



STOKING THE FIRE WITHIN:
FANNING INDIGENOUS
KNOWLEDGE INTO OUR
CLINICAL PRACTICE

NCCAH Webinar - Feb 11, 2020

Bernice Downey PhD

Assistant Professor,

Dept. Of Psychiatry & Behavioural
Neurosciences &

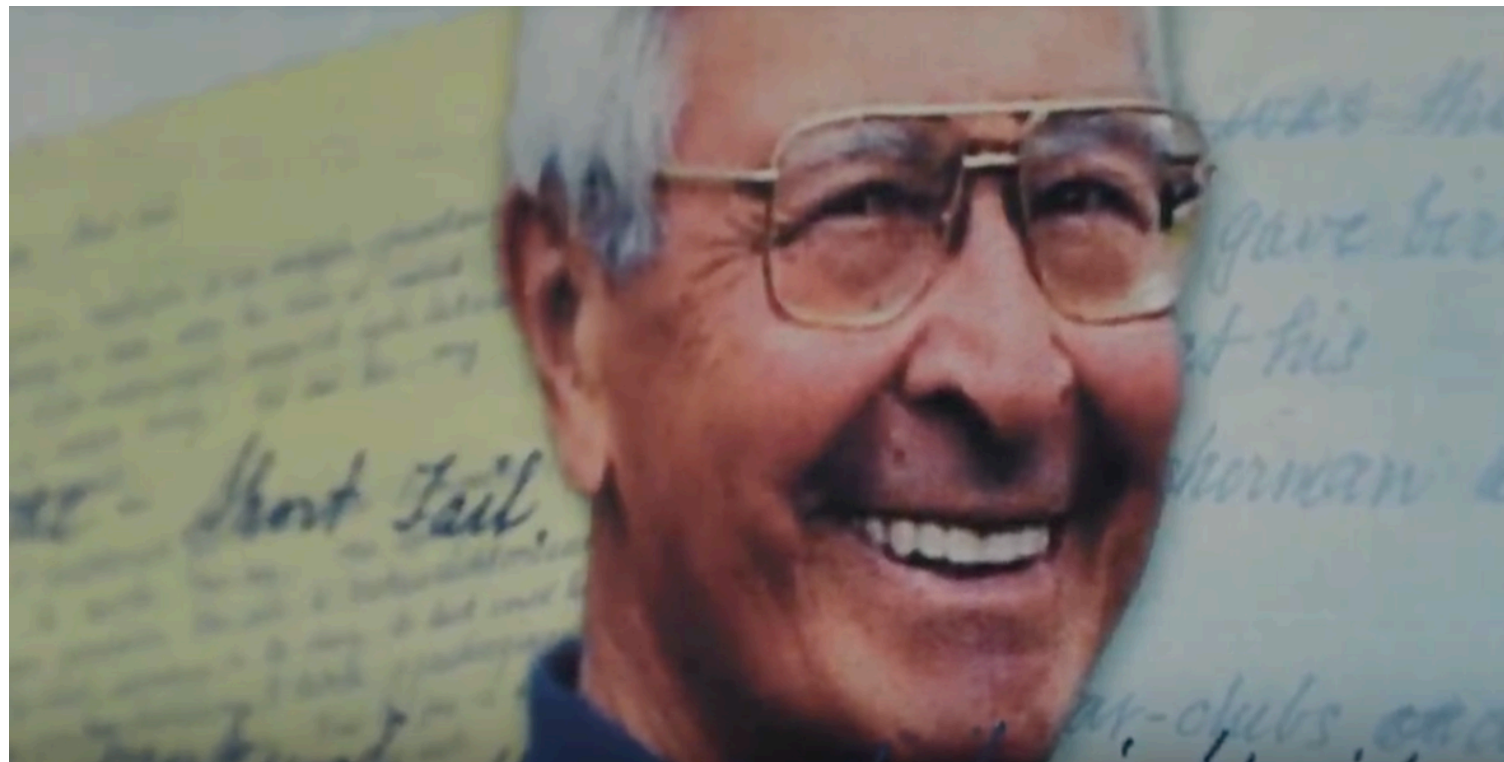
School of Nursing

Indigenous Health Lead

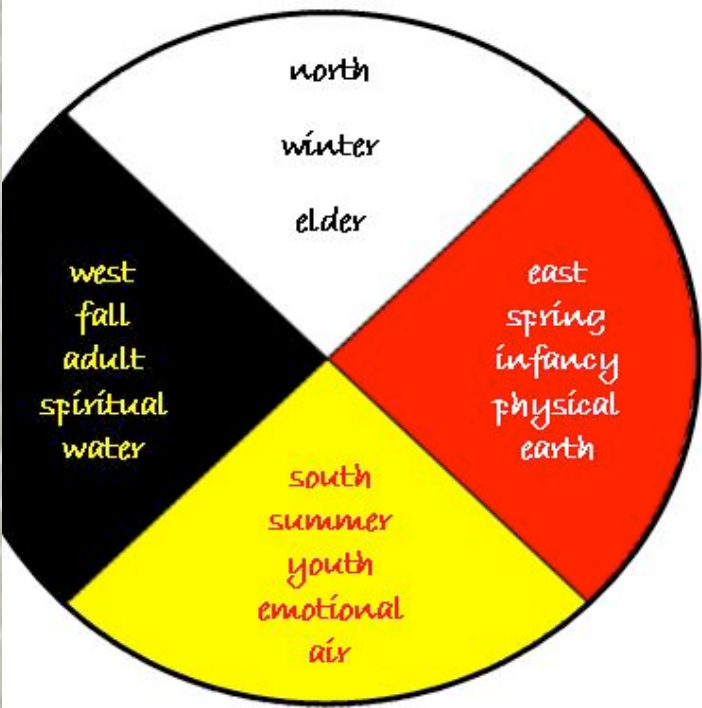
Faculty of Health Science,

McMaster University

STORY TELLING:
"Think Indian!"



DOWNEY



Objective #2

* to understand **the challenges and opportunities faced by Indigenous health practitioners** for blending Indigenous and Western knowledges into their health care practices; and

Aspirations & tensions as Indigenous Healthcare practitioners

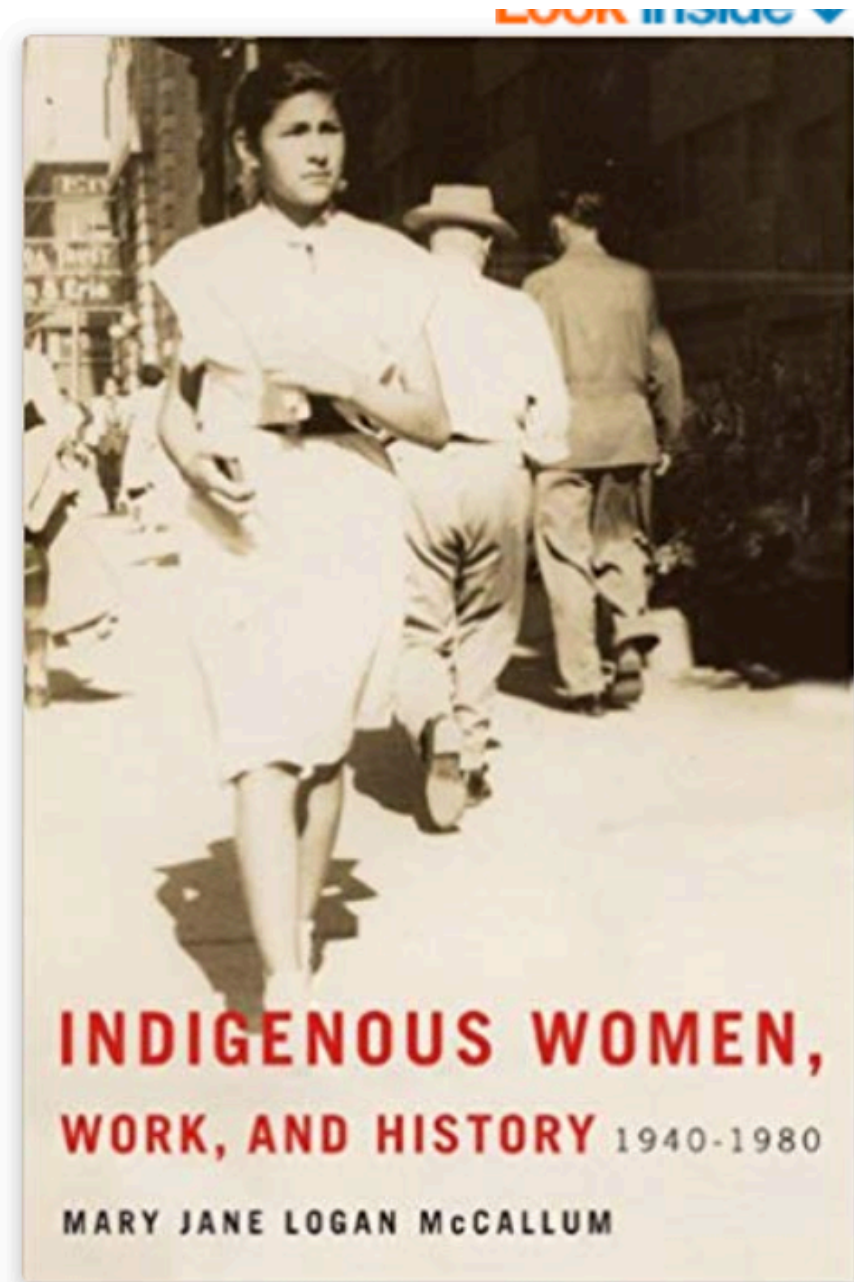
Aspirations: Why we choose our healthcare professions

- Sense of 'collective responsibility' and desire to help our communities
- Second career after raising families

Tensions:

- Clinical practice grounded in bio – medical foundation/theory
- Little to no room for Indigenous traditional approaches
- Micro-aggression
- Isolation

Historical perspective



Article 2 Indigenous peoples and individuals are free and equal to all other peoples and individuals and have the right to be free from any kind of discrimination, in the exercise of their rights, in particular that based on their indigenous origin or identity.

Prejudice



Racism

Downey Story



- EDUCATION
- CLINICAL: MENTAL HEALTH
- ADMINISTRATION
- POLICY
- RESEARCH
- ADVOCACY
- LEADERSHIP

FINAL REPORT OF THE TRUTH AND RECONCILIATION COMMISSION OF CANADA

VOLUME ONE: SUMMARY

*Honouring the Truth,
Reconciling for the Future*

Window of Opportunity?



Truth and
Reconciliation
Commission of Canada

- Recognize that the state of health is directly related to Canadian policy of assimilation and colonization.
- Identify measurable goals in consultation with Indigenous Peoples.
- Acknowledge distinct needs and diversity of First Nations, Inuit and Metis Peoples.
- Sustainable Funding for existing and new programs that are working.
- Enhance access to traditional healing practices.
- Recruit and Retain more Aboriginal Health Care providers.
- Mandatory training in health education.

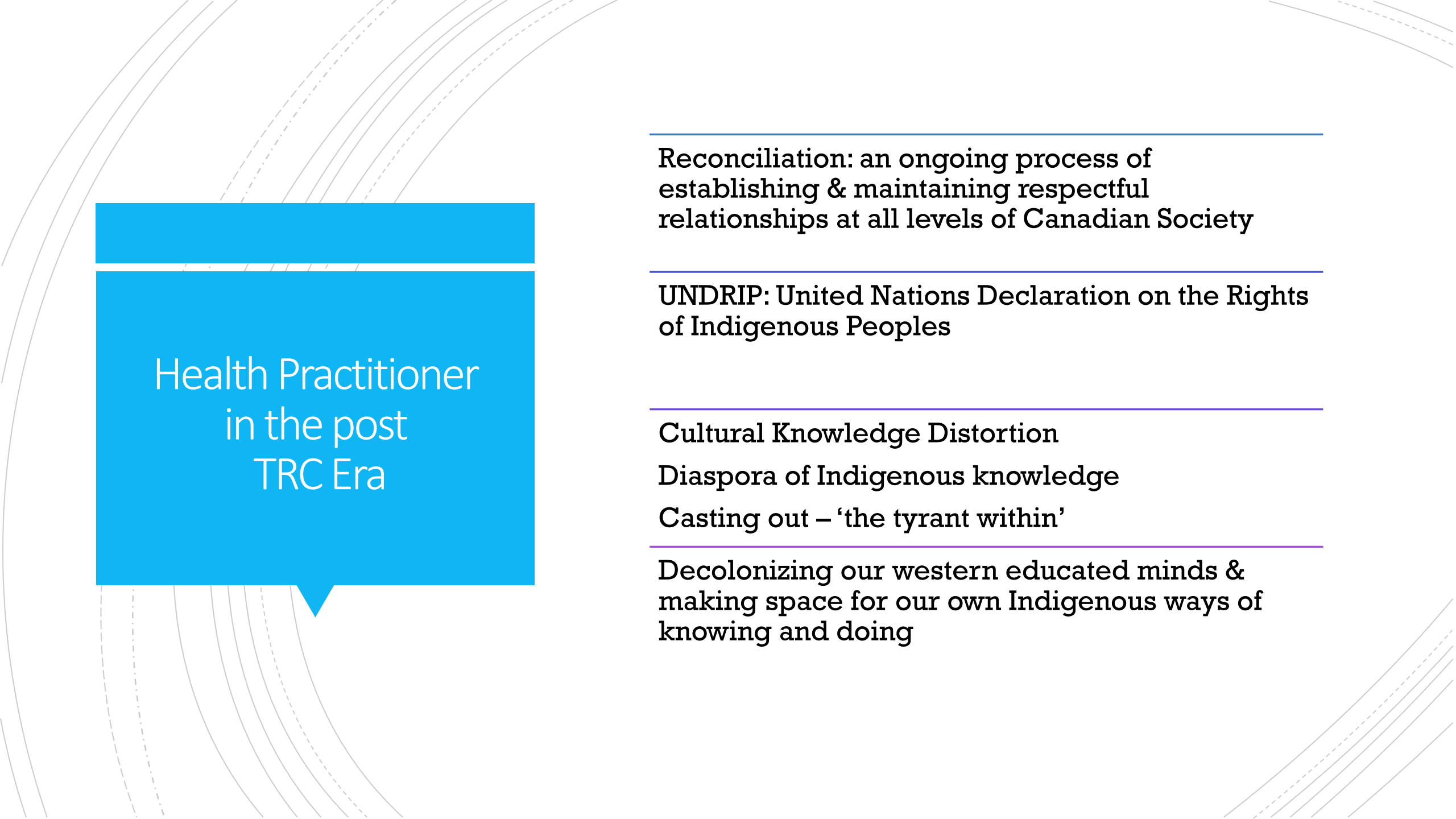
Health Related Calls to Action

- **Increase the number of Aboriginal professionals** working in the health-care field.
- **Ensure the retention of Aboriginal health care providers** in Aboriginal communities.
- Provide **cultural competency training** for all health-care providers.
- Further, that those who can effect change within the Canadian health care system **to recognize the value of Aboriginal healing practices** and use them in the treatment of Aboriginal patients in collaboration with Aboriginal healers and Elders where requested by Aboriginal patients.

INDIGENOUS	WESTERN
STRESSES INTERACTIONAL RELATIONSHIPS	HIERARCHAL RELATIONSHIPS, CAUSE AND EFFECT
COOPERATION	AUTHORITARIANISM & INDIVIDUALISM
HARMONY IN DIVERSITY	UNITY BY SIMILARITY & REPITITION
CONTEXTUAL FACTORS & ANALYSIS	CATAGORIZATION & TAXONOMIC METHODS
CONSIDERS DIFFERENT VIEWS	ONE TRUTH

Objective # 3

To discuss **wise practices employed by Indigenous health practitioners** in accessing and utilizing Indigenous knowledges and traditional practices to optimize the health outcomes of Indigenous patients.

The slide features a decorative background with several thin, curved lines in shades of grey and blue. A prominent blue rectangular box is positioned on the left side, containing white text. The text is centered within the box and reads "Health Practitioner in the post TRC Era".

Health Practitioner
in the post
TRC Era

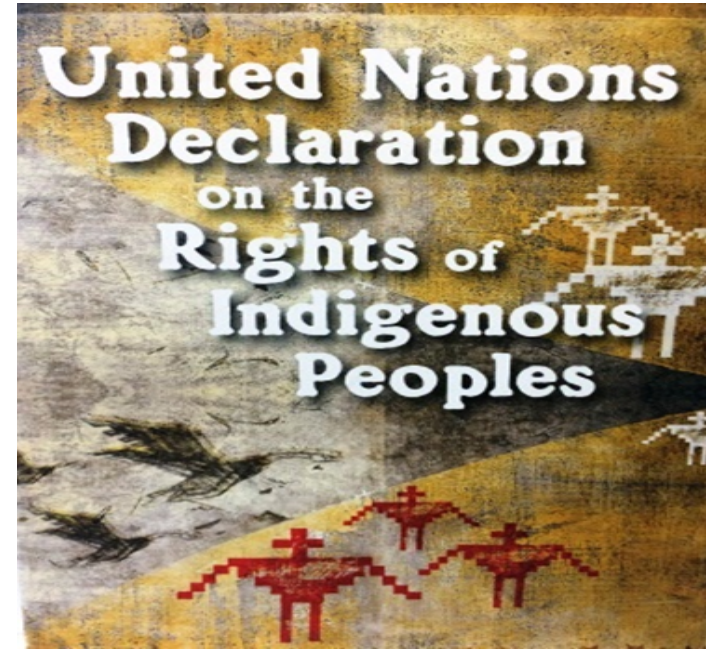
Reconciliation: an ongoing process of establishing & maintaining respectful relationships at all levels of Canadian Society

UNDRIP: United Nations Declaration on the Rights of Indigenous Peoples

Cultural Knowledge Distortion
Diaspora of Indigenous knowledge
Casting out – ‘the tyrant within’

Decolonizing our western educated minds & making space for our own Indigenous ways of knowing and doing

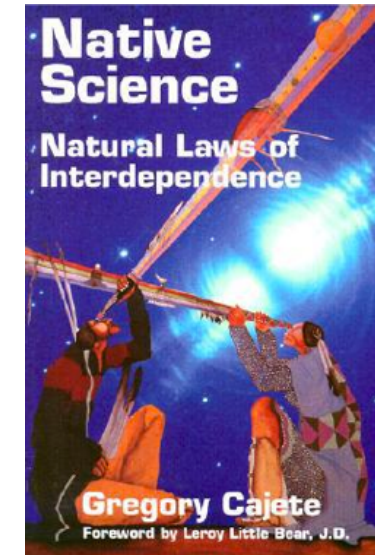
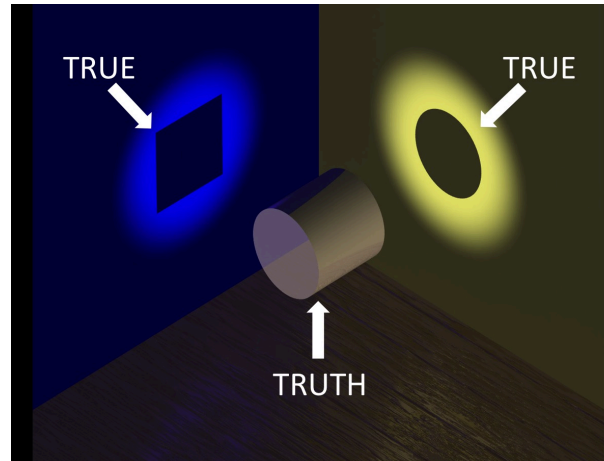
The right to our
own knowledge
systems



The United Nations Declaration on the Rights of Indigenous Peoples recognizes that respect for indigenous knowledge, cultures and traditional practices contributes to sustainable and equitable development.

Indigenous Science

- Way of seeing & knowing that is dynamic, holistic, intergenerational and time-tested.
- Indigenous science is place based and therefore, dependent on a deep connection and relationship to traditional lands and the natural world.



Article 24.1

Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services. 2. Indigenous individuals have an equal right to the enjoyment of the highest attainable standard of physical and mental health. States shall take the necessary steps with a view to achieving progressively the full realization of this right.

IK and Traditional Healing



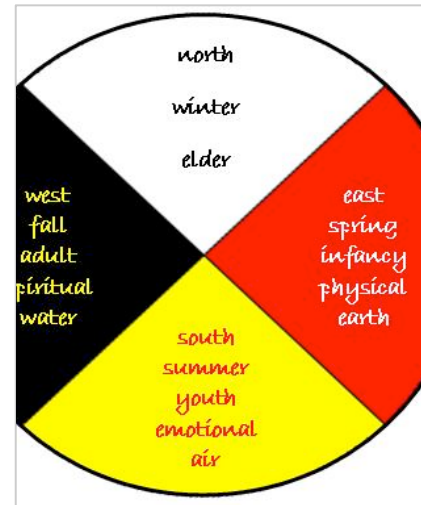
- medicinal plants
- communication with spiritual beings, dreams & the use of the healing power of water and minerals.
- Healers: possession of broad knowledge base passed down between generations

Article 12.1

- Right to **manifest, practise, develop and teach their spiritual and religious traditions, customs and ceremonies**; the right to maintain, protect, and have access in privacy to their religious and cultural sites; the right to the use and control of their ceremonial objects; and the right to the repatriation of their human remains.

Making space for Bimaadiziwin

- Going inward
- Situating my work
- Owning my identity and merging with my profession
- Expressing my spirituality as an Indigenous medical anthropologist and system change agent



Article 31.1

- Indigenous peoples have **the right to maintain, control, protect and develop their cultural heritage, traditional knowledge and traditional cultural expressions**, as well as the manifestations of their sciences, technologies and cultures, including human and genetic resources, seeds, medicines, knowledge of the properties of fauna and flora, oral traditions, literatures, designs, sports and traditional games and visual and performing arts. They also have the right to maintain, control, protect and develop their intellectual property over such cultural heritage, traditional knowledge, and traditional cultural expressions.

Anishinaabemowin

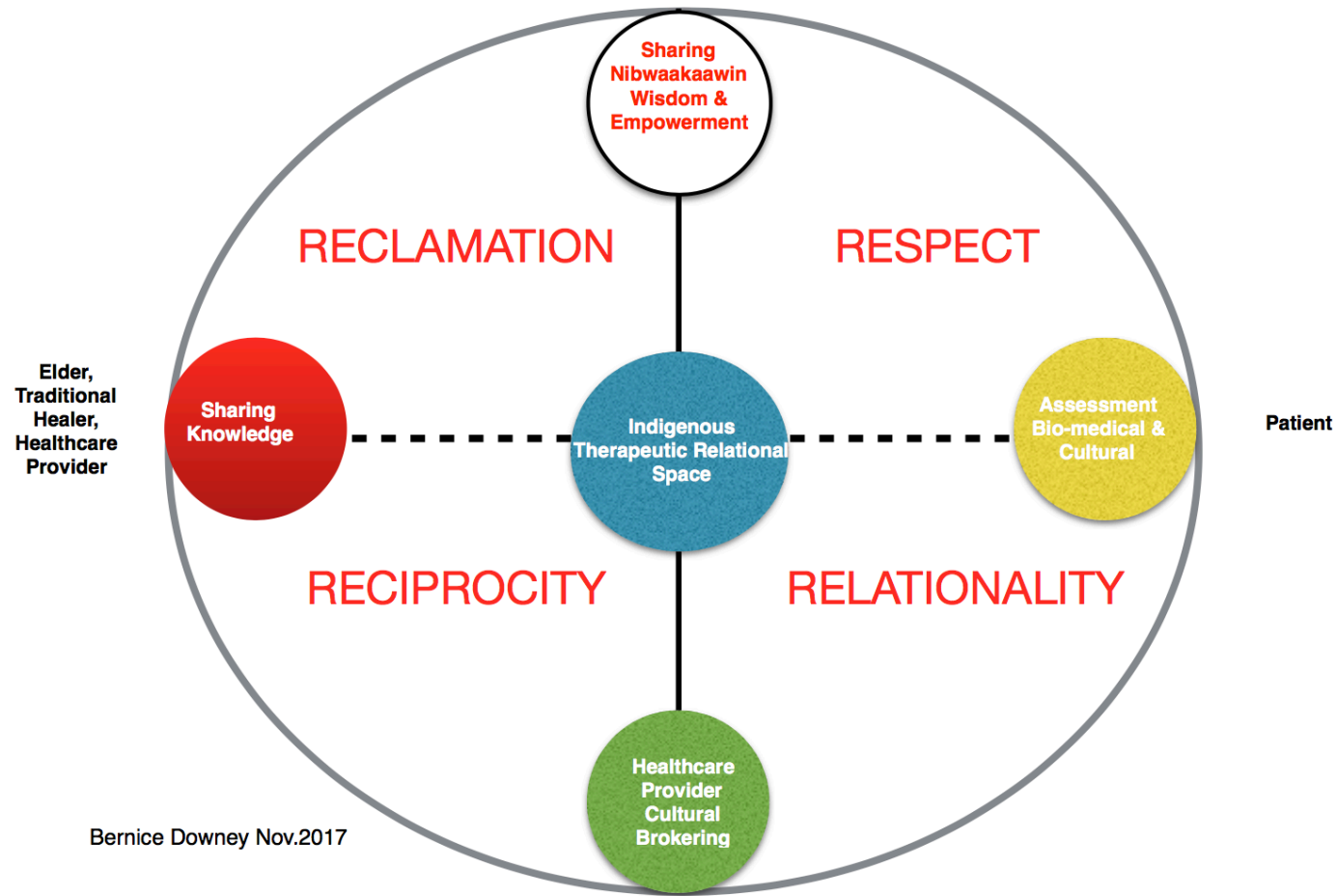
“Language is our symbolic code for representing the world that we perceive with our senses. Meaning is not connected solely to intellectual definition but to the life of the body and the spirit of the speaker.

At the deeper psychological level, language is sensuous, evocative, filled with emotion, meaning and spirit. In its holistic and natural sense, language is animate and animating, it expresses our living spirit through sound and the emotion with which we speak. In the Native perspective language exemplifies our communion with nature.” (Cajete, 2007)



2019 | INTERNATIONAL YEAR OF
Indigenous Languages

DOWNEY RESEARCH: HARMONIZED INDIGENOUS HEALTH LITERACY MODEL



Bernice Downey Nov.2017



Project Timeline



Indigenous Women's Heart Health: Understanding & Mending 'Broken' Hearts



Storytelling Methodology

- **Indigenizing methods process**
 - Research team discussions around adapting Indigenous research methodologies to be locally and culturally appropriate
 - Maintaining cultural process and balancing research ethics and mainstream expectations
- **Community and participant guided methodology**
 - The circle process is relational and equalizes power inequities
- **Language-fluid concepts**

Authentic Indigenous Partnerships

- inclusive of values grounded in diverse Indigenous philosophies
- centre relationality, respect & reciprocity at the core of self-determination
- CINA
- Royal College of Physicians & Surgeons – Indigenous Working Group
- IPAC
- AFMC

FOR THE FACES
TO COME.....

