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Traditional Indigenous Approaches to Healing and the modern welfare of Traditional Knowledge, Spirituality and Lands: A critical reflection on practices and policies taken from the Canadian Indigenous Example

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Abstract

Traditional Indigenous Approaches to Healing and the modern welfare of Traditional Knowledge, Spirituality and Lands: A critical reflection on practices and policies taken from the Canadian Indigenous Example

In order for traditional knowledge to be maintained and to develop, it has to be practiced. Traditional healing provides a vehicle for this to occur. In Canada, the spiritual revitalization of Indigenous communities and individuals often involves the use numerous components of traditional healing. These elements are reflected most clearly at the grassroots level, however, current Indigenous programs delivered by Indigenous and governmental agencies have made some accommodating efforts as well. Perhaps most importantly, traditional knowledge and Indigenous spirituality hinges on the maintenance and renewal of relationships to the land. Indigenous land bases and the environment as a whole remain vitally important to the practice of traditional healing.

A focus on Indigenous healing, when discussing Indigenous knowledge systems and spirituality, is paramount today due to the large scale suppression of Indigenous cultural expressions during the process of colonization. With respect to policy, there appears to be a historical progression of perception or attitude towards Indigenous traditional healing in Canada from one of disfavour to one favour. There are nevertheless continuing challenges for traditional healing. Mainstream perceptions and subsequent policy implementations sometimes still reflect attitudes that were formulated during the decline of traditional healing practice during colonization processes.

As a consequence the ability for particular communities to maintain and use their specific understandings of Indigenous knowledge continues encounter obstacles.

Indigenous Knowledge systems are living entities and not relics of the past. Today, these knowledge systems are still greatly being applied to help Indigenous communities and Indigenous people recover from intergenerational pain and suffering endured during the colonization process. Future policy development and implementation should aim to support Indigenous peoples and communities when they decide to learn about, maintain and build upon the knowledge amassed by their ancestors.

Acknowledgments

Julian Robbins recently returned to his studies and is currently a PhD Candidate in Indigenous Studies at Trent University. During a hiatus from his studies he was employed as a Research Officer with the First Nations Centre (FNC) of the National Aboriginal Health Organization (NAHO) (August2005-August 2009). Since August, 2005, Mr. Robbins focused on work at the FNC to support and communicate the role that traditional knowledge plays in First Nations health (through the inclusion of the perspectives of First Nations Elders and healers in the FNC's research agendas). Julian Robbins is mixed race with Mi'kmaq ancestry. Jonathan Dewar is Director of Research at the Aboriginal Healing Foundation and is a former director of the Métis Centre at the National Aboriginal Health Organization. He has several years of First Nations-, Inuit-, and Métis-specific policy and research experience in a variety of areas in both government

and non-government organizations and was the founding executive director of the Qaggiq Theatre Company in Iqaluit. Jonathan is completing a doctorate in Canadian Studies, specializing in the role of art and artists in healing and reconciliation. He is descended from Huron-Wendat, French, and Scottish Canadian grandparents. This article is dedicated to the Elders and traditional healers who continue to be of service to Indigenous communities and to the memory and teachings of Mi'kmaq healer David Gehue.

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Introduction

In a context of Indigenous approaches to healing, this paper examines some of the impacts that a renewed focus on Indigenous spirituality and traditional knowledge is having, primarily in Indigenous Canada.

In order for traditional knowledge to be maintained and to develop, it has to be practiced. Traditional healing is a vehicle that can be used for fulfilling these objectives. In North America at least, the spiritual revitalization of Indigenous communities and individuals involves the engagement of numerous components of traditional healing. These elements are reflected at the grassroots level, in current Indigenous programs delivered by Indigenous and governmental agencies and in governmental policies. Perhaps most importantly, traditional knowledge and Indigenous spirituality hinges on the maintenance and renewal of relationships to the land. Indigenous land bases, and the environment as a whole, remain vitally important to the practice of traditional healing. In essence, Indigenous traditional healing involves direct practical application of Indigenous knowledge systems and spirituality.

This article commences with a preliminary discussion of some complications that exist in trying to define Indigenous traditional healing in an academic context. Subsequently, it is explained why it is important to frame a contemporary discussion about Indigenous knowledge and spirituality within a context of traditional healing. This is followed by an examination of Indigenous traditional healing that speaks to some of the key issues that are unfolding on Indigenous lands in Canada – particularly the relationship to land, Indigenous languages and the importance of grassroots movements. Next, the article provides a reflection on past and present policies around traditional healing in Canada. Finally, using the Aboriginal Healing Foundation as a case study and primary example, some future policy directions are suggested alongside the concluding remarks.

Congruent with the recent Indigenous spiritual revitalization, Indigenous communities are employing elements of their traditional healing systems to deal with modern day mental, physical and spiritual illnesses. Through the analysis offered in this paper, however, it will become evident that there are still many existing tensions and barriers that do not allow Indigenous knowledge systems – and, as a result, Indigenous traditional healing – to fully flourish.

What is Indigenous Traditional Healing?

Providing some overview of Indigenous traditional healing is essential in order to set the stage for the rest of the discussion offered in this paper. Often, there are mainstream misconceptions and false labelling associated with Indigenous traditional healing because of a general disagreement as to where exactly it should be placed on the broad spectrum of Western sciences and religions. Many mainstream institutions that have developed out of these Eurocentric knowledge paradigms have examined traditional healing – and the tools and remedies associated with it – through the lenses of their own disciplines (e.g., university departments, self-help/new-age communities, governmental departments and others). Relatively speaking, these institutions represent external lenses of interpretation that alter how traditional Indigenous healing is both perceived and interpreted.

There are at least three other general reasons as to why all-purpose definitions of Indigenous traditional healing are difficult to formulate: First, Indigenous cultures are noted for their oral tradition. Knowledge of healing and medicine is passed orally from one generation to the next. This means that direct experience with healers and traditional healing is one of the most important factors in being able to grasp the nature of traditional healing. Often, an examination of research literature only allows one to formulate concepts and opinions about traditional healing. Thus, analysis and presentation of these concepts and opinions can reflect different levels of ‘rootedness’ with respect to the true nature of

traditional healing. In part, the accuracy of this reflection depends upon the personal experience of the individual author(s) /researcher(s).

Second, Indigenous languages and cultures are different and extremely diverse across the globe. A definition of traditional healing in a respective Indigenous language may not be directly translatable into English, or across Indigenous languages and cultures. For example, in Canada, Métis Elders indicated the importance of their language (Michif) to Métis health because it offers a different world view of how you see yourself in relationship to the earth.

> Speaking Michif and living Michif are never described separately. To live Michif means showing respect to Elders and children; and the need to work to earn the respect of others. The Elders' memories of speaking Michif are drawn from a time when their parents and grandparents were still alive and their communities and homes were filled with Michif... Use of Michif language kinship terms *(nohkom,mataant,mon nohk,mon kozin)* should be recognized as a widely used method of identifying one's Métis identity. Michif kinship terms were often used with great affection, and retaining the use of these terms is critical to the continued use of Michif. The names and terms described important relationships in the Métis community. Importance of the extended family in Métis communities was, and continues to be, key to the health of Métis. (Métis Centre, NAHO, 2008)

In the Cree language, *Kihteayak* describes an old or mature individual who does ceremonies whereas *Otsapahcikewenaw* are people who do ceremonies. An *Otsapaheak* is one who sees into the future or helps with things; a *Maskikiweniow* is like a medicine person who deals with medicine (Edge and McCallum, 2006). While there is sometimes no literal translation for *medicine* in many Native American cultures (Hershman and Campion, 1985), there are often several words which identify people who function in a healing capacity within the community.

Furthermore, with respect to culture, there are significant regional differences – for instance, among Canadian, American and South American tribes – and, thus, there are many different points of divergence among tribes (Martin-Hill, 2009a).

Thirdly, the term *traditional* is a British Colonial concept disliked by many Indigenous groups and it is a term that scholars have introduced to Indigenous Peoples in English speaking parts of the world. Most Indigenous healing practitioners would have referenced a complex set of medical practices and beliefs as simply *medicine*. In addition, specialized fields exist within the practice of traditional healing/medicine. For example, one could consult with a spiritualist, herbalist, diagnosis specialist, and medicine man/woman. It is also possible that a person may possess one, some or all of these gifts (Martin-Hill, 2003). Elders and healers who Dawn Martin-Hill spoke with in the development of her paper "Traditional Medicine in Contemporary Contexts: Protecting and Respecting Indigenous Knowledge and Medicine" (2003) were uncomfortable with the term *traditional medicine* because it is not an Indigenous concept. Therefore, it becomes a rather nebulous term that does not engage the full spectrum of knowledge interpretation that Elders and healers have to offer.

Further illustrative of these types of difficulties are evident in the response of one Inuit Elder who was asked about the nature of traditional healing. Her response indicated that she was taught that old time Inuit shamanism is different from traditional healing (Arn'arnaaq, 2010). Reasons for this response might include: the possibility that traditional healing evolves over time; the influences of other religious traditions like Christianity; or the fact that in the literature, the practice of Inuit healers was often referred to as *shamanism* – for example as depicted in some of the works of the Danish-Inuit ethnologist and explorer Kund Rasmussen (1929).

Nonetheless, at least conceptually, there are some commonalities in approaches to Indigenous traditional healing that are worth mentioning. The definition of traditional healing developed by

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Velimirovic (1990) and modified by Royal Commission on Aboriginal Peoples (RCAP) (1996) describes traditional healing as "practices designed to promote mental, physical and spiritual well being that are based on beliefs[,] which go back to the time before the spread of western scientific bio-medicine" (Wagemakers-Schiff, 2003, Velimirovic, 1990 and RCAP 1996). When Indigenous people refer to *traditional healing*, they are speaking of the use of herbal remedies as well as specific ceremonies and rituals to promote spiritual, mental, physical and psychological well-being (RCAP, 1996).

The fact that Indigenous traditional healing can address several different areas of health means that it is a holistic concept. The physical, mental, emotional and spiritual aspects of the human being are all interrelated; weakness in any of these areas causes a person to become unbalanced. For example, physical manifestations of illness may continue to appear until the individual accepts the teaching of how their illness ties into the laws of the universe or natural law (Lee, 1996). Healers may use certain traditional medicines and/or ceremonies in their work to keep away illnesses and/or improve physical, mental or spiritual health (Cooke, 2010).

As well, Indigenous traditional healing does not occur in isolation. Willie Ermine, a Cree scholar and ethicist thinks about Indigenous Knowledge and Traditional Healing through a lens he calls "community mind and thought" (Ermine, 2009). Traditional medicine and traditional healing come from this community mind. Furthermore, working to maintain and understand traditional healing and medicine is not for us, but for our children because they are the future (2009).

There is an emphasis in Indigenous traditional healing that centres on the connection that a human being has to the planet itself. Arvol Looking Horse emphasizes that Indigenous health systems "view the earth as a source of life rather than a resource" (Looking Horse, 2009). The earth's health is very much connected to human health. The diversity of this connection may be expressed through intricate relationships to the land. For example, the Hopi may have snake medicine but Indigenous people in the North West Territory would have medicine for frost bite (Martin-Hill, 2003). Indeed, heterogeneity is an issue that should be mentioned in discussions of traditional healing. Communities often have different understandings of traditional healing as well as different needs. Therefore, a healing program in an urban centre, for example, might require different solutions than a healing program in a remote northern setting.[1]

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[1] For example, Building a Nation (BAN) Inc. is located in downtown Saskatoon, Saskatchewan. Like many urban Aboriginal health centres, BAN caters to many Aboriginals from different Nations and many clients are troubled individuals who have been down-pressed by their interactions with the mainstream system. (Waldram, Innes, Kaweski and Redman, 2008). Although not a substitute for nature, the creation and maintenance of safe spaces, like BAN (to do Aboriginal healing work) can be seen as particularly important for Aboriginal populations in urban environments. As well, since there may be many different Indigenous cultures represented, especially in the larger urban centres, Indigenous spaces may take on different dynamics to respond to various needs.

In contrast, in one Inuit case study (Fletcher and Denham 2008), it was found that the distinctions around traditional and non-traditional practices were not particularly evident and that the notion of *tradition* becomes complex when linked to healing objectives. One person suggested that a reason for this non-distinction between traditional and non-traditional practices was that because in this community (like most in Nunavut), Inuktitut is the language of everyday life. Thus, through dialogue in their language, people are engaging in cultural continuity and tradition at every moment.

Traditional Healing as a Discussion Context for the Well Being of Contemporary Indigenous Spirituality and Knowledge Systems

Framing a discussion about Indigenous spirituality, traditional knowledge and lands in a context of Indigenous traditional healing makes sense, if one attends to the historical happenings linked to colonization. Community and individual healing work is sometimes required so that the pain and suffering Indigenous peoples endured, as a result of these colonizing forces, can be appropriately dealt with and released.

In Canada, the integrity of existing Indigenous healing systems was interrupted when the government outlawed First Nations traditional medical practices and ceremonies. This interruption was mirrored in policies like the amendment to the Indian Act[2]in 1884, which banned ceremonies, such as the Sundance and the Potlatch:

> The Act was amended to ban the "Sun Dance" an important ritual among the Lakota and other Plains aboriginal cultures. On the west coast the "Pot Latch", an elaborate ceremony of feasting and gift giving was also banned. With an eye to forced assimilation, the Act authorized the forced removal of children to Residential Schools and stripped any Indian who obtained a University Education or Ordination of his rights under the Act. (Canada's First Peoples, n.d.)

First Nations traditional healing was practiced in these events and others but they were often deemed as unholy or witchcraft by Christians. Some First Nations people were sent to prison if they were caught practicing or using traditional healing (Assembly of Manitoba Chiefs, n.d.).

This ban on Indigenous healing in Canada was reinforced through initiatives by people like Duncan Campbell Scott who served as Deputy Superintendent of the Department of Indian Affairs in Canada from 1913 to 1932. On December 15th, 1921, Scott wrote a letter to his Indian Agents across the country stating that "it is observed with alarm that the holding of dances [healing ceremonies] by the Indians on their reserves is on the increase, and that these practices tend to disorganize the efforts with the Department is putting forth to make them self-supporting" (Campbell-Scott, 1921). The letter goes on to instruct the Indian agents to use their utmost endeavours to "dissuade the Indians from excessive indulgence in the practice of dancing" and equates First Nations healing ceremonies to "demoralizing amusements" (1921). This ban lasted until 1951, during which time some Elders and medicine people took their medicines and community ceremonies underground.

Adding to this, Indian Residential schools in North America, which operated for a significant time, are now viewed as a devastating period when children were separated from their parents to be *educated* in the ways of the colonizer. In 1920, Campbell-Scott made attendance to residential school mandatory for First Nations children in Canada. In these schools, reports of physical, sexual and mental abuse were not at all uncommon. It was not until 1958 that Indian Affairs inspectors recommended the abolition of the schools (Residential Schools Time Line, 2008).

Thus, when discussing Indigenous knowledge systems and spirituality, a focus on Indigenous healing is paramount because of the large scale suppression of Indigenous cultural expression during this the colonization process. Consequently, there are at least two important reasons as to why, at present, a significant amount of Indigenous spirituality seems to be closely linked with traditional healing. First, Indigenous communities have recently reclaimed the right to be able to practice traditional healing in the open. Second, there is a need for traditional healing in Indigenous communities due to pain and suffering endured during colonization (e.g., residential schools).

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[2] The Indian Act is a document that attempts to regulate the majority of activities in the lives of First Nations people in Canada.

The literature validates these reasons as it suggests that for optimum health outcomes, use of traditional Indigenous health perspectives (Indigenous Knowledge) is paramount to the planning and development of contemporary healing for Indigenous communities (RCAP, 1996; Chandler and Lalonde, 1998; Roué, 2006; Baker et. al., 1987). Furthermore, as Aboriginal communities and individuals continue to accept both traditional and modern roles and responsibilities in health and healing, sustaining these efforts is critical to ensure distinction from mainstream health and social systems (NWAC, 2005).

The Well-being of Indigenous Lands and Languages

Indigenous lands and languages provide the foundation for Indigenous traditional healing, spirituality and knowledge systems. Traditional perceptions of Indigenous lands and languages are two key elements in the Indigenous consciousness that are connected to concepts and ways of being that existed in pre-contact environments. For Indigenous peoples, accumulated knowledge of the land and the universe as well as the subsequent expression of these concepts through Indigenous languages were key factors in maintaining the continuity of Indigenous knowledge systems. These knowledge systems have been passed down inter-generationally through respective oral traditions.

Lands

Factors such as loss of land, resource mining, urbanization and others have resulted in traditional healing playing a part in contemporary expressions of Indigenous knowledge systems and spiritualities. There is a modern day need to protect natural healing spaces (such as sacred sites used by Indigenous communities) due to large scale industrial development projects.

Ultimately, Indigenous traditional healing acknowledges the importance of balance in the relationship to one's self, family, community, nation, earth and universe. This is not a relationship in the abstract sense but it is one based in the reality of authentic relationships. For example, by *relationship to earth* we are not speaking about an abstract romanticized concept. *Relationship to earth* involves some discussion of the very concrete and sometimes politically charged issue of land use. As a foundation, Indigenous access and control over land is central to Indigenous knowledge and the protection and use of Indigenous healing methodologies. Even in contemporary times, grassroots Indigenous peoples are being persecuted for trying to maintain their connection to the vital 'medicine base' of land and territory.

Thus, while much of the literature speaks to significance of protecting, creating, maintaining and finding Indigenous healing spaces in contemporary times – natural and other (Fletcher, Christopher and Aaron Denham, 2008; Waldram, 2008; Fiske et. al, 2008; Williams, 2001; NWAC 2007), distinctions should be made between a physical 'healing space' that exists as a result of organizational or governmental programming versus a connection to Indigenous lands and territories.

Consider the case of the *Tahltan* people, who were engaged in a heated battle with government forces and mining corporations during a period beginning in 2005. Tahltan territory is located in northern British Columbia (BC), Canada, and encompasses about 93,500 square kilometres. The north-western border runs parallel to the Alaskan/Canadian border, and includes part of the Yukon Territory. The south/eastern border includes the upper Nass tributaries and western half of the Stikine plateau, including what Tahltan refer to as the sacred headwaters of the Stikine, Nass and Skeena rivers. Tahltans currently make up over half of the residents in Tahltan territory and are dispersed between three main villages: Telegraph Creek, Dease Lake and Iskut (Tahltan Central Council, n.d.).

The *staking and claiming boom* in Tahltan territories was due to record-breaking global mineral prices and to development incentives by the BC government. Climate change has also played a role. Glaciers are fast disappearing and mining companies are rushing to claim newly available mineral deposits that were previously hidden under thick layers of ice. As a result of the rapid surge in large scale mining projects, the three Tahltan communities are facing major social, economic and environmental upheavals. This stress on Tahltan and other Indigenous communities is magnified by unethical resource development (Wonder, n.d.). Such an aggressive approach to resource discovery and development sharp contrast the value systems of the traditional Tahltan. The Tahltan relationship between the people and the land, as with many Indigenous peoples, is marked by a deep respect for the land as provider and a strongly held belief that the people are keepers of the land. This prevailing attitude has led to a reciprocal relationship in which the Tahltan people look to the land for sustenance, guidance and healing (Tahltan Central Council, n.d.)

> Like a mother, our land provided food, medicine, and shelter ... People needed a good knowledge base and a set of skills which enabled them to live on the land. Knowledge and skills were taught by our relatives and our elders. So, everyone learned about the land in detail ... (Wonder, n.d.)

In continued efforts to protect this symbiotic relationship with the earth, Tahltan Elders used a blockade to stop the heavy equipment and excavators belonging to contractors of Fortune Minerals. In retaliation, the mining corporation brought about a Court-ordered injunction giving Royal Canadian Mounted Police (RCMP) authority to arrest the Tahltan Elders.

In another example from north-western Alaska, a study suggested that the therapeutic value of a natural hot springs used by the Maniilaq Inuit was complemented and/or enhanced by the integration of Inuit cultural, social and spiritual components. The authors of the study argued that simple heat treatments or whirlpool therapy lack important cultural contexts. As a result, a program was sponsored at the Serpentine Hot Springs in the Maniilaq area. This program allowed Western-trained physicians to refer patients for physical therapy in an environment that was, contextually, more culturally appropriate and spiritually significant. Local Elders recalled the hot springs being used for both healing and recreational purposes (Book, Dixson and Kerchner, 1983). Importantly, this modern healing space utilized the natural environment in concert with a program that supported and validated the traditional healing context of a local Inuit community. Nonetheless, a tradition such as this that has been adapted to modern times would not be able to continue if, for example, a mining company or the tourist industry gained control over the land where the hot springs are located. What good would this natural hot spring be if it became polluted or if its use was affected in other ways by those who claim a stake on it primarily in the name of financial gain?

Examples such as this are found all across Indigenous territories. Indigenous people across the globe are busy trying to protect such natural healing spaces. In Canada, while Indigenous ceremonies and healing traditions are no longer outlawed, many Indigenous communities are still persecuted or viewed in a negative light by governments and corporations, when they attempt to defend their relationship to the land. Indigenous desires to protect and preserve the environment arise from traditional concepts that support the maintenance of healthy relationships to the land.

Languages

Although there does not appear to be a significant amount of literature specifically written on the importance of Indigenous languages to traditional healing (McIvor, 2010), it is something that

requires some attention in a discussion that addresses the wellbeing of Indigenous knowledge systems. Language is how knowledge is encoded and a belief among many Elders is that Indigenous languages developed organically from the land (Lamouche, 2010). For Indigenous populations, language is a strong indicator of cultural continuity and community health.

In a 2007 study, Hallet, Chandler and Lalonde correlated knowledge of Indigenous language with incidents of youth suicide. The data from the study indicated that, in British Columbia, those Indigenous communities where a majority of members reported conversational knowledge of an Indigenous language experienced low to absent youth suicide rates. By contrast, in those communities where less than half of the members reported conversational knowledge, suicide rates were six times greater. Furthermore, the authors' findings indicated that language was a far more accurate predictive factor for health compared to several other predictors that the authors examined in previous studies (2007).

Arguably, since Indigenous languages contain encoded specifics about traditional healing methodologies, knowledge of these languages allows one to more effectively access and transmit this healing knowledge to those that need it. Thus, one could hypothesize that the continuity of Indigenous healing knowledge may be at least one contributing factor to the low rates of Indigenous youth suicide, where language retention was high. Knowledge of Indigenous languages can contribute greatly to the overall holistic health of individuals and communities.

Traditional Healing and Grassroots Movements

Central to the revitalization of Indigenous spirituality and use of Indigenous knowledge systems has been grassroots endeavours that begin on the land and occur from within Indigenous communities. With or without a *healing program*, Indigenous peoples continue to find meaning in their traditional cultures. They also are aware of the role that traditional knowledge plays in healing (RCAP Roundtable, 1993). Arvol Looking Horse, the Lakota 19th Generation Keeper of the White Buffalo Calf Sacred Pipe, is known worldwide for his work on the promotion of peace and continues to maintain his connection to the grassroots. Growing up with traditional healing, he likens Indigenous sacred sites to the equivalent of hospitals and educational institutions (Looking Horse, 2009). An accomplished horseman, Looking Horse was also a leader in the Unity Ride healing movement that, in 1986, began to retrace the journey of Chief *Sitanka,* which ended in the 1892 massacre at Wounded Knee, South Dakota. Subsequent rides journeyed through other parts of the United States and Canada. The Unity Ride has continued to grow out of the grassroots and a recent ride in the summer of 2010 brought the Unity Riders to Winnipeg, Manitoba, Canada for the first of seven National gatherings of the *Indian Residential Schools Truth and Reconciliation Commission of Canada.*

A catalyst for healing is a strong will to help the people. For example, take the story of Elder Joe Jacobs who wanted to shed some light on the all too common devastation that diabetes brings to Indigenous communities. Jacobs had a dream more than a decade ago and created a wampum belt as a result of his vision. The story of the *Teiakonekwenisatsikhe:tare* — meaning 'our blood is sweet'— involved the designing of a wampum belt that travelled through numerous Indigenous communities delivering a message about living a healthy lifestyle. Jacobs' travels and message proved to be a catalyst for diabetes awareness programs that sprouted up in numerous Indigenous communities. For Jacobs, many inspirational and spiritual events also happened along the way. This is an example of how people and communities can begin to return to a good state of health through the work of compassionate and gifted individuals that have a strong will to help (Jacobs and Gibson, 2003).

There are undoubtedly many more of these types of healing stories that go unwritten, yet continue to take place at the grassroots level. Although the majority of the traditional healing literature does not discuss the grassroots level, awareness of the grassroots does affect how one might interpret

this literature – particularly some of the earlier writings. For example, in 1968, a detailed study was conducted by the Indian Health Service on the Papago Indians in Arizona. The question asked was: "What do you think of the primary medical service you received?" It is proclaimed that in a survey of 5,372 Indians respondents, only 8% referenced the *medicine man* as their primary source of medical attention (Crockett, 1971). What Crockett refuses to acknowledge, however, is that several ceremonies associated with traditional healing were outlawed by North American governments and were only *officially* allowed again in Canada through the 1951 revision to the Indian Act and 1934 in the USA with the ratification of the Indian Reorganization Act. Unfortunately, however, the real impact of these policy changes most likely did not appear until the 1960's to early 70's and, in some cases, the residual effects of banning traditional spiritual practices have lingered to the present. Therefore, it is fair to suggest that Indigenous people, who responded to such surveys at the time, might choose not to mention or detail any of their personal experiences with traditional healing.

These attitudes have carried over into the present and many Elders are still very cautious about bringing traditional teachings into the open. Some, however, are starting to reach out cautiously to the health professions community, in order to build collaborative relationships (Tillson, 2002). Dolchok (2003) indicates that when some healers were asked about traditional healing, they said that it was disturbing to be called a healer because that is not what they are.

Affirming and acknowledging the existence of grassroots involvement with Indigenous traditional healing offers an important perspective, particularly for academics and researchers. That is, there is an existing research gap between the community practice of traditional healing and the few cases that are available for review in the traditional healing literature. In order to close this research gap, it is important for researchers to develop and nurture meaningful long term relationships with Indigenous communities and healers. (Martin-Hill, 2009b).

Indigenous Traditional Healing Policy: Past and Present

Even with the arrival of settler societies in North America and subsequent conflicts, Indigenous communities have managed, to varying degrees, to maintain continuity of their relationships to their lands, languages and knowledge systems. As a result, settler governments have had to negotiate with Indigenous communities. These negotiations, which have been ongoing almost since the time of arrival of settler societies, have resulted in policies that, depending on the time period, intended to inhibit or enhance Indigenous spiritualities and knowledge systems.

There appears to be a historical progression of perceptions or attitudes towards Indigenous traditional healing in North America, from one of disfavour (and something that does not have a place in modern society) to one of favour (and one that has a place in contemporary Indigenous communities and mainstream society). Nonetheless, there are ongoing challenges for traditional healing. For instance, mainstream perceptions and subsequent policies with respect to traditional healing require further development (Martin-Hill, 2009c; Anderson, 2010; Anderson et al., 2003; Bakx, 1991). Many policies still residually reflect outdated views that were formulated during the decline of traditional healing practices, through colonization (NWAC, 2007).

In examining some of the earlier writings on Indigenous traditional healing, one is acutely aware of biases that favour modern Western medicine while relegating Indigenous traditional healing methodologies to a thing of the past. During this time, a powerful scientific-biological narrative on evolution (as developed by Charles Darwin) was inappropriately applied to cultural and social interactions. For example, David Crocket (1971), who worked in the Office of Program Planning and Evaluation, Indian Health Service, USA, asserted that cultural barriers had been broken and Indians were becoming more assimilated into the so called 'American way of life'. Crocket supports this claim with the

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statistic that at the time 97% of Native American births occurred in hospitals, as opposed to 88% in 1955. He further argued that in the United States, there were more Native American visits to the Indian Health Service not because of greater frequency of illness but rather because of a greater acceptance of the Western medical model (1971).

In another example from earlier literature it is stated that "Many Indian therapies appear so bizarre that it is difficult to believe that they were effective, for example, the use of tobacco smoke blown into aching ears" (Hershman and Campion, 1985). The authors go on to state that:

> Today, Indians use white doctors and if the Indian medicine man eventually disappears he will nevertheless have left mankind an important store of remedies and curing methods which however irrational his notions about them have often proved useful to the conquerors and will stand as his enduring monument (1985).

In the earlier literature, Indigenous traditional healing is, especially, relegated to a realm of magic or spoken of as something necessary to salvage, because it's something "which will only be available to us for a very short time" (Webber, 1973). Traditional healing is spoken about primarily in the past tense as an occurrence on a continuum that is moving towards extinction. These types of attitudes mirror historical policies of governmental Indian Affairs departments (such as those of Duncan Campbell-Scott's) mentioned earlier in this paper.

While since the 1970s there has been policy developments that reflect changes to legislation outlawing the practice of traditional ceremonies of North America's Indigenous people (Martin-Hill, 2003), the traditional healing literature seems to take a while to reflect these types of changes because writings from the 1970's and even the 1980's tended to speak about Indigenous healing traditions as a thing of the past and approaching extinction (Crockett, 1971; Webber, 1973; Hershman and Campion, 1985).

More contemporary literature, starting in the mid 1990's, illustrates a general attitude that affirms the important role traditional Indigenous healing approaches play in maintaining the good health of Indigenous peoples (RCAP, 1996; Attagutsiaq et al., 2003; Roué, 2006; Williams, 2001; Edge and McCallum, 2006). Recognition and affirmation of the importance of traditional healing practices for Indigenous peoples in Canada by the *Report of the Royal Commission on Aboriginal Peoples* (RCAP) (1996) helped accelerate a reversal of the historic efforts to eradicate Indigenous traditions and created an upsurge in interest in traditional healing practices (Wagemakers-Schiff, 2003). In contrast, the third volume of the report, *Gathering Strength* (1998), which proposes some solid policy recommendations around traditional healing (and was strongly supported by Canada's Indigenous Community), has been referred to also as *Gathering Dust*, due to the failure of the Canadian government to implement a good portion of its recommendations (Land, 2001).

Socio-political landscapes have also been a necessary consideration in the creation of policies and programs that involve some aspect of traditional healing. This is particularly true in Canada because of its relative uniqueness in the world with respect to the way it defines and relates to its housed Indigenous populations. In Canada Indigenous people are grouped as *First Nations*[3], *Inuit* and *Métis*.

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[3] To further confuse the issue First Nations are further grouped into those having Indian *status* and *non-status*. "In Canada historically, entitlement to Indian status and Indian band membership have been complex and controversial issues. The legal definition of the term "Indian" has brought with it certain benefits and eligibility for federal programs, as well as a history of limitations on rights. Over the years, disputes over the definition of Indian status, the authority to determine band membership, and access to rights tied to status and membership have given rise to conflicts between Indian bands and governments, and within Indian communities" (Furi and Wherrett, 1996).

Although they are indeed three distinct populations in a general sense, they are also grouped this way for economic and political purposes. As a result of these broad groupings, specific needs of individual Indigenous communities in Canada are sometimes not met. As a consequence, the ability of some communities to maintain and use specific expressions of Indigenous knowledge continues to suffer.

This point is confirmed by Anderson and Smylie's analysis of Canada's health system's performance in First Nations, Métis and Inuit contexts. They argue that Aboriginal-specific health indicators were available primarily at the national level; and these were deemed either *Aboriginal* or *status First Nations*. What Anderson and Smylie suggest is that national level specific health indicators may not be all that applicable to Aboriginal people at the more local level. In other words, there may not yet be enough data to accurately formulate Canadian Aboriginal health indicators that are all inclusive for all Aboriginal identity groups. Furthermore, there is a lack of population specifics whether for local tribes, Inuit or Métis (Anderson and Smylie, 2009). In general there is a health service gap for smaller populations (Métis and Inuit) and at the more local (tribal) community level.

In the international context, the right to health is mentioned in multiple human rights treaties, all of which have been ratified by Canada. *The International Covenant on Economic, Social and Cultural Rights* asserts the right to the highest attainable standard of physical and mental health. Thus, people have the right to be involved in how their health care system operates. Further, the *United Nations Declaration on the Rights of Indigenous Peoples* (Article 24) indicates that Indigenous People have the right to access their traditional medicines and maintain their health practices and this includes the environment where the medicines might come from (Anderson, 2010).

At the same time, however, there remain questions as to whether or not these international agreements will be reflected effectively in the policies and practices of nation-state governments. The fact that the United States, Canada, Australia and New Zealand were reluctant signatories of the United Nations Declaration on the Rights of Indigenous Peoples (2007) fuels such worries.

A panel entitled 'Indigenous Philosophies and Ceremonies as the basis for Action', which took place took place at a National Conference on Indigenous Health facilitated by the National Aboriginal Health Organization of Canada (November 24-26, 2009), indicated healers are treated poorly, while Western knowledge is still privileged and promoted in mainstream society. Members of the panel also noted that, with respect to inter-Nation North/South learning in particular, there is no funding available for projects that suggest Indigenous people in the North can learn from their Indigenous brothers and sisters in the South. International funding is usually geared only one way – towards technologically based development in the South from the more 'developed' North. In the context of projects that focus on Indigenous knowledge, the meaning of *development* with respect to international funding is highly nebulous and there seems to be a general underlying assumption among international funders that Euro-centric knowledge is better. Similarly, RCAP (Vol. 3, Chapter 3, 1996) notes that, while global health organizations, such as the World Health Organization and the Pan American Health Organization, recognize that traditional medicine and healing are the main means of providing care to the majority (80-90%) of the world, their policy documents tend to treat such services as a stop-gap transitional measure until adequate, modern medical services can be provided to disadvantaged populations in developing countries.

Conclusions and Implications for Future Policy Development

Developers of Indigenous policy in the future might think about helping to support environments that would allow Indigenous populations to maintain their connections to the land in ways that are congruent with their Indigenous systems of knowledge. In Canada, a new awareness could be cultivated by articulating that Indigenous traditional healing is not important only for addressing past

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wrongs, such as residential schools. Just like in mainstream societies, Indigenous people encounter difficulties and illnesses (mental, emotional, spiritual and physical) in everyday life that sometimes require the attention of a healer. For Indigenous people, having the choice of accessing healing methods that are rooted in their own community's accumulated traditional knowledge is often important. With a goal of enhancing rather than suppressing these efforts, Indigenous policy around traditional healing could mirror this need by addressing the following two points: the significance of Indigenous people's relationships to lands and languages; and, the retrieval, maintenance and continued development of Indigenous knowledge systems. Writers and researchers can help to reflect the perspectives and expertise of Indigenous health practitioners by focusing as much on the practice of traditional healing as on the related theory. It would then become more evident when the literature primarily sources other literature. Discussion of traditional knowledge ought to be rooted in the practices of those who possess it and are willing to share it. The risk, however, is that this focus does not adequately serve the needs of communities, but rather becomes a self-perpetuating intellectual pursuit (perhaps even colonizing in that sense).

Thinking about Future Policy: The Case of the Aboriginal Healing Foundation

As discussed above, there have been recent, positive formal policy directions, an example of which that might aid in gauging future policy directions is that of the Aboriginal Healing Foundation. The Aboriginal Healing Foundation (AHF) was established in Canada through a $350 million fund on March 31, 1998. It was mandated to deliver funding to support Inuit, Métis, and First Nations community-based healing services and activities that address the intergenerational legacy of physical and sexual abuse in Canada's Indian Residential School system. This was a formal policy direction by the government of the day, as articulated in *Gathering Strength: Canada's Aboriginal Action Plan* (1998). While it is important to note the unprecedented support for community-based approaches to healing and the willingness to flow funds through an arms-length Aborignal-run organization, well outside of existing delivery model such as Health Canada's decades old National Native Alcohol and Drug Abuse Program, an essential counter point is the insistence on a one-time, time-limited mandate given that the reality was also that such an arrangement was wholly new, untried, and untested. It was daunting, to say the least, for the parties who first began the process to consider precisely how the AHF would be set up and how it would carry out the business of managing a lump sum, inviting calls for proposals, adjudicating applications, awarding and managing grants, and reporting, both financially and with regard to effectiveness, through research and evaluation. Add to that the fact that the five-year funding timeline to support this initial set-up, in the eyes of some, meant that this was all but an unachievable goal, a possible set up for failure.

Of course, this is not what happened. The AHF was largely successful in creating the necessary policies and procedures to allow its Board of Directors and growing staff component to consult communities, while building a model for its operations and the mechanisms through which it would record, measure and report.[4] There were challenges given the potential barriers described in this paper, but, the impact was felt almost immediately within the communities. This occurred largely because communities were afforded the opportunity to choose to incorporate or focus entirely on approaches that reflected their respective cultures and/or traditional approach to healing.[5]

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[4] See the ***Final Report of the Aboriginal Healing Foundation: Volume I – A Healing Journey: Reclaiming Wellness*** for a detailed description the AHF's early years.

[5] The Final Report details at length the AHF's efforts to "respond to the expectation from communities that funding should start flowing without prolonged delay" (20) and also the initial "storm of protest" at the strategies

Nonetheless, the time-limited nature of the AHF loomed large and was a reminder that the AHF's departure from government-run-only programming was not permanent – even though in 2005 the Government of Canada committed an additional $40 million for a two-year period to the AHF to March 31, 2007, enabling the AHF to extend eighty-eight projects for thirty-six months. This funding augmented the initial $350 million but did not extend the timing of the AHF mandate. Therefore, no new projects were funded. These additional funds did carry the AHF and its funded projects through to the implementation of the Indian Residential School Settlement Agreement (IRSSA) in 2007, which committed a further $125 million to the AHF, extending the mandate by five years, to 2012. However, this cannot be characterized as a *formal policy direction* in the same manner as the initial decision to create the AHF: The Settlement Agreement is its own beast – the result of a multi-party, out-of-court settlement between the Government of Canada, the Churches and representatives of Survivors.

The $125 million committed to the healing fund within the IRSSA, with the AHF as the body to manage those funds but not a party itself to the Settlement Agreement, extended the timeframe of the AHF as follows: In 2007, the AHF extended 134 funded projects to March 31, 2010 and 12 healing centres to March 31, 2012 – a total of 146 funded projects. Moreover, when a government evaluation of AHF programs was completed in 2010, as required by the Settlement Agreement, it recommended ongoing funding. Nonetheless, there was no further funding for the AHF announced in the 2010 Federal Budget and it was learned that the Government of Canada will hence forth provide mental health supports to residential school survivors through the mandate of Health Canada. Thus, with no further government funds coming to the AHF, a wind-down strategy was implemented for the period of 2010-12. This means that, Canada-wide, 134 community-based programs funded by the AHF shut down their operations on March 31, 2010. In 2011-2012, there will be a final audit, and final reporting to the Government of Canada as AHF's mandate under the Settlement Agreement ends. This will be followed by a significant contraction of the AHF's operations as the Foundation moves into a period of operation without government support. The AHF is tentatively scheduled to continue funding the twelve healing centres until 2013-14. Health Canada's Resolution Health Support Program, which ran alongside AHF-funded projects and was lauded as complementary to these services in the government's 2009 evaluation of the AHF (INAC, 2009), is also set to lapse in 2013. Many who opposed the government's decision to decline to augment or extend funding to the AHF argued that what would be lost with the closure of the AHF was the community's ability to choose tradition.

The AHF and its network of funded projects are unique. In the case of the AHF unlike other funding mechanisms, project proponents were invited to tell the funder – the AHF – what survivors and communities needed and wanted. This was not a top-down approach. Rather, communities determined what they wanted to address and how they wanted to do so. In order to further support these community-based initiatives, the AHF developed reporting tools that allowed it to study both the AHF model and the effectiveness of the approaches taken by individual projects to the extent possible under the limited scope of its evaluation and research mandate. What the AHF has been able to communicate is the extent to which projects across the country, representing the vast diversity across and within First Nations, Inuit and Métis communities, have contributed to the development of a deeper understanding

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employed and timelines set out. The AHF was forced to adapt in response to these concerns as it ramped up. Nonetheless, there was a flood of 1,066 applications within those first deadlines (21) in large part, the AHF notes, because communities have struggled historically due to the fact that "[p]rograms introduced from outside agencies [i.e. government] are fragmented and most often have narrow mandates that frustrate efforts to implement holistic healing. The most striking example is the exclusion of cultural activities from health and healing program funding, with few exceptions...The term 'cultural interventions' is used intentionally to stress the point that cultural activities are not supplementary to the healing process. Rather, they are integral to it" (147-8).

of what healing means in the context of the legacy of residential schools as well as individual and historic trauma.

Much of the literature spawned by the work of the AHF and its partners shows that, when given the freedom to choose, community-based healing initiatives overwhelmingly include some facet of traditional practices. This is further evidence that the model works and serves as a significant step toward the development of promising practice(s). It is entirely questionable now whether many of these promising practices can find a home outside of an AHF-like model or within government-run programming. That is surely a loss to communities and service providers. Indeed, it is a lost opportunity to continue researching and evaluating the effectiveness of choices to incorporate traditional knowledge and practices within various types of programming.

In retrospect, a way that Nation-states might support promising practices is through permanently funded operational agreements that allow Indigenous organizations the capacity and space to transform themselves as community needs change transform over time. Also applicable to future policy making could be a more comprehensive sense of ethics, when agreements are reached between Indigenous and non-Indigenous parties. Work such as Willie Ermine's focuses on the ethical practices of research involving Indigenous peoples, with particular interest in the *ethical space* – a term coined by Roger Poole in 1972. For Ermine, this space creates a contrast by dislocating and isolating two disparate knowledge systems and cultures.

> There have been lots of good attempts by sincere people who have tried to build bridges, but these undercurrents are powerful and keep washing away good intentions ... When we have had breaches and ruptures in the past, it is because we have failed to look at the area in between our two worlds. (Ermine in Ford, 2010)

It is through this ethical space that we can begin to understand one another's knowledge systems. Part of the problem seems to be that often people equate ethical procedure as constituting something that is universally good. Just because governments have ethical protocols in place, however, does not mean that they will be beneficial to a different community (Lamouche, 2010). For Canadian governments, this suggests that health policy referring to some aspect of Indigenous knowledge should start to demonstrate an understanding that expressions of Indigenous knowledge and healing are contingent on such variables as land, language and relationships.

James Lamouche, a Research Officer with the National Aboriginal Health Organization in Canada explains:

> With respect to the *land*, knowledge flows from the land and this is expressed in differences and diversity throughout Aboriginal groups. In contemporary society, this break with the land is the single most important factor in health problems among Aboriginal people. *Language* is how the knowledge is encoded. The belief among Elders is that Aboriginal languages developed organically from the land. *Relationships* need to be strengthened (whether it is relationships between people and the land or people and institutions). It is difficult to enter into a healthy relationship with others if you are not strong in your own identity, language, medicine[,] etc. (Lamouche, 2010)

Indigenous Knowledge systems are living entities and not relics of the past. Traditional healing has always been a vehicle for the practice of Indigenous spiritualities and the use of Indigenous knowledge systems. Today, these knowledge systems are still being applied to help Indigenous communities and Indigenous people recover from intergenerational pain and suffering endured during colonization. In addition, many Aboriginal peoples continue to use aspects of these knowledge systems

in their everyday lives. Something to work towards in the future might involve nurturing the presence of a certain level of trust – in policy and program implementation – that supports Indigenous peoples and communities, when they decide to learn about, maintain and build upon the accumulated knowledge of their ancestors.

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