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Pandemics and Urban Child Survival: Pulling Together in the Adoption Canoe

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Article abstract

This article tells an intergenerational narrative about how historical pandemics and family adoptions stories can influence urban Indigenous custom adoption practices, policies, teaching and research. It uses the seven principles of Archibald's (2008) storywork to link the importance of knowing our own family histories, and how those historical, cultural and current contexts can be a force to advocate, influence, research and teach for change. The "canoe" is a metaphor for re-conceptualizing adoption narratives, and emphasizes the idea of an "adoption journey" or a shared learning process.

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Pandemics and Urban Child Survival: Pulling Together in the Adoption Canoe

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Abstract

This article tells an intergenerational narrative about how historical pandemics and family adoption stories can influence urban Indigenous custom adoption practices, policies, teaching and research. It uses the seven principles of Archibald's (2008) storywork to link the importance of knowing our own family histories, and how those historical, cultural and current contexts can be a force to advocate, influence, research and teach for change. The "canoe" is a metaphor for re-conceptualizing adoption narratives, and emphasizes the idea of an "adoption journey" or a shared learning process.

Key words: pandemics, custom urban adoption, narratives, Indigenous storywork

Introduction

The goal of this article is to link family histories, pandemics and adoption stories with contemporary and emerging urban Indigenous custom adoption policy, practice and research initiatives in British Columbia (BC). As an Indigenous social worker, I placed many children into adoption homes; yet the adoption story that most profoundly shapes my thinking about Indigenous custom adoptions is not based in my professional experiences. Instead, the most influential adoption story belongs to my grandmother and her four older sisters, who, in my Saulteaux cultural ways, were all my grandmothers. As children aged newborn to nine years of age, they were orphaned by the death of both parents in the 1919 Spanish Flu pandemic, and separated by the Canadian state into five unrelated adoptive homes.

A second critical influence to be discussed in this article is the Nong Sila (many grandparents, many grandchildren) urban Aboriginal custom adoption research project funded by the Lex Reynolds Permanency and Adoption Fund, and housed within the Victoria Foundation. The Nong Sila research project was guided by an Advisory Council comprised of many elders, adoptees, adoptive and biological parents. Together they helped an Aboriginal child welfare agency, and an Indigenous researcher from the university, begin to understand how to create restorative adoption policies and practices in the urban community of Victoria.

The isolating experiences of my grandmothers in Canada's early 20th century adoption program on the prairies stands in stark contrast to the inclusive approach of the Nong Sila research project in BC in the early 21st century. Their experiences identify one of the worst kinds of inhumane adoption policy and practice that can be perpetuated against vulnerable children. The Nong Sila project is an example of the opposite; a collective gathering of wisdom from around the adoption circle developed for the benefit of urban Aboriginal children and families.

Unfortunately, my family adoption story is not unique, and the death of parents who left behind surviving children began long before 1919. A letter written to my grandmother in 1974 from her oldest sister includes the comment that "We weren't alone. Many other children were orphaned because of the Spanish Flu, and we all ended up in the same boat" (Annie Kotelo, personal communication, March 12, 1974). Her quote from 40 years ago about ending up in the "same boat" as other pandemic orphans, is what encouraged part of the title of this article, "pulling together in the adoption canoe." Still today, my grandmother's adoption experiences of almost 100 years ago have something of value to teach. It is practice wisdom gained through the hardship, grief and loss of small children. It is wisdom that remains alive in stories and storytelling; something that will be examined in the context of Jo-Ann Archibald's (2008) Indigenous storywork principles at the end of this article. The next section of this article articulates a personal family experience with historical pandemics, family adoption narratives and other Canadian pandemics, in order to set the context for a more detailed discussion of their connection to an urban adoption custom research initiative.

Historical Pandemics and Familial Adoption Narratives

The formal Canadian education system was not the source of my learning about influenza pandemics and their ways of shaping Indigenous or Canadian adoption histories; rather the authority on the subject was my grandmother. Her life and the lives of her four older siblings were profoundly affected by the global influenza pandemic known as the Spanish Flu of 1918-1919. Nearly 100 years later, their life stories continue to inform my social work practice, and influence my teaching, writing and research. A quote from epidemiologists Taubenberger and Morens (2006) in the *Journal of Emerging Infectious Diseases* provide a clinical Euro-Western account of the 1918-1919 influenza as opposed to my Indigenist family storytelling approach. Their article describes that:

An estimated one third of the world's population (or 500 million persons) were infected and had clinically apparent illnesses during the 1918–1919 influenza pandemic. The disease was exceptionally severe ... Total deaths were estimated at ~50 million and were arguably as high as 100 million ... Overall, nearly half of the influenza-related deaths in the 1918 pandemic were in young adults 20–40 years of age, a phenomenon unique to that pandemic year (p. 1).

The high death rate of people in their child-bearing years had significant global implications for millions of children, extended families, clergy and governments of the day. In Canada, the deadly Spanish Flu also disproportionately affected young parents. My grandmother was one of the pandemic-surviving children, born on January 9, 1919 in the city of Winnipeg, Manitoba. The death of both of her young parents within two days of her birth, and her adoption stories, as told from her childhood recollections, were soul

wounding to relate and to hear. Neither she, nor I, ever claimed to be bias-free or neutral in recounting the stories. Even 80 years later, just before she died, she re-told the story of the loss of her parents, sisters, family and community as if the pandemic had occurred recently. Her stories were told in consistent ways, and provided her dying evidence of all the unresolved grief, cultural knowledge disruptions and isolation that other Indigenous and non-Indigenous children of the pandemic may have also experienced. To the day she died, she yearned for a maternal relationship. She never spoke of her adoptive mother, but she often spoke with great sorrow for her biological mother, and with love for the woman that gave her life. Her experience of rupture from parents, siblings, extended family and culture laid the groundwork for change in the lives of many more children that experienced parental loss.

And so it became that her parental loss and adoption experience is not just her story, it is the critical story of our extended family. It belongs to all of us, and the outcomes continue to shape our family relationships and structures. More than just influencing family decision making about children, her adoption stories continue to influence my professional child protection practices, adoption social work practices, policy implementation and research choices. Personally, it shaped my decision to become the adoptive parent to my son, encouraged me to accept responsibility as “Ma” to a daughter not born to me, the grandmother of a child who is not biologically related to me, and a godmother to many children born to former children in care for whom I was a legal guardian. The absence of biological markers makes no difference in my feelings or love for them. They are my children, granddaughter and god children. I am their mother, grandmother and godmother. Today my grandmother’s adoption stories and the historical pandemic continue to shape my personal and professional life-long learning, and family.

Nowhere in the Taubenberger and Morens (2006) article is any mention of the profound impact on the millions of children left orphaned by the influenza, or on their descendants. However, it exists in my grandmother’s story and lives in my teaching, writing and research today. My grandmother was orphaned on the second day of her life. In the span of three days, her parents went from healthy young adults and vigorous parents to five young children, to victims of the Spanish Flu, to dead and buried. Her father died on the day she was born, and her mother died the day after her birth. My grandmother and her four older sisters were also physically affected by the influenza, and were hospitalized for an extended period of time. Upon their recovery, child welfare authorities of the day sent them to St. Joseph’s Orphanage in Winnipeg, until they could be placed in adoptive homes. The formal, written familial account of this experience is offered by my grandmother’s oldest sister. She was nine years old at the time of her parent’s death, and her account, written fifty-five years later in 1974, is riveting. An excerpt of her letter follows:

I remember our mother asking for the midwife when she was sure you were on your way, and hearing the sound of church bells ringing. Father was so sick, he could not go, and all us little girls were sick too. The house was so cold, no one could get up to make a fire. Then the midwife came and opened all the doors and we all got worse. It was January in Winnipeg. I remember well when they put the quarantine sign on our door, after you were born, and when they took our Father’s body away, and then our Mother’s...We were wanted by our aunties and uncles. Auntie and Uncle almost landed up in jail, because they argued so much with the authorities. I remember Auntie screaming and crying like crazy, and Uncle mad. They wouldn’t let us go with Auntie because she already had a big family and only a small house. They said we would

be better off with other families who had more room, and sent three of us away from Winnipeg. Our sister Katie ended up with alcoholics who never looked after her. Sister Mary ended up with a woman who cut her finger off for reaching for a piece of cake. Mary at age five wandered around Winnipeg alone, bleeding and lost for two days until someone found her and took her back to the orphanage. The nuns kept her until she was old enough to be on her own. You and I went to people who made us sleep in granaries, barely fed us, and worked us like slaves. It was not a better choice than staying together with family, even if the house was crowded” (Annie Kotelo, personal communication, March 12, 1974).

This story demonstrates that despite extended family members that wanted to care for all the children, Canadian authorities directed that the children’s home and possessions be sold, and that the children be separated from each other, sent to live with five different families. So many people were dying in the city of Winnipeg as a result of the pandemic, that a separate section of Brookside Cemetery was established to bury the bodies. Despite dying only one day apart, my great grandparents were buried more than two rows and four people apart. Their graves, like so many others in the section, were only marked by a simple, small tin identification plate. In 2005 when I first visited the section where they were buried, I thought the attendant mistakenly directed us to an open field. The conspicuous lack of visible grave markers in the twenty acre plot suggested it may be so. It was my husband who gently spoke about factors such as the city’s haste to bury bodies affected by the pandemic, poverty and the dislocation of family as contributors to the lack of formal headstones.

Understanding the enormity of loss in that moment made it difficult for me to breathe. I was overwhelmed with the knowledge about how closely my grandmother came to never being born or giving life to my mother, and the precariousness of my own existence. A ceremony at the gravesite and the placement of formal headstones on their graves some 76 years after their death, helped me to demonstrate love and gratitude to my great grandmother, the woman whose final act on this earth was giving birth to my grandmother. The sense of purpose, that we were created for a reason, stays with me these ten years later.

Within a very short period of time in 1919, my grandmother lost her parental, sibling and extended family connections, home, community and was removed from the province of her birth. As an infant, she was sent to Saskatchewan to be raised by foster parents that became her adoptive parents. Never visited by social workers, she did not learn the truth of who her biological parents were; and took the surname of her adoptive parents. For many years, the knowledge of her culture, history and language were lost. Perhaps most cruelly, her adoptive parents told her that her biological parents “did not want her and gave her away.” Her adoptive parents became the hero in the narrative for their willingness to raise her. She would be a grandparent in her fifties when she finally learned of the deaths of her biological parents, her family name and cultural origins, and about the virulent global pathogen that killed so many people. It has taken me time to recover and heal, and to be able tell this story. Today, I am a grandparent in my fifties and the serendipitous nature of writing this article, and my connection to her age of coming to know the truth of her own story is not lost on me. In our Indigenous community, this teaching is exemplified by the belief that all things happen when the time is right.

To explain how my grandmother's adoption story began to impact family decision-making and my social work practice and research choices, it is important to tell another adoption story connected to her life. When my grandmother was 30 years old, with four children of her own, she visited her sister-in-law, who was hospitalized and dying of breast cancer. It was the late 1940s and there was little time to make decisions about the future well-being of two small children that were about to experience the loss of their mother. The young mother asked my grandparents to take both children, and to raise them together. She explained that some of her family members wanted to separate the children, and she did not want that to happen. In this instance, the child welfare authorities of the day had no decision-making role because the father of the children was alive. However, he was recognized by family members as requiring support to remain involved in the lives of his children, and not necessarily as their primary caregiver.

I heard the story many times from my grandmother, and it was always told in the same way: "We looked at one another from opposite sides of her bed" my grandmother said, referring to my grandfather. "Then we told her that what our children would eat, that's what hers would eat; and what our children wore, that's what hers would wear. We gave her our word that we would not separate the children." Our entire family is a witness to the fact that they did as they promised. My great-aunt died the next day, at the age of twenty-eight, and her two children were raised as a brother and sister to my own mother and her three younger brothers. This informal adoption process was created between two women that shared the same culture, and beliefs about the critical importance of keeping siblings together. No doubt, for my grandmother, it was a belief born in the pain of her own dislocation from parents and siblings, and her opportunity to stop others from making the same decision for her niece and nephew. It also meant that by the time my grandmother was 30 years old, she was a biological and adoptive parent to six young children less than ten years of age.

How Family History Shapes My Own Social Work Practice and Research Interests

Almost 35 years later, in 1983, I became a statutory social worker employed by the province of British Columbia. One of my duties over 17 years of employment was to prepare and place children in adoption homes. Very early in my career, and during one of my visits with my grandparents, my grandmother asked about the role of social workers in the adoption process. She was intent when she asked if I ever visited the children after they were placed in their adoptive homes. "Yes, I do," I answered. "We visit for six months after their placement. If everything is going well, we complete a placement assessment and recommend the legal adoption of the child." From her perspective, it was an incomplete response, and she pressed me to find out what happened if the child was an infant or toddler who could not talk or answer questions. Surprised by the intensity of her questions, I asked why she was so interested in this aspect of the adoption process. It was then that I learned about her adoption experience, and her story remains soul wounding. She looked at me intently and said "What you do is important. When I was a little girl, no one ever asked me anything about what was going on in that home, and I had lots to say." Then in direct and graphic terms, she told me about her adoption experiences. Her adoptive parent's gross mistreatment and violation of her as a child shocked and outraged me on many levels: as a woman, as a granddaughter, as a social worker and as a human being. In that instant, had it been possible to transport myself back in time,

I would have gone with the intent to put an end to their lives long before they both died of natural causes. Her adoption experience was the most significant influence in the development of my adoption social work practice. It remains a critical teaching that influences my thinking and determination to include the child's perspective, family and community members in the development of open custom adoption practices and research. The next section of the article identifies pandemic experiences in Canada and provides context calling for the development of urban Aboriginal adoption policies, practices and research.

Setting the Pandemic Context in Canada

It is true that many Indigenous histories and stories include grief and loss due to the deaths caused by pathogens brought to the Americas by successive waves of European explorers, gold seekers, missionaries and settlers. Author Tom Swanky (2012) in his book, *The true story of Canada's "war" of extermination on the Pacific* charges that the deliberate spread of smallpox by Whites began at Fort Victoria in 1862 (now known as Victoria, BC), and is what decimated Indigenous populations all along the west coast of Canada. According to Swanky (2012), official accounts of the number of deaths were destroyed, are deliberately vague and minimized, or are missing. He contends that the goal of the calculated deaths of thousands of Indigenous peoples from smallpox, and the withholding, or provision of weakened immunization, was to make way for settler expansion and to remove Indigenous peoples from valuable lands and resources. The impact of smallpox on White populations in 1862 was designed to be minimal and also achieved that goal.

According to Swanky (2012), the Tsilhqot'in First Nations experienced deliberate smallpox infections designed to decrease their resistance and ability to limit White settlers and gold seekers that traveled through their territories in the 1860s from Fort Victoria to the interior gold fields around Barkerville, BC and beyond. Other First Nations such as the Secwepemc of the BC interior suffered a devastating population decline as a result of the 1862 small pox epidemic, and were reduced from 32 distinct village sites to amalgamations of survivors into 17 villages (Secwepemc Cultural Education Society, 2014). The Musqueam First Nation, upon whose unceded lands the city of Vancouver, BC is located, experienced a catastrophic population decline due to pathogens that reduced their numbers from over 30,000 to 100 (Musqueam, 2008, p. 4).

The Indigenous population decline did not just happen on Canada's west coast. In *Clearing the plains: Disease, politics of starvation and the loss of Aboriginal life*, historian James Daschuck (2013) chronicles the Canadian government's policies in the 1870s and 1880s to withhold food, provide rotten meat and diseased animals to First Nations peoples that were viewed as impediments to settler and railroad expansion through the prairies. Other recent research by non-Indigenous historian Ian Mosby (2013) uncovered knowledge about how the Canadian government in the 1940s and 1950s engaged in deliberate ethnocide and nutritional experimentation against vulnerable children forced to attend Indian Residential Schools, and in six First Nations communities stretching from BC to Manitoba. From the vantage point as a grand-daughter of a pandemic survivor, I cannot help but wonder "what happened to all the surviving children and how did the devastated families and communities manage to care for them through the pandemics and beyond"?

This article includes historical and recent Indigenous experiences of population decimation in Canada due to pandemics and disease, but it is not the whole story. This article also connects to new stories about survivor's adoption experiences, intergenerational changes, and implications for Indigenous custom adoption practice and policy development, social work thinking, teaching and research in urban contexts.

Connecting Personal History, Practice and Policy to Research

In 2008, a research funding opportunity arose via the Lex Reynolds Adoption and Permanency Fund (2014) housed at the Victoria Foundation. Dr. Sandrina de Finney of the University of Victoria, School of Child and Youth Care approached me in my former role as the Chief Executive Officer of a delegated urban Aboriginal child and family agency, to ask if there were any adoption or permanency issues of interest to the agency. I took her question to the Elder's Council of the agency to ask for guidance and direction. The issue of Indigenous children adopted through mainstream methods was a concern for the Elders. They wondered what an urban Indigenous custom adoption process may entail, and suggested we ask people involved in the adoption circle to help guide the project. The project was funded and implemented in the urban Indigenous community which is located on the ancestral and traditional territories of Coast Salish peoples on the west coast of Vancouver Island.

The Lekwungen project name "*Nong Sila*" was gifted by a Songhees First Nation community member and means "*Many grandparents, many grandchildren.*" The community-based exploratory research project brought together an Indigenous advisory council comprised of many peoples affected by mainstream and custom adoption practices and policies. Indigenous adoptive parents, grandparents, birth parents, adopted and foster children, siblings, service providers and social workers came together to envision the ways that an urban Indigenous custom adoption council or process might function in the city of Victoria. It is developmental work to create space for Indigenous thinking about Indigenous values and beliefs about children, extended family responsibilities and Indigenous self-determining rights. It also created Indigenous space to talk about similarities and differences between mainstream and custom adoption practices, protocols, principles, policy challenges and opportunities in urban Indigenous community contexts across Canada. It offered a glimpse into the complexity and diversity of Indigenous custom adoption practices, as well as the custom adoption policy and research implications for current and future diverse First Nations, Métis and Inuit city-based populations. Of particular concern is the disconnection of some urban Indigenous children living in foster care, far from their traditional lands, families, communities, ways of knowing and being.

Connecting Urban Indigenous Children to Custom Adoption Policies, Practices and Teaching

The time has long since passed in which my grandmothers could have been supported to remain in the care of their extended family members. The official record noted that an economic consideration in the decision to place the children with other families was that family members already had obligations to several of their own children. No mention is made of the funds realized by the sale of their family home

and possessions. No one seems to know what happened to the money or whether there was enough to support the children for any period of time. The children were not old enough to have a voice in decisions affecting them, their relatives did not speak the English language well, and there were no advocacy groups to turn for support. The resources of the church and city were likely overwhelmed by the implications of living through such a chaotic pandemic, and lacking capacity at the time to take much notice of what happened to five little children. No provision was made to ensure a relationship between the children, or between the children and their extended family members.

One social consequence of the adoption plan meant that no relationship existed between the sisters until they were in their late 50s and early 60s. While their adult children and grandchildren knew of one another, the relationships were polite and tenuous at best. Time, distance, differing child and youth experiences, adult obligations, religious beliefs, lack of access, and lack of resources interfered with the development of close familial relationships. All of my grandmothers, except one, reported being abused by each set of adoptive parents. At no time were any of the sisters supported to reconnect with their extended family members, to know their family stories, history, name, culture or language.

Alternately, the niece and nephew of my grandparents grew up knowing each other, their father and extended family members, language and culture. They lived with custom adoptive parents that were biologically related, had first cousins who became brothers and sisters and knew stories of their mother. For Indigenous children being considered for custom adoptions, these practices and policies must be a place to start. Their custom adoption was accomplished with no funds and no interference from government; which may also be an important consideration. The next section discusses some reflections about the ways in which Indigenous storywork, principles advocated by Archibald (2008) can serve as a healing guide to urban Aboriginal custom adoption policy, practice and research.

Indigenous Storywork Principles: Healing Guides for Custom Adoption, Policy, Practice and Research

If my own experience is any indication, the intergenerational impact and trauma of so much death, loss and grief on pandemic survivors, and their descendants, can remain for generations. The impetus for healing and change requires something more than a clinical restatement of demographic facts. Sometimes in order to educate and make change, the personal stories and narratives of affected people are needed to explain and influence understanding. Dr. Jo-ann Archibald (Q'um Q'um Xi'em) (2008), a Sto:lo academic in the Faculty of Education at the University of British Columbia (UBC), coined the term "storywork" to describe this type of educative process that includes the heart, body and mind and as a theoretical framework for making meaning of stories (p. ix). Sharing adoption stories and experiences through a research process can also offer important opportunities to influence custom adoption policy and practice transformation. In the developmental research process, in this article and in practice, it is critical to make the link explicit between family storytelling and our own work as researchers and/or as social workers. It assists with the circular pedagogical process of knowledge sharing, learning, teaching and doing as a force for policy, practice and research improvement.

Briefly summarized, the seven principles advanced by Archibald (2008) include (1) respect toward Aboriginal peoples' cultures and communities by valuing diverse Indigenous knowledges, (2) reverence toward research that is meaningful to Indigenous peoples rather than the researcher, (3) reciprocity by entering into a two-way process of learning and research exchange with the co-creators of the research while ensuring that the community, agencies and peoples benefit from the research relationships, (4) responsibility through active and rigorous self-reflection, engagement and consultation with the community members, (5) holism by considering how the "interrelatedness of intellectual, emotional, spiritual and physical realms of the whole person, extends and is mutually influenced by one's family, community, band and nation" (p. 11), (6) interrelatedness; and (7) synergy by considering one's own "historical, cultural and current contexts in relation to the stories being told through the use of personal real-life examples" (p. 32).

Archibald's (2008) framework and theoretical principles guide and inform the Nong Sila process and this article. Consideration of its guiding and healing principles brings hope that something of value may be gathered from devastating historical adoption stories that were born in the midst of pandemics. Indigenous storywork and stories of pandemic survivors is offered as one of the critical tools to positively influence the development of contemporary urban custom adoption policy, practice or research for Indigenous children and families today.

A final consideration is embedded in the use of stories for teaching purposes, or as Archibald (2008) terms it, the "storywork" of the process. It is critical that an urban Indigenous custom adoption process respects the inherent right and responsibility of Indigenous peoples to adhere to processes and protocols that value diverse Indigenous knowledges. Furthermore, it must respect the importance of keeping children within extended family or clan systems and connected to their lands, stories, and culture.

Secondly reverence must be demonstrated toward research processes in ways that are meaningful to Indigenous peoples, rather than the researcher. This was evident when Dr. de Finney approached the Indigenous agency offering an opportunity to research something of importance to the community, and my approach to the Elders Council to ask what that might be. The third principle of reciprocity was met when we entered into a two-way process of learning and research exchange with the co-creators of the research. It remains important to ensure that the community, agencies and peoples benefit from the research relationships. Each of us brought ourselves, our family stories, our experiences and knowledge to the Advisory Council to share with others; so that we could learn in a collective way. The responsibility for this important work continues through active and rigorous self-reflection, engagement and consultation with community members, service providers and other social workers.

Conclusion: Reaching Back to Move Forward

This article is written seven years after the urban custom adoption council was developed and almost 100 years after the adoption of my grandmothers. It is a personal, professional and political journey of self-discovery and awareness that continues to influence emerging and established urban adoption practices and policies, and by extension, child safety. By way of example of Archibald's (2008) storywork principles, the following story is offered to explain how the use of stories can be a teaching tool for change.

One opportunity to share my grandmother's story with a social work colleague happened when she was placing a small child for adoption. The social worker had some concerns about recommending the child's placement, but nothing tangible to base her assessment upon. Her concerns were what she termed "a gut instinct" that something was wrong in the home, and was negatively affecting the child in placement. The parents denied anything was wrong, the child had not divulged any concerns, and the family appeared anxious to complete the adoption.

During our conversation, I shared my grandmother's adoption story and her words that "no one asked her anything about what was happening in the home and she had lots to say." Before we parted, we created a plan that included a private conversation with the child. A few days later, the social worker returned to my office, sat down and told me a story.

She had returned to the adoptive home to visit the six-year old child, and asked to speak with her privately. As gently and directly as she could, she asked the child if there was anything going on in her home that she thought was important to know about. Was there anything that the child wanted to say but had not? As the child sat on a chair, swinging her legs, she spoke quietly about her bedroom, pets, toys and new school. At the same time, the social worker noticed that the child continued to bounce her right hand off the arm of the chair, progressively hitting the chair arm harder and with increasing force. When the social worker asked about what the child was doing, the child looked surprised and stopped. Cautiously and hesitantly, she told the social worker that she did not like it when her parents spanked her and hit her after she did "something wrong."

The child protection and adoption policy is very clear that physical punishment of children is not permitted of children in foster care or on adoption placement. An investigation was launched and more accounts of abuse surfaced in the home. The child was removed and placed in another home. Many years later, I heard that the social worker often repeated my grandmother's adoption story to others, and that it continued to influence her adoption practice for the rest of her career. I also heard that the little girl was later adopted into a loving home, where she grew to adulthood.

The holism of this life-long learning journey continues to be influenced "by the interrelatedness of intellectual, emotional, spiritual and physical realms of the whole person; how it extends and is mutually influenced by one's family, community, band and nation" (Archibald, 2008, p. 11). Even in the writing of this article, new meanings and intergenerational connections were made in my mind between space and time, the stories of my grandmother, mother, my children and granddaughter. In this time, I am both my grandmother's grand-daughter, and my grand-daughter's grandmother. I am both my mother's daughter and my daughter's mother. Our connections exist through space, time and relationships. Opportunities continue to be created through our abilities to experience Indigenous pedagogy, and to influence adoption policy, practice and research because of the wholeness of our relationships.

Reflections of the learning from family stories, pandemics, social work practice and research also helped me to better understand the hope that springs from continuing synergy, and how to consider one's own "historical, cultural and current contexts in relation to the stories being told through the use of personal real-life examples" (Archibald, 2008, p. 32). In looking forward, it helps to shape my thinking and writing about the possibilities inherent in custom or informal adoptions, choice and responsibility in our own creation of what it means to be "family."

Finally, and perhaps most importantly, through this story telling, and the Nong Sila research project, it reminds us that we all become stronger when we share family stories and our experiences around the adoption circle. All these opportunities become important tools to create safety in the lives of children, and to strengthen custom adoption practices, policies and future research. Creating safety means that we have a collective duty to pull together in this adoption canoe; to reach back into our histories and the knowledge of our ancestors, and to pass those teachings onto those creating safety for children in the future.

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