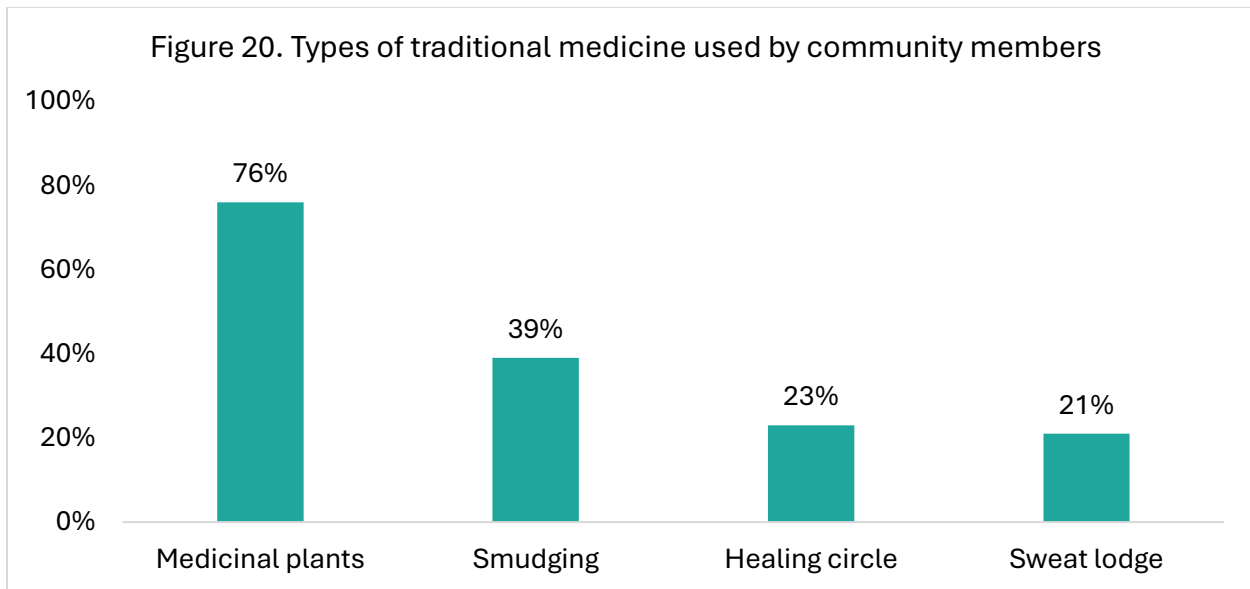
- 45% of people stated they had no difficulty accessing traditional medicine
- 31% stated they were not interested in traditional medicine
- 9% of respondents said they did not know where they could get traditional medicine
- 10% stated they did not know enough about traditional medicine

Community members note there is a lot of variation in how community members think about traditional medicine, and how this survey question may have been answered quite differently from different perspectives, so it is important to think about the data with this in mind.

On this survey (that is used by many First Nations), there may be a more common understanding of traditional medicines as “plant-

based medicines” that doesn’t fit with Kanien’kehá:ka ways. While there are herbal or plant-based medicines as part of traditional medicine, there are also spiritual and ceremonial medicines, and the thinking of language as medicine, and food as medicine.

Among people using traditional medicine, the use of plants was the most common form selected on the survey, and smudging was the second most common.



Source: Regional Health Survey 2015, participants 18 years and older

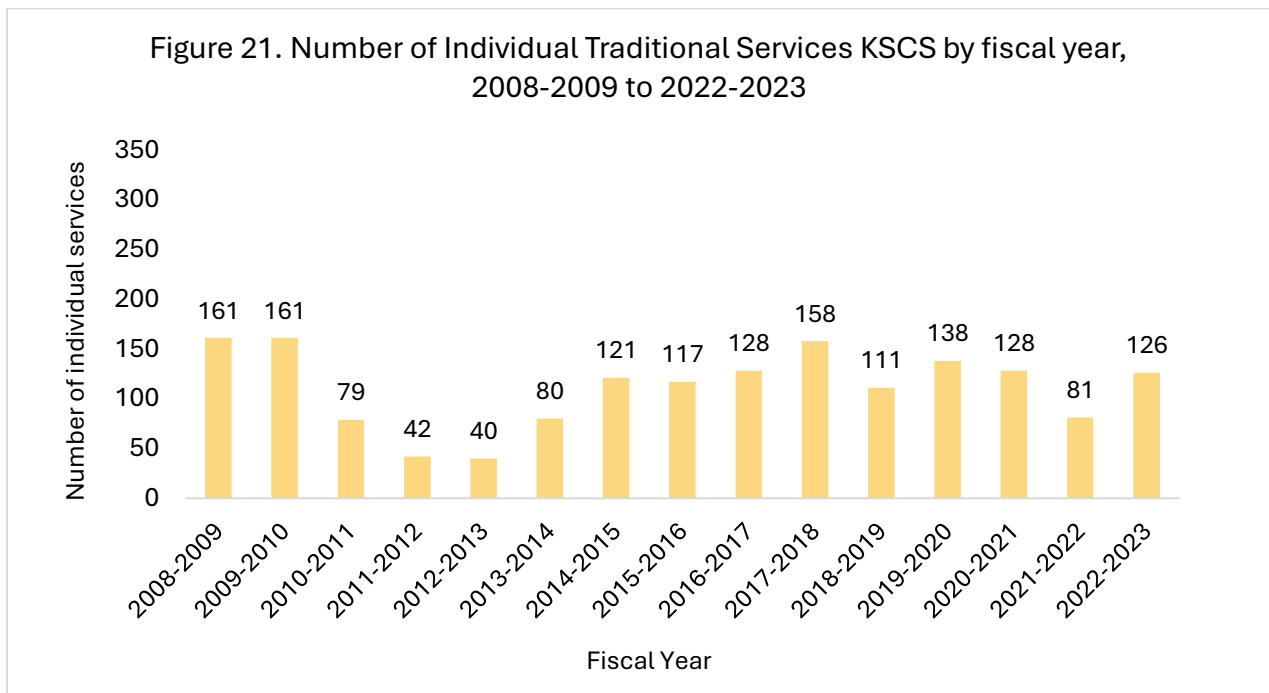


Traditional services at KSCS

The next two figures come from annual reports from KSCS; they combine the statistics from many years of reports into a single graph to show the trend over time in the number of individual and group traditional services provided. Statistics for traditional services were not noted in all annual report years. What exactly has been called traditional services and what services have been available through KSCS has had some variation over time. Individual traditional services include one-on-one traditional healing sessions with community members working with

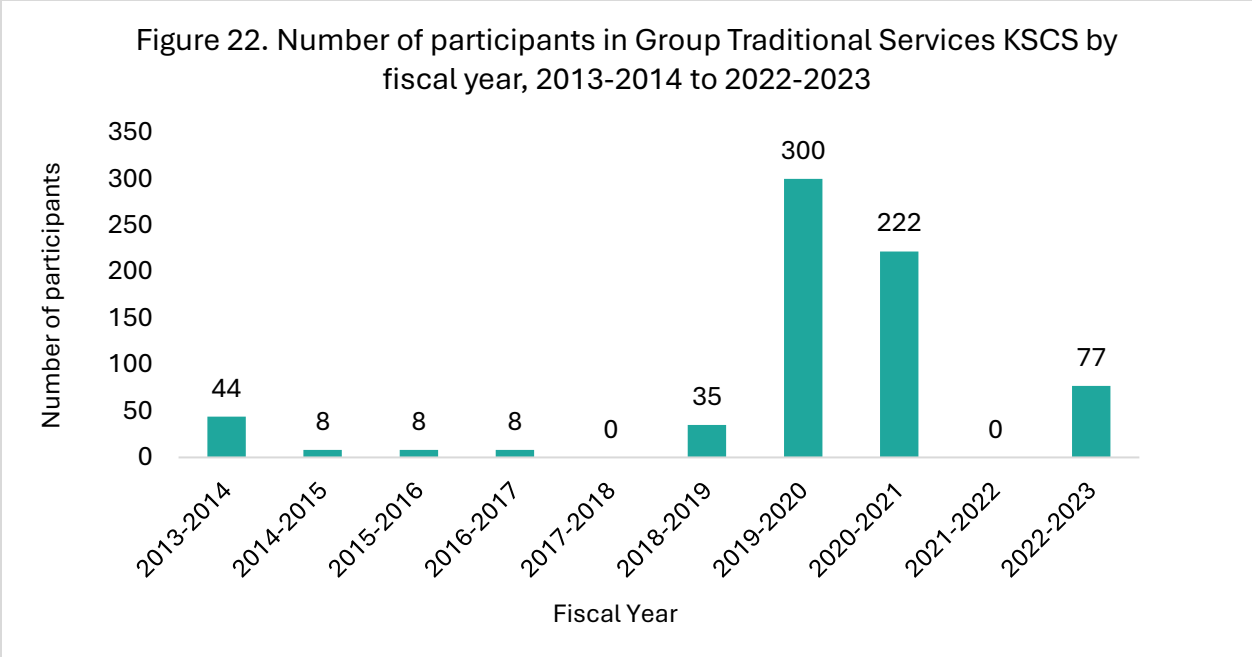
spiritual medicines, teachings, and ceremonies. Group services can also vary and include things like Ase:sasatonhet: Starting a New Life Grief Support Group, Ionatenenhraró:ron and others.²⁰

Reviewing these figures, there is a sustained use of 100-150 individual traditional services offered each year. Group services have been documented to be increasing in the last few years.



Source: KSCS internal service statistics documentation, reviewed in KSCS annual reports and validated with KSCS Research & Systems Administrator (2024)

²⁰ KSCS Annual Reporting. <https://www.kscs.ca/content/annual-reports>



Source: KSCS internal service statistics documentation, reviewed in KSCS annual reports and validated with KSCS Research & Systems Administrator (2024)

Tekanonhkwatsherané:ken, Two Medicines Working Side by Side (the KMHC Traditional Medicine Unit)

Tekanonhkwatsherané:ken (Two Medicines Working Side by Side) has developed at KMHC from a pilot project in approximately 2012, and continues to grow. The small team provides direct support to community members with individual sessions, ceremonies, as well as family and group-based sessions. They engage with people of all ages and at any aspect of their life and wellness journey. This can take the form of support in prenatal classes, during end-of-life palliative care, or addressing physical or

emotional wellbeing. The team also supports language and culture initiatives at KMHC, cultural safety training for health and social service staff at KMHC and in partner organizations outside of the community. More information on these services is available in the KMHC annual reports, the 2012-2022 Community Health Plan Final Evaluation Report, or by calling the Tekanonhkwatsherané:ken staff directly at KMHC.



Conclusion

Tsi niokwarihò:ten and Kanien'kéha (Traditional ways, culture and language) are at the core of the 2024-2032 Community Wellness Plan. The information presented in this chapter validates many insights heard by Onkwata'karitáhtshera from community members; for example knowing that Kanien'kéha fluency is still more common among Elders than younger people and that language revitalization efforts are showing some progress. It is hoped that this information can be used by individuals and organizations to help add to the efforts they are already making on cultural revitalization, whether it is to spark further conversations, or support program development. In addition to community feedback, it offers some measurable data as a partial benchmark to see some of our progress over time.

Improvements to programs, new services, and new initiatives continue to be developed to support this wellness domain. There is substantial collaboration between community

organizations, and even new infrastructure being built (like the new cultural centre) to help move forward. Many graduates of the Kanien'kéha Ratiwennahní:rats program have gone on to themselves become language teachers, amplifying the effect of language revitalization.

As community members and organizations continue to put energy into revitalizing Kanien'kéha and grounding wellness activities and our daily lives in our culture, we hope to see more sharing of meals, connection to the land, understanding of traditional medicines, and our language being used throughout our lives. In the future generations, we would like to see children flourishing in a place and time where they have access to their language, people in their lives to help understand culture and ceremony, robust access to traditional foods to share with their families and community and to feel confident in their sense of belonging.

