

Summary Report of Proceedings  
Final Version:  
Workshop on the Integration of Cree  
Traditional Healing into  
Health Care Services (Diabetes Care)  
August 29<sup>th</sup> – 30<sup>th</sup> 2006  
Mistissini, QC

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For the  
Anti-diabetic Plant Research Project  
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### **SPECIAL THANKS**

All of the workshop organisers and their organisations would like to thank the Noojmowin Teg Health Centre on Manitoulin Island and the Ahousaht people of the the Nuu-chah-nulth Nation on Vancouver Island for allowing their respective delegates, Marjory Shawande and Jack Little, to share their collective experiences with the Eeyou Nation and the workshop participants.

Noojmowin Teg Health Centre's sharing of the process through which they integrate traditional practices within health care, and the story about the experience of the Ahousaht people within the Nuu-chah-nulth Nation in determining how to articulate their identity and values as the starting point for integrating into provincial systems, provide invaluable lessons for the people of the Cree Nation of Mistissini and the Cree Board of Health and Social Services. This discussion is now happening in Eeyou Istchee. We hope that the many examples of good practice developed by others in their context will help shape similar types of local solutions tailored to the people and territory of the Eeyouch.

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# INTRODUCTION

## *About this document*

This document summarises the discussions from the first workshop on integrating traditional practices into health care in Eeyou Istchee. The event was held in Mistissini's Shaptuan over two days at the end of August 2006 in Cree and English. The workshop was held as part of the annual gathering of the Anti-diabetic Plant Project and was the first in a planned series of such discussions which are part of the eight-year project plan.

The focus of this first gathering was to hear about what is happening in terms of integrating traditional practices within Eeyou Istchee and from elsewhere. Two guests recounted their experiences from communities in Ontario and British Columbia; traditional representatives from Mistissini and Whapmagoostui spoke of what is happening in their communities; and several members from the Executive represented the voice of the Regional Elders' Council. The small group discussions on Tuesday and the final session on Wednesday gave all participants the opportunity to share with the assembly.

The summaries found here come from the discussions held during Tuesday and the afternoon of Wednesday. They do not include summaries of the two Wednesday morning meetings: that held with the traditional representatives in the Shaptuan and organised by the Regional Elders' Council Executive; and that held at the Lodge between the Mistissini Health Committee and the Anti-diabetic Plant Project.

The intent behind the preparation of this report is to extend this Mistissini discussion in time, in place and to other persons. Hopefully, in the near future, this report will be the first in a series reporting not only the discussions from workshops and meetings, but more importantly on the activities undertaken so that Eeyou traditional practices become seamlessly integrated into the way people think about health care and healing in the territory.

This report is organised so the reader begins with an overview of the discussions; this is followed by a more or less chronological summary of various discussions and presentations held over the two days. Included in the appendices are the detailed notes from the small group sessions, the list of participants, and an example of policies and procedures for integrating traditional practices into a modern health care system.

The summaries of the discussions were prepared by the meeting's moderators, Dale Jacobs and Christine Loft from Organisational Development Services of Kahnawage. I edited the texts of the summaries prepared by Dale and Christine and organised them into this document.

## *About the Anti-diabetic Plant Project*

The workshop was organised as a planned activity within the Anti-diabetic Plant Project. This project started in 2003 as a partnership between people holding Cree traditions and practices, people running Cree health and community services, and university scientists and their students, representing Mistissini, Whapmagoostui, the Cree Board of Health and the

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Universities of Montreal, McGill and Ottawa. The project began with people in Mistissini and moved to include those from Whapmagoostui. As the project goes along, people from other communities may also decide to join. The project has the support of the Grand Council of the Cree and it is financed by the Canadian Institutes of Health Research.

The purpose of the Anti-diabetic Plant Project is to study the anti-diabetic potential of traditional medicines. The project is complex and has many components:

- In the bush the Eeyou traditional practitioners, who know the human use of plants, are working with the scientists who study the human use of plants in order to identify certain types of Eeyou medicines. Specifically, they are identifying the plants used in medicines most used for the kinds of medical symptoms also experienced by people with diabetes (thirst, frequent urination etc.)
- In the laboratories at the universities to study the components of these plants and how they work as medicines for managing diabetes.
- In the communities with Eeyouch to understand how traditional medicines are prepared and consumed.
- In the communities and within the Cree Board of Health's operations to begin discussions about how to integrate traditional practices back into health care (e.g. this workshop) and how to train Eeyou as practitioners in traditional medicine.
- In the communities with Eeyouch who are using both traditional and clinic medicines for their diabetes care (this is the 'observational study' which is being discussed at present).
- And perhaps later, a study involving Eeyouch living with diabetes to determine how traditional medicines can be used with clinic medicines safely and effectively.

For a large, complex, scientific study, the Anti-diabetic Plant Project is remarkably participatory in the way that it is organised. A number of us from Mistissini and the Cree Health Board are named as full co-investigators in the project, along with the scientists. It is very unusual in the world of large scientific research projects to give non-scientists a governing role with a project because it is ultimately the scientists who will be held accountable for the project reporting and finances. However, our project leader, Dr. Pierre Haddad from the University of Montreal, has been personally committed throughout this project to find a way to ensure a respectful, participatory process of knowledge-sharing between Eeyouch and scientists.

For complex historical reasons, up to the present time, Cree Health Board services in Eeyou Istchee have by and large operated with no reference to traditional approaches and practices. Of course there may have been exceptions from time-to-time, but these odd exceptions have never engendered changes in the system but only highlighted its difference. Not that many Eeyouch did not wish for something else. People involved with the Regional Elders' Council have told me they have long wished to see an opening within the system to a more Eeyou-based approach.

Because the Anti-diabetic Plant Project's purpose is to explore how Eeyou medicines can help to manage diabetes, this research project is providing a wonderful opportunity to begin

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addressing the challenges of making diabetes care more meaningful and adapted to the Eeyouch it is serving. Since the adoption of its' Strategic Regional Plan, this has also become a goal of the Cree Health Board.

### *Meegwetch to our guests and speakers*

We would again like to thank our special guests, Marjory Shawande and Jack Little. Marjory shared with us her actual experience with integrating traditional practices within health services. Jack shared the experience of his people in relation to governance and control issues in terms of protecting and respecting traditional approaches.

Marjory is the Traditional Coordinator for the regional Anishinaabe health clinic on Manitoulin Island and she has worked with the Traditional Advisory Group to put in place policies and procedures to ensure the proper integration of the traditional practitioners in the local clinics and standards of care. (A copy of these can be found in Appendix C for copies of this report shared within Eeyou Istchee.) Unfortunately, Marjory and her grandson ran into some travel problems and she was not able to participate on the first day. On top of this, there were difficulties in recording her talk to the assembly on Wednesday. However, she gave a lively and informative lunch-hour presentation on Wednesday to the Mistissini Health Committee and the Anti-diabetic Plant Project coordinators.

Fortunately, the presentation of Jack from Nu'Chal'Nuth Nation on the west coast of Vancouver Island was recorded and is produced in this report. Because of the new treaty-making process in British Columbia, Jack's account of the process by which his Nation had to come together to clarify, from their values and practices, their position in terms of identity and practices provides a useful example for our area.

We were honoured by Minnie Awashish's courageous acceptance to speak to the workshop about the vision she and the late Sam had been putting into practice in Mistissini and her hopes for the continuation of this work. She also participated in the Wednesday morning meeting with the Mistissini Health Committee and the Project. I would like to thank Jimmy and Vera George of Whapmagoostui for preparing the plant demonstration and for their two presentations to the assembly explaining how we need to approach traditional practices and their integration. The leadership from the Regional Elders' Council was represented through the always informative presentations of Robbie and Elizabeth Dick of Whapmagoostui and Robbie and Sally Matthew of Chisasibi

Meegwetch to everyone who was able to participate in this opening discussion on integrating traditional practices by participating in the workshop in Mistissini. And finally, meegwetch to everyone who is reading this report and joining this conversation.

Jill Torrie  
Permanent secretary of the Research Committee  
CBHSSJB  
October 2006

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## SUMMARY OF DISCUSSIONS

### *Moderators Presentation of the Summary of Small Group Discussions*

The following is a summary/snapshot of the small group discussions held on Tuesday, August 29, 2006. This list has been derived from the group's flipchart notes, recordings, personal notes and the small group presentations.

- Cree lifestyle changed significantly with the move from the land into communities.
- Religious influences had a negative impact on the traditional way of life and the use of and passing on of the knowledge of traditional medicines.
- In the community, the clinic system with its reliance on doctors and nurses became the main resource for health care and there was less and less use of traditional medicines.
- Today the knowledge of traditional medicines is limited and mostly held by the elders.
- Cree traditional healing practices are holistic, focus on treating the whole person. (physical, mental, emotional, spiritual) and also is preventive in nature.
- Traditional healing practices have been proven effective: they have been around for a very long time before modern medicine was available.
- Dreams and visions have a large role in finding the right healing cures.
- There are no standardized doses for most traditional medicines. Traditional healers understand that each person is an individual and treatment methods must be individual as well.
- Medicines from the earth are sacred and have special prayers and practices associated with their use.
- For traditional medicines to work you have to believe in them and give thanks.
- Healthy eating, a physically active lifestyle and going out on the land are important aspects of traditional wellness.
- Today people want to have the choice to use traditional medicines or to go to the clinic for care, or to use both. These choices must be respected.
- There needs to be mutual respect and understanding of Eeyou health practices and Western health practices.
- It is important not to make the discussion about traditional practices and medicine/healing a religious issue. This is a health issue.
- Acceptance of traditional medicines can be increased in the communities and raising awareness will help to change any negative attitudes.
- It is vitally important to maintain the collective knowledge of traditional medicine which is a precious resource of all Eeyouch. Elders are more likely to know and use medicines and they are also the best teachers.
- The youth need to be exposed to and taught about traditional healing practices and this will be the way to preserve these for the future.
- There is a desire to see the modern and traditional practices work together.
- The clinic system of doctors, nurse and staff need better understanding of traditional medicines. There is a general feeling that they are open to this in order to better serve the patients.

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- It is important for patients going to clinic to let the clinic staff know that they are using traditional medicines.
- There needs to be more research on mixing modern and traditional medicines in order to understand possible side effects so they can be avoided.
- Diabetes is a relatively new health condition in the communities.
- There needs to be a place where people can come to see traditional healers under the same roof or at least affiliated with the clinic. This would also help to give traditional medicine more credibility.
- Many personal stories were shared about how traditional medicines have helped individuals.
- And finally, the discussion needs to continue and expand to better understand the full anti-diabetic potential of traditional medicines.

### ***What would you like to see happen in the future (specific to this workshop and traditional medicine)?***

- Aboriginal traditions and medicines are a way of life and are not at all the same as or specific to religion. There is a common misconception that traditional medicine is part of the Eeyou religion. Yet the Creator is in charge of your health. Pray to the Creator for knowledge, the support we want and need.
- There is a lot of confusion in all our communities over religion and traditional practices. Traditionalists and traditional healers were put down before. Now this needs to change. Traditionalists need to come out into the open so that people can see our traditions for what they are. People need to come out to openly teach medicines.
- One of her dreams is to see an elder with traditional knowledge who will work and walk beside her to give her guidance and direction. And for all of us to be guided by elders as well. Another wish is to have non-Eeyou health care workers take guidance from Eeyou traditionalists and for us to integrate Eeyou knowledge into our health care system. We need to explore how Eeyou knowledge fits within all programs and services. It is a big challenge to bring this knowledge from the people into our modern structures.
- We need to look at our history to begin to understand where we are today so we will have a better direction for the future. For example, our Grandmothers have a strong teaching from the Anglican Church. We need to understand our people's history to help us know where we are today and to see and plan for the future. I asked my mother what the Cree people had before the fiddle (and the church). My mother explained and showed me a dance, the Women's traditional dance, and while doing it the smile on her face represented being in line with her spirit.
- A traditional representative shared her experience as a healer with a medicine for Bells Palsy. She said many in the community use traditional medicine for healing, and that traditional medicine comes from God. She explained that being a healer is a secret or a private gift which she has been given in order to help other people. Her mother had this gift of the medicine as well and it was through her mother that she also came to have it.



## SUMMARY OF DISCUSSIONS

One person came to her for traditional medicines to cure Bells Palsy. She works with the person to understand the emotional issues underlying the physical illness.

- We need to be learning from our healers, and asking them to pass on their knowledge. Pass on your experiences with healing.
- Children around the ages of 5 and 6 years really pick up the knowledge so it's that age to target to teach them traditional medicine. The person gave an example of someone with a sore throat who was using antibiotics that did not work. Although traditional medicines which work well for that kind of case were suggested, they were refused because the person did not believe in them. That's why it's important to pass that knowledge on.
- Dreams are a key factor in traditional medicines and they can be related to teaching from the bible. For example to take what you need from the basket. Our dreams come from the Creator and give us direction. It is a gift, and this is important to be understood. Dreams come true. The person spoke of being directed in a dream to a specific tree to cure a specific pain. It is important to understand dreams, the directions they suggest and the messages from dreams. Messages can come from different species out on the land. For example, a bird that told him that elders would be leaving us fast.
- A person who has been working at the health clinic for 20 years said that traditional medicine should be looked at like going to a clinic. It should be respected as a form of health care for the community.
- Before eating you pray and this is in respect for past times when people were often starving. The reason that the knowledge of traditional medicines was hidden, was because people did not want the white people to abuse the knowledge.
- A person proposed more research in the future to help the communities maintain respect for traditional knowledge.
- Another person spoke of the fear of having what is written going somewhere else and outside of Eeyou control. Also, many people think the doctor should know everything.
- One reason to continue doing research is to assure people that it is all right for them to use their own medicines.
- Tobacco is a sacred plant and it was treated as sacred in the past. Today it is much abused. This is the same fear the person has about (making) medicines (more popular). If they are used by people who do not understand, they may abuse them.
- Diabetes is a new disease, so that's where people hesitate to use traditional medicine for a disease that was not there before. This person closed by saying that it is important to respect the traditional medicine,
- Health professionals and traditional healers should learn to work together. They would be able to accomplish a lot through teamwork.
- There is a need to involve the Eeyouch. It will be a hard road but we need to start somewhere to find balance and respect.
- We need to share how to put Cree knowledge into the health care system. There are a lot of challenges to bringing out this knowledge from our people.

***Opening Prayer and welcoming remarks by Minnie Awashish, Mistissini***

- This is the first public conference she has attended since Sam's passing. She feels his presence. She is encouraged. Presence of her husband Sam has touched her at this first conference since his passing. She is encouraged when others say she is continuing with Sam's cause.
- One of the things Sam most liked to do was to heal others
- At times Sam didn't want to share the knowledge but she knows that we are all working together and cannot hide the knowledge
- Sam would say to have patience and confidence with each other, because everything is from the Creator
- Sam taught each of their nine children how to live and they will never forget his teachings
- Many grandsons live in the bush and were taught these skills of hunting and fishing by Sam
- Very thankful for all support and peace that she has received from others
- Sam was always concerned with others. He wished there was a camp for healing out in the bush for youth, couples with marital problems, etc.
- He would speak of teaching traditional medicine to the youth
- This spring, a couple and four children having family difficulties stayed with them in the bush. Sam took the husband ice fishing, etc. Over the weeks you could see great improvement
- Cree School Board brought children with learning difficulties out into the bush and Sam taught healing circles to these young children
- She will support the concerns of elders to benefit the community
- She has overcome great difficulties since she started healing. She received great strength and peace from the Lord.
- She had had a dream of many visitors and she did not know why. She woke up and told Sam. Sam knew what that meant yet was already at peace with everything
- Sam left Saturday, April 22<sup>nd</sup>
- One of their grandsons became worried that he would not be able to go goose hunting with Sam when Sam did not return as expected during the day
- The family found it difficult to function during the time when Sam was missing.
- After everyone had come to support her, it was then she realized what the dream from the Creator had meant
- In the traditional ways of Eeyouch, there are signs from the Creator
- When they left Mistissini to go up (to their camp), she knew it was the last time they would be leaving together

***Welcome by Pierre Haddad, Anti-diabetic Plant Research Project leader***

Dedication of gathering to the life and memory of (Minnie's husband) Sam.

Objective: to discuss integration of Traditional and Western medicine for improving diabetes treatment on the Cree community.

- Focus on commonalities rather than differences to build our dialogue.

***Welcome by Paul Linton, Cree Health Board***

- The project fits into the new vision of the Cree Health Board. However, from the beginning of the project, our work has been directed by leaders like the late Sam Awashish and the late Billy Blacksmith
- There have been concerns about trying to scientifically validate our traditional medicines.
- However, we are hoping to bring together both medical practices to improve healthcare and provide patients with the choice of one or the other if they wish
- We would like to focus on other diseases too but for now we are working on how to collaborate in diabetes care.
- Some Elders have expressed concerns about possible interactions if we give traditional medicine and western medicine to our people. Safety for our people is our first priority and in this project it means ensuring the safety of drug interactions.
- People must be able to choose between the two types of treatment.

***Introduction of the Moderators, Dale Jacobs and Christine Loft from Kahnawake.***

They explained that their home community has similar health care concerns with respect to diabetes.

Then they led everyone in the room in "The hand shake game" in order to allow each person to introduce him or herself to everyone else.

***Presentation by Mr. Jack F. Little, Nuu-chah-nulth Nation, Ahousaht, Vancouver Island, BC. Co-chair Clayoquot Biosphere Reserve***

- Expressed great enjoyment at being in the territory. Thanks to Mistissini for the community's hospitality
- We understand the issues of the new medicines.
- The vision the Cree Health Board has of bringing together Cree traditional meds and modern meds is a great goal.
- Presenting of Gift for Kathleen & Council
- Expressed condolences for the loss for Sam, stating he was no doubt an instrumental leader in this project. All the teachings will still be with the people he touched.
- Expressed understanding with Paul and the CHB with regard to needed co-operation with European medicines.
- Praised the project objective of integrating Traditional and European medicine and the commitment of the team - Pierre's dedication of the program to Sam
- Empathetic with concerns of the Cree Health Board and the science concerns
- Believes the goal and vision to bring traditional and western medicine together is a wonderful goal
- Touched by dedication of the workshop to Sam's memory by Dr. Pierre Haddad (team leader)
- Mistissini people's principles (respect for the people) are very common worldwide. Cree nation values & principals are universal (pride for nation, caring, sharing, respect and thanks for all of life), he is familiar with, and has seen them everywhere he's traveled.
- Family values are being proud to be where you are from & to respect life- much like the people of Mistissini
- Ahousaht is very proud of its tribes heritage
- Jack explained the history of his nation on Vancouver Island. In Nuu-chah-nulth they have hereditary chiefs- they keep all of the land, sea and resources. Their hereditary chiefs are in the midst of treaty negotiations with provincial and federal government.
- Involved in group organizing "bridge to treaty". Jack is a member of the Central Region Chiefs who are involved with a group of scientists approved by the government.
- Our scientists are elders, the keepers of our knowledge. They created the scientific panel recommendations (copies left with Pierre). Our scientists (Elders) were given proper authority. All the recommendations. were accepted by the provincial government (NDP).
- "Inter-measures agreement" which now bridges to treaty.
- First Nations represent more than 50% of the local population in Clayoquot. With them is the principle that nature (the forest and all its resources) is a gift. The world is interconnected at all different levels. Respect for all is necessary for harmony (brief highlights of report).
- Traditional Ecological Knowledge (TEK) accepted by the government. TEK includes knowledge of resource management. All things are sacred and must be respected. Sacred areas were identified within this report including plants and medicines. Lands are

considered very spiritual to the people. It is our responsibility to protect and manage these lands and resources. Human activities must respect the harmony of nature

- Highlights of the Report
  - Recognized by the government
  - The creator has made all things
  - All living things are interconnected
  - All things are sacred and must be respected
  - Harmony between all things
- The report also outlines plants and the medicines that are used traditionally
- Ultimate importance of the report– that TEK was adopted by their provincial govt.
- In regards to this workshop– working with the Cree, a question for this project – If it is working? Why? If it is not working; Why not? The two Cree communities should ask– is this successful? Who’s on board? Need to understand– are the communities, Chief and Council, elders on board? These are the questions that arise for him, in his time with the group yesterday.
- Are the Cree actually involved? His opinion– the First Nations need more active involvement.
- Do all involved participants & parties understand Cree teachings, practices, values, history, TEK and especially oral traditions?
- Appreciated Jamie’s (who is this referring to?) question from yesterday (where does the spirit go?). If you do not believe in the medicine it is not going to work for you.
- Believes total involvement of First Nations is necessary for project to succeed. To work together successfully, full participation of the Cree is essential
- There are differences in belief between First Nations Traditional medicine and European/Western medicine most of us have adopted.
- He’s witnessed a willingness to work together, but is the integration complete? Roles must be well defined for each party involved – needs to be a role for tie in with local health services, elders groups, Cree health board, and others.
- If there is no Memorandum of Understanding (MOU) between the parties, or a protocol agreement then these would be good places to start. Parties require a “Memorandum of Understanding” as Step 1. Step 2 is a Protocol agreement between parties.
- Needs ongoing dialogue between all parties
- Progress reports need to be scaled to a level understood by all
- Individuals involved with study must be prepared for implications of this research
- Continue with communications such as the Teams preliminary report. Suggests keeping it simple!
- There’s already interest here in the project. As the project gains media attention, they are going to be under a microscope, something Jack is familiar with in Clayoquot Sound. There are many pros and cons of this (microscope).
- Jack hopes his brief presentation will be helpful and says that he too is here to learn from each and every person.
- Thanks to all for their time from Jack, his community and chief.

***Jack Little's Personal Notes: Learning from the experience of other places***

- Protocol– who I am, where I am from (John Longchap–ask Kathleen Wooton to accept)
- Acknowledge Mistissini and Cree Nation and their values: respect of others, land & animals–resources, caring and sharing
- Similar with my values and First nation all over the world
- My own pride/caring/sharing /respect
- NCN–principles Hawiih & Hahuulthee
- Treaty Negotiations/CRC/MA/MEA/Bridge to treaty
- Scientific panel recommendations– group of scientists approved by government (BC)
- Announced panel– appointing First Nation elders (TEK and scientists)
- Roy Haiyupi's, Stanley Sam, Lawrence Paul & Umeek (Dr. Richard Atleo), Umeek co–chair with Dr. Fred Brunnel
- Scientific panel for sustainable forest practices in Clayoquot Sound.
- Adopted by provincial government – NDP
- Cultural values and desires of inhabitants & visitors must be addressed
- Scientific and TEK of Clayoquot Sound must continue to be encouraged through research, experience & monitoring of activities
- Panel's goal as defined by premier Harcourt is “to make practices in Clayoquot Sound not only the best in the province but the best in the world”.
- More than 50% of area is First Nation people (H,A,T,U,T) (Naas)
- Nuu–Chah–Nulth view of the forest and its resources is as gifts of the Creator
- Responsibility of our Hawiih to look after their Hahalthee
- World is interconnected at all levels
- Human activities must respect all life
- Cultural, spiritual, social & economic well being of indigenous people is a necessary part of that harmony
- Recognition of TEK– an important source of information about species & ecosystems parallels and complements scientific knowledge
- The Creator (Naas) made all things one
- All things are related & interconnected
- All things are sacred and must be respected
- Balance & Harmony are essential between all life forms
- Sacred areas–uusimich– it is a spiritual practice performed in a special place (pool/water)
- Nuu–chah–nulth uses of Resources & sites in Clayoquot Sound, hunting, fishing, food gathering

**Plant Materials**

- Specialty Woods– Red cedar for canoes, boxes and other art. Yew wood for special items. Yellow cedar, alder, crab apple & other woods for carving
- Fuel– woodstoves and smoking fish (Alder). Red cedar–kindling, Douglas Fir and other woods for fuel

- Red cedar inner bark & yellow cedar for ceremonial dance regalia, baskets and mats
- Food products– wild mushrooms, seaweeds, Salal, Huckleberry

Medicines

- Cascara, Red Alder, Skunk cabbage, devil's club– many other traditional uses
- Nuu-chah-nulth lands are spiritual
- In the Nuu-chah-nulth culture the connection to the land is the “foundation of their spiritual identity”

Diabetes & Traditional Medicines

- Working with two Cree communities– is it successful? If so– why? If not, why not?
- Working with Cree Health Board?
- Is Community on board? Chief & Council? Others?
- Committee/working groups– Are First nations actively involved?
- Do all parties understand the Cree philosophy, teachings, practices, TEK and historical oral traditions/teachings?
- Medicine plants– Cree meaning– way of life (believe medicine can & will work for you, very spiritual). Is this the same for all those involved?
- Working together– is it really happening? If not– why? Steps to fix–action plan.
- Traditional healers vs. doctors, nurses– similar yet also different (explain). How to connect traditional healers and doctors & nurses– suggest having a MOU, outlines who should be involved. Role of: Elders Council, Chief & Council, Cree Health Board, local health services, others
- Concerns– new medicines work however scientists need to have proof
- Bring together traditional medicines and European medicine (CHB)– goal/vision
- Start with Diabetes medicine (traditional)
- Minnie–prayer– acknowledge loss of husband Sam
- Watched under a microscope
- Jobs– who benefits?
- Cree Health Board, Cree Nations– Historically oral tradition?
- Cree medicinal plants– who owns it? (Cree)
- Media– who can/will speak
- To do:
  - MOU protocol agreement
  - Ongoing dialogue– how, who, where, when, why?
  - Procedures– KISS principle
  - Microscope– Pros & Cons

## ***SMALL GROUP PRESENTATIONS***

*Tuesday afternoon*

Groups were given questions to stimulate the discussion. Each group gave summary presentations and handed in the written notes on their discussion. The written notes are presented in the last section of this report.

### **GROUP 2: (PAUL PRESENTED)**

Question #1: Is it up to the clinic to promote traditional medicine?

- Promotion should be shared but take place in the clinic
- People should have a choice
- Community and clinic should work together
- Promote thinking of one's health from a Traditional perspective

Question #2: Do practitioners understand traditional practices?

- Clinics do not fully understand but they are willing and able to learn more and integrate traditional practices into Eastern/Western/other medicines.

Question #3:

- There is some danger in mixing practices but more knowledge is required.
- Getting all medical services under one roof would be great but we realize Traditional medicine cannot be limited to an office or clinic.

### **GROUP #3 (SOL PRESENTED)**

- When people come to clinic, they should notify the staff which practice they prefer
- Elders should share with clinicians
- Clinicians are willing to learn
- Lack of communication between healers & clinic
- Feel both modern and traditional should be available on one place
- Promotion of Traditional medicine should begin in the community

### **GROUP # 5 (ROBBIE PRESENTED)**

Question: What does the word "medicine" mean to the Cree people?

- In the present generation, little sharing of knowledge exists or takes place.
- In the elder generation, no "communities" existed. The Cree inhabited the large Cree territories and gathered on different groups at different times. Then knowledge was shared.
- Medicine isn't just a plant "drug", food is medicine nature is medicine. No standard medicine. Each was individual for each individual.
- Must have faith, believe and pray for medicines.

Question: How do traditional medicines compare with modern drugs?

- Very difficult until medicines are fully understood
- Must live with and learn about medicines in the field, bush.



### **GROUP #7 (NANCY PRESENTED)**

- Important the clinic understand the use of Traditional Medicine
- There was no western medicine in the past
- Mothers transfer their medicine to their children and ....
- Best way to heal is in the bush
- Must believe in Traditional Medicine for it to work
- Healers understand sickness and treatment without formal diagnosis – still respect what clinic offers
- Co-operation & collaboration, sharing required to improve situation

### **GROUP #8 (IRENE AND SONIA PRESENTED)**

Choice of modern vs. traditional medicine – available & experience with TK or TM

- Division on some people, all one practice none of the other
- Environment (bush vs. city) \*belief system
- Belief is required for either practice to work

Irene also expressed the difficulty of translating since she has so much respect but less understanding.

Irene told the story of burning her face when she was young and how traditional medicine helped heal her wounds. Shared her view on the wealth of Traditional knowledge and explains that in order to understand TK, she needed to look at her personal experience, her family's experience and the Cree history.

The Elders try to explain how medicine is part of the greater circle, all that is of the Creator, so looking and understanding this “worldwide” circle is necessary.

### **GROUP #3 (STEF AND JASON PRESENTED)**

- The power of medicine does not come from the people but the people's belief in the power
- Proper traditions should be followed i.e. honest, prayer, preparations
- For integration of Traditional medicine and the clinic, a Traditional medicine facility for Elders/Healers to work should be separate but affiliated with the clinic.
- Encourage youth to explore and trust both traditional and western practices
- The young community no longer uses the traditional foods/teas that have traditionally been used to maintain health and prevent disease.

### **GROUP #6 (ABRAHAM PRESENTED)**

Acknowledges that other groups have shared many of their discussion points.

Question: How does one decide Traditional medicine or modern?

- At the moment, there is no choice
- Go to clinic first when not feeling well
- Reliance on hospitals, doctors and nurses

## ***SMALL GROUP PRESENTATIONS***

*Tuesday afternoon*

- Much to do in terms of awareness, actions and research in traditional and western research)
- Must respect both practices completely
- Elders/Healers are seldom used
- Traditional methods must be re-introduced
- Lots to be shared between us
- Woman & man healers must work together

GROUP #1: DID NOT PRESENT DUE TO LACK OF TIME (SEE NOTES IN APPENDIX A)

***Presentation by Jimmy and Vera George from Whapmagoostui***

(Speaking in Cree to honour his ancestors)

Honoured to be here as part of this gathering. He is honoured that he was invited to this conference, him and his wife. Wonderful they have the opportunity for this dialogue between brothers. He has wondered for a long time when we would come together to share our knowledge. The people here, our brothers from outside the Cree. Over the years he's had time to think about the topic of traditional medicines. Now we are doing it.

His birthplace is in the heart of Eeyou Istchee, he was raised traditionally. His grandmother used to send him out to pick medicines based on her instructions and descriptions. When used to go out never knew exactly what it looked like. She sends him with descriptions but he did not know the plants. Sometimes he would come back with the wrong plants. If he brought back the wrong thing she would tell him that's not it go back out. This was how he learned the plants. In winter plant life is under the snow and a wooden shovel would be needed. It took more work to find that medicine. She would show me how to prepare medications and the amount to take. Her instructions were not just to take the meds but there's a prayer that goes with it.

If you're going to follow herbs and plants you need to look at your own life. Failed to look at his own life path, he didn't follow and strayed from the path (drinking and drugs). After troubles in his own life, he thought about his grandmother's words. Later on in life when realized his path wasn't healthy that's when he went back to what his grandmother taught him about meds. For these meds he doesn't know how to address them in Eeyou language, or how exactly medicine works or all that it is for- he doesn't know all that yet. Today these elders know what I do- sweats, shaking tent, but don't want to scare anybody. Today we know there's conflict between the different religions the way we pray. There was a time when Roman Catholics came they denounced what we the Eeyou know and how we pray to the creator. When the Anglicans came they told us the Catholics were not the right way. The other 3<sup>rd</sup> religion that came to our area then denounce the Anglican faith. Now we question is there a time when this will end? He has pictures here and wants to relay how our way of life coincides with the pictures.

Pictures presented:

- 1) Picture of Moses- he held 10 commandments. Moses on mountain to receive teachings from God, The good book tells us he was there for 40 days and 40 nights. One of the signs he saw was a lighting strike that set fire to a branch. The brush that caught on fire- god spoke. In the Eeyou way fire spirit is sacred and should be respected. We use fire in many ways- Fire used to cook our food and keep us warm. We know up in the heavens there is a fire without it the sun there is darkness and no life.

- 2) Another part in the bible– the way the story goes there was a fire and that's where Holy Spirit was. In Old Testament a teaching of 3 men who were thrown in fire the angels were there with them so they were protected and not harmed.
- 3) Another part of the good book– we were told of when John the Baptist baptized Jesus in water. Light coming down from Jesus is light and life. He was given gift from his father to heal people with touching. Jesus could heal people through touch, a gift given to him by his family. John the Baptist baptized Jesus in water. A bird flies in the light over Jesus. The bird symbolizing life. He was given the gift of healing from his father
- 4) Jesus was a young man teaching high priest in a temple Message from Jesus teaching young children in temple – youth have gifts also. When a child is born, that is a gift from the Lord. When born there is a gift that comes w birth. We don't really know the gifts of a child. Teaching that the youth have much to offer.
- 5) Jesus fed 5000 people from 5 loaves of bread and 2 fish. All the time you must give something back. A plate in the fire feeds the spirits. Teachings of Jesus when he fed 5000 people with 5 loaves of bread.
- Cree teaching to be respectful and remember ancestors– put a plate in the fire to feed the spirits.
- 6) Samson had strength in his hair only when his hair was long. Samson lost his strength when he cut his hair. When his hair grew back, he regained his strength. We may be more susceptible to sickness when we cut off what the Lord has given us. Sometimes what happens when we are immune to certain sicknesses we are immune to things that are foreign.
- 7) Jesus and Samaritan woman at the well. Jesus asked for a drink from the woman. In the house of tepee she is the 'leader'. Cree teaching if your wife gives you food or drink you feel so refreshed, its pure energy. Women have certain gifts that are stronger than men. Women have the gifts of passion, caring and love. Sometimes men are not up to par with women in that respect. In the house women are the leader in the household. In a tepee or camp women know the work, they know when to clean it, change the beddings or do other work to keep clean.
- 8) Daniel thrown in the pit of lions. He did not fear them and they did not touch him. Cree people know there was a higher being than them. Show no fear– wolves will attack if they see weakness. A long time ago our people were fearless because they knew there was a higher being than them. If you don't show fear of a wolf he will respect you and wont attack you vice versa. Fear is something we have to deal with in our own life.
- David and Goliath– David had faith that let him overpower Goliath. David did not fear, he had faith. All he had was a slingshot and he overpowered the giant.
- Many beliefs, one source– God.

We are speaking today of traditional medicines. Not everyone can know– there are ways of getting it. He went on fasts in the mountains to learn and understand. One of those nights in

his dream an elder came to him, he wore a chiefs headdress and clothing all buckskin. He went on the fast to look at himself. He went to ask one question on the fast- "what path should I follow". In the dream the elder brought a gift of a peace pipe. From that dream, the message of which direction was clearer. The message was clear that I have to go back and find my roots that are Cree ways. Message was so clear that he needed to let go of past life stop abusing substances; he had to change his life. When you find your path and change your life there are a lot of things you must let go and a lot of thing you must do. His grandmother's teachings started to 'sink in'. Some things take a long time to understand like the teaching of his grandmother. Like taking off your hat when it is time to eat.

There are a lot of issues we are confronting in our communities such as suicide. We could talk about all of these but we don't have the time. What he just addressed and shared we see in the bible talks about certain religions and beliefs, all are good and come from one source- god.

Talking about traditional Medicines we know we cannot mix that and use alcohol and drugs at the same time. We know today to be who you are and healthy people how you labelled to be careful- how you're being addressed. In helping people you're working for creator he gives you that gift and you must understand yourself. There's no time 24 hrs, the Creator never stops, neither should you. We must always work too and maintain life as God has taught. For now will stop there and thanks.

***Presentation by Pierre Haddad***

The anti-diabetic plant research project began in 2003. We are interested in how plants (especially Cree healing plants) may be able to help with diabetes treatment. We brought together botanists, phytochemists, pharmacologists and nutritionists, along with people from the Cree communities. The Canadian government asked for proof that these plants have potential in aiding diabetes. Between 2003 and 2006 Alain, Charles, and Mary Helene spoke with people in the community to help identify potential plants of interest. Diabetes is a complicated disease. We identified 15 symptoms of diabetes, some more closely related than others. With information from Elders, we ranked the plants according to how many Elders had mentioned it and how many of the 15 symptoms each specific plant was used to aid. The first 8 were from Mistissini and others were from Whapmagoostui. We looked at how they helped muscle, blood, fat, pancreas, and nerve cells and other systems directly involved in diabetes. This information is available in the report on the project that was distributed. We had good results and informed the government that we would be ready to start a research study on how these medicines can be used effectively and safely in diabetes care. Now we have 5 years to do this research. We had first met with the Council of Mistissini and the Grand Council. Then the Council of Whapmagoostui became involved. The Cree elders will be important to us in these next 5 years. The elders are the holders of the knowledge and the wisdom. We feel that our project Team combines the strengths of both the Western and the Cree knowledge and cultures. Using this, together we can work together in the fight against diabetes. The dialogue within this team is very important for the strength and success of this project.

***Presentation by Marjory Shawande, Traditional Coordinator Noojmowin Teg Health Centre, Manitoulin Island, Ontario***

Unfortunately, there was a problem in recording Marjory's presentation. However, a helpful document that Marjory has shared with us, *Traditional Healing Services, Policy and Program Manual* of the Noojmowin Teg Health Centre, the Mnaamodzawin Health Services and the Wikwemikong Health Centre can be found in Appendix C of this report.

***Comments by Robbie Dick***

In the past, there were medicines and these traditional medicines would be used on young children. It needs to be understood that these were always there. His parents never used modern medicines and his mother used traditional medicines when she carried him. That's why his body needs traditional medicine. But he is not saying that modern medicines are not good.

Before administrating the traditional medicine you must pray to the Great Spirit that it will work. You have to have faith in traditional medicine for it to work.

It is good to work and to support each other when crises happen in our lives. At those times especially, spending time in the bush is the best place.

There will be no conflict between the traditional and the modern system if the traditional healers & clinics understand trust and believe in each other. People who are already familiar with traditional medicine represent the group that is here today. Traditional healers have the gift of healing, know what patient has, they know what they should give him.

Jack from Whapmagoostui has mentioned some issues with the booklet. Plants that are used at the coastal site are different from those used elsewhere. There is a very useful tree to being studied. The plant names change from community to community and this needs to be reflected in the booklet. The coastal site is different.

Story of a sick boy- did not know how to treat him. He took the moss that grew on the coast and he knew he should use it because it told him it was good. He boiled the moss for a few hours, fed the broth to his son and he was soon healed. Artic hare: The rabbits on the coastal site are larger than those on the island site. Whatever the rabbits ate, they knew it was good for them.

***Comments from Robbie Matthew***

In times before the 1950's, we were still pretty healthy. In the 50's there were some visitors from the south, some scientists, who wanted to know about certain things about life, about things they did not understand. Today we still don't have those answers when we speak about certain diseases like diabetes. When the development of Eeyou Itschee came about the damming (LG1 dam) there was a man who walked under or near the transmission lines when setting traps and fishing. Later on he started to develop skin cancer. One of the questions asked to him was: where do you trap? He told them about the transmission lines near where he was trapping and camping. From that foreign development there was a message sent to the Cree world. From that destruction of all the Creator's creation something happened and he paid for it. Not long after he left for the spirit world. In the Cree world in the heart of Eeyou Itschee there are new sicknesses, especially when we speak of diabetes. No one has been able to tell us why there is so much diabetes in the Cree world. When out on the land he sees things that are strange such as hugh blueberries under the lines. The other significant findings from the Cree world is in the winter the stuff put on the road—the salt – affects the ptarmigan and the rabbit. Salt should not be part of their diet. Even the beaver and animals that live in water are affected: there is something falling from the air that affects the plants. We know why life is like that: if you stand under the lines after it rains a drop of the water that falls off you will feel the shock. Why?

Here we are trying to find a solution to our diabetes. We should look at the correlation between the environmental damage to the medicines and our health. Nobody is interested or wants to believe the people about environmental damage. No, they are here to learn about our plants. Expressing his concern for trading in our healthy environment for money, with no concern for future generations. Wanted to tell of what's happening from the Cree Nation in Chisasibi. It's hard to understand you people (scientists), the government listens to them because they have the papers to back them up. As elders say don't trust the white man. When you talk about diabetes– we can try to work together to understand the environmental impacts.

***Presentation by Jimmy & Vera George:***

Explaining of the circle diagram that shows the world of Eeyouch and how the Creator planned it. It is today's foreign influences and practices that come and clash with those. Looking at traditional healing, there are now clinics and hospitals. Looking at families' responsibilities– parents now send kids to daycare. Today in the Cree world, we are replacing our original teachings with these new systems. Also there's something around us that's so strong– it is called “the new”. We need to be able to be free to journey– we cannot just do it because there is a process. Jimmy then discussed the sweat lodge as a healing tool with the use of the following diagrams. He also pointed out that the directions in the sweat lodge form a cross.



Diagram of Sweat Lodge described by Jimmy George

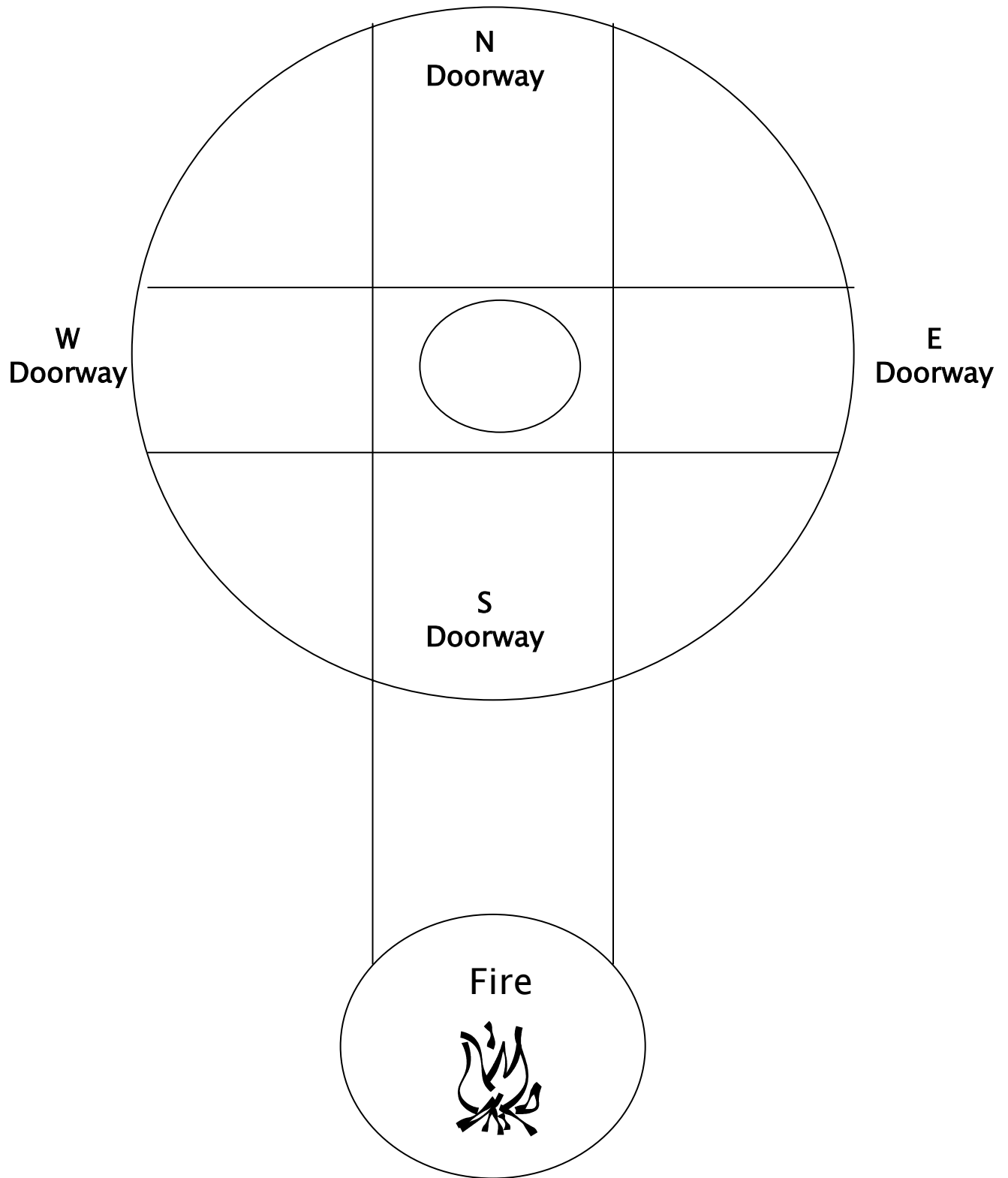
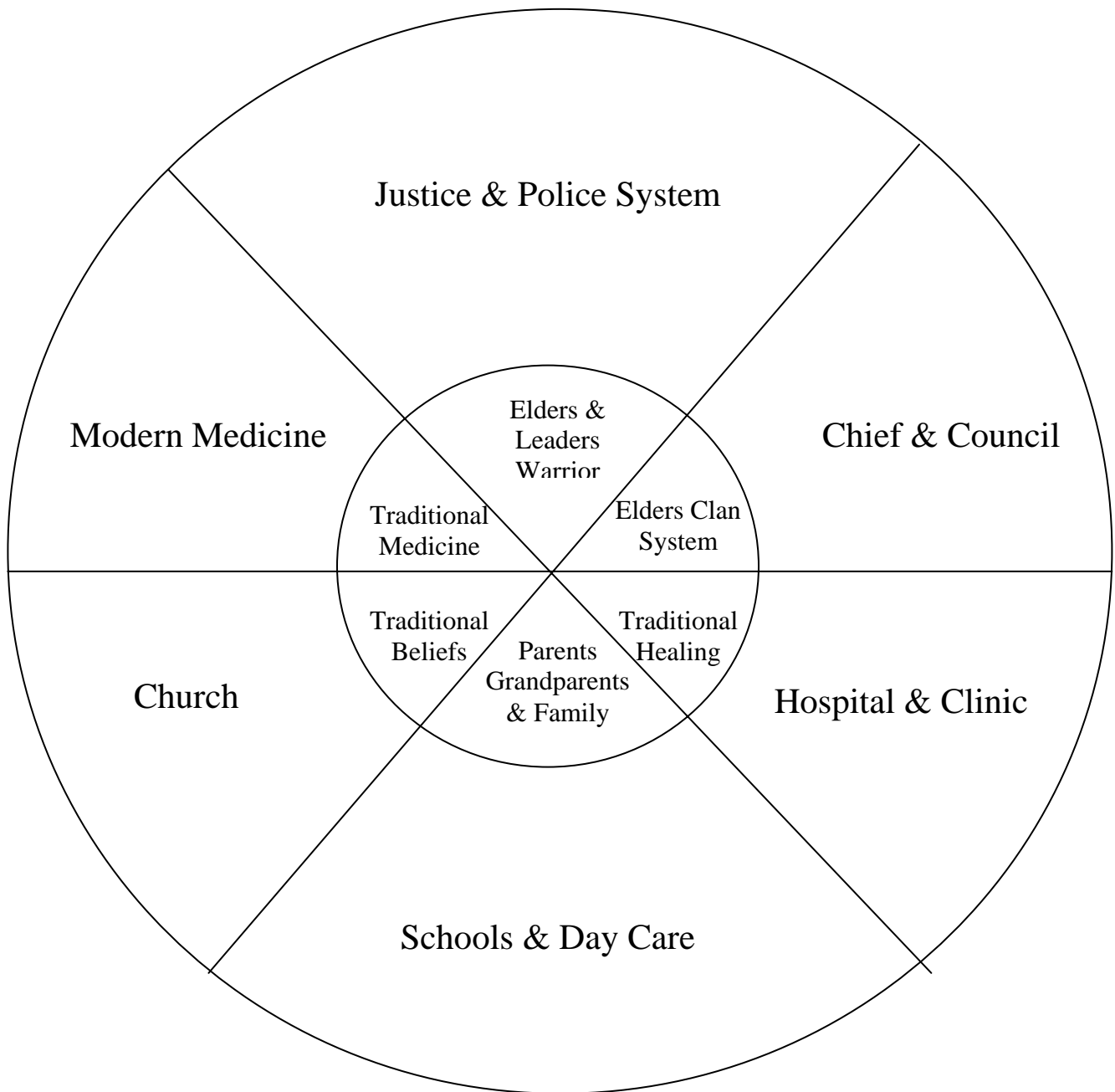


Diagram of Two Worlds described by Jimmy George



***Closing comments from research group by Thor Arnason***

We believe the same as the Cree that man is part of nature and does not dominate over it. And we know that in the Cree beliefs you are in advance of the rest of Canada in understanding these things and that is why we are here. There was some talk of the James Bay Agreement. We are all aware of and are very sorry for the things that have happened. But we are just university people not making any profits from the agreements. In fact when he was a student and the dams were being built, all the biology students were collecting money to oppose the building of the dam. Another thing is that scientists don't have all the answers. Diabetes is a terrible affliction here. As scientists, they do not think the James Bay Project had anything to do with diabetes directly, as far as they know. It's the change in lifestyle, change in food and lack of exercise that is causing diabetes. The way forward is to go back to the traditional lifestyle and address diabetes head on. We're very grateful for the opportunity to work with you on traditional medicines. It's very important to take the chance to try to make it work.

*Comments back to the research team:* we're not speaking a common language, we have reservations about what were getting in to. We need to have more discussion. You need to listen to us. Respect needs to go both ways.

***Closing comments from Minnie Awashish***

Since Sam has left, at her first conference she felt that someone touched her shoulder and when she asked the man behind her, he knew that Sam was sitting beside her. She is very encouraged when people at conferences tell her that she is continuing Sam's work. Sam's favourite thing was to heal people. When he/we collected plants for healing, we would also take some to the Elders. She also jokingly knows that Sam didn't like sharing all of his knowledge but Minnie knows that she cannot hide anything, as we all must work together. Sam used to say that all our knowledge should be used to heal people, to love people and not hate. The knowledge is from the Creator and should be used to help all things of the Creator. As long as I live, I will keep Sam's teachings. We have 9 kids and Sam has taught them all how to live. We will maintain this life. One son has a fishing camp so Sam's grandsons also stay in the bush. The son and grandsons do this because Sam taught them the way and they prefer it...they are probably waiting for her now... waiting for the cook.

She is very thankful for meeting so many supportive people. She also has visitors who encourage and support her. For this she is very thankful. Sam was always concerned for others, youth, young couples and their marriages, He used to take the youth and people having marital problems to a camp in the bush where healing can begin. He used to focus on teaching the youth tradition medicine and medicinal plants. They had a young couple stay with them in the bush. The young man had difficulty concentrating but as he went with Sam out in the bush, he started to improve. As he stayed longer, he and his 4 children became more and more healthy.

The Cree school board sent some difficult school kids into the bush where they met Sam. Sam taught them about the healing circles, the most important part of the kids healing process.

She knows that the Elders want a lot of things for the community. She will always speak on behalf of the Elders. As her healing continues, she feels strong and capable. When Sam left, she got the strength from the Lord because she could see his peace and she had her grandchildren with her in the bush. One grandson told her that when Sam didn't come back, how sad will it be because now is the time we go on the goose hunt. The morning he left, he ate his breakfast at 8 o'clock. He didn't have eggs but moose and dumpling. Now that he didn't come back, she finds it hard to cook without thinking of Sam.

Sam left on Saturday, April 22<sup>nd</sup>. On his last night, Minnie dreamed that many people were coming to see her but she didn't know why. She told him in the morning and saw that he was at peace. She knew then that it was not long before he left her. After he left, many people come to visit her and her house. She knew it was a sign from the Creator of how their life would be from then on. She has received lots of support and for this she is thankful. Though she was given only a shot time to speak, her road to recovery has been long, and she has expressed how she feels.

***Closing comments by Deputy Chief Kathleen Wooten***

Deputy Chief Wooten addressed the issue of concerns about intellectual property rights concerning traditional knowledge, citing known examples of bad practices which must be avoided. She explained that, as an elected official, it is her duty is to respect and protect the traditional knowledge of the elders. For this reason, she has worked to try to ensure that a proper research agreement is in place between the Cree Nation and the universities.

She then discussed the tragic reality of diabetes which is now at epidemic levels in many aboriginal communities. She explained the need for active leadership from all sectors of the community to turn around eradicate this disease. It is the responsibility of parents and elders to continue to lead the community back towards a healthy lifestyle.

## ***APPENDIX A:***

### ***WRITTEN NOTES FROM SMALL GROUP WORK ON TUESDAY***

Groups were given questions to stimulate the discussion. The reporter from each group summarised the discussion of each group and handed in the written notes on their discussion. The notes below are the written notes.

#### **FROM THE POINT OF VIEW OF THE CLINICS, DISCUSSING HOW THE SYSTEMS WORK/CAN WORK TOGETHER. *GROUPS 2, 3, 4***

*In Mistissini and Whapmagoostui, some people with diabetes make use of both services from traditional healers and from the clinic. Discuss this from the point of view of the clinics.*

*Is this up to the clinic to promote or is this something the community should set up?*

*Do the clinics understand how the traditional system works?*

*What is the attitude of clinic workers to working with traditional practitioners?*

*Do doctors and nurses understand how the traditional system works?*

#### **GROUP # 2:**

Consensus– at clinic and promoted by clinic and community. Want all health services under the same roof. Give a person the choice. How traditional beliefs factor into it. Get people to think about and taking care of selves more with traditional medicines. Traditional medicines promote more exercise if people do their own gathering.

Question re: do clinics understand how traditional system works? They don't really understand but they are willing to work with people to understand more. There's not only western but also eastern– i.e. acupuncture. People need to use what works best for them– depends on individual. There may be problems with mixing modern and traditional medicines but many healers already know this; for example, people with diabetes mixing certain herbs.

Where would these people work?? Trying to get under one roof. But we know traditional medicines can't be made under a roof as easy. We know it needs more open space to do outside activities. But they can have space at clinic for other things.

Traditional and medical clinic

*Question 1: Who should promote?*

- Some people feel it's easier to go to the clinic. One idea is to have traditional healers work in the hospital (see doctor and healing professional).
- If person had a choice– only a few use traditional medicines in clinics. Clinics only know of so many– reason is because it was taught as taboo.
- It has to do with beliefs and religion. Some religious beliefs criticize traditional way. Clinics & community should work together
- People have increased belief in clinics
- Mission = to think about health and take care of themselves. As a western doctor need to make better connections and promote traditional medicines

## ***APPENDIX A:***

### ***WRITTEN NOTES FROM SMALL GROUP WORK ON TUESDAY***

- Clinics promote traditions (no TV, walking, bush life) inside/outside reserve are the same
- Main key is changing your diet and exercising. If you want to improve resources should be available.
- Clinics need contacts to refer people (ex. Traditional healers)
- Need the belief its going to work (we think doctors do understand)

*Question 2:* Do clinics understand how traditional system works?

- They understand system exists but no official connections to system set up.

*Question 3:* Attitudes of clinics to work with traditional healers:

- Open– most doctors/nurses are aware, interested & promote healthy lifestyles (mental/physical)

Western medicine is not the only answer– there are many different types (eastern, acupuncture)

Need to increase community base of fitness (fitness center), values are being lost (passing info)

*Is there a problem with mixing both (traditional and pills)?*

There is so little info on this. There are some plants that are so strong they cannot be mixed with pills.

*Question 4: Do doctor & nurses understand?*

- We can only prescribe what we know.
- Healers would work out of a clinic, they would accept to work out of anywhere to help people (communities demand)
- If no– how do we fix this?
- Need to do something culturally to make clinics understand

*Facts:*

- People feel it is easier to go to a clinic than change their lifestyle
- Cree people feel traditional medicine is frowned upon because it was systematically put down in years gone by, by 1) church (considered pagan and against Christian beliefs), 2) police/RCMP (“drug” raids in some villages where people were told not to continue to grow certain herbs, 3) education system (residential school, etc.)

*Ideas:*

- Put “western medicine”, traditional healers and mental health services and public health services all under one roof. This would lend “credibility” to all approaches, and would

## ***APPENDIX A:***

### ***WRITTEN NOTES FROM SMALL GROUP WORK ON TUESDAY***

give community members the message that all these approaches have a place in being healthy and well. This would slowly change people's attitudes.

#### **GROUP #3:**

First of all when people come to clinic they should make people in the clinic aware if they are taking traditional medicines. Promoting traditional medicines should be responsibility of community. Attitudes of doctors, nurses of clinic they are willing to learn, also having role in promoting traditional medicines. It should be conditional we need to know all the side effects of both modern and traditional meds. A lot of lack of communication between traditional and modern medicine. Traditional healers should be in same building as clinic.

- In Mistissini & Whapmagoostui, people with diabetes make use of both traditional healers and clinic – should clinic or community promote this mixture?
- Few traditional healers available – each are specialized
- Traditional medicine should be accommodated in clinic but in a separate building for medicinal preparation, to restrict access.
- Connection with healer is crucial – can perform “healing” not effective behind closed doors.
- But how can people maintain / manage their diabetics – would tea bag formulation help – good for prevention, but if illness progresses than clinic / healer required yet few healers available. Increasing access to traditional medicines crucial
- Healers must be at clinic – to be able to combine treatments.
- Integration of both traditional & clinic medicine difficult due to possibility of negative interactions – often one treatment must be stopped and other tested / not compatible and alternative therapy to maintain health
- Possible to maintain / manager symptoms of there is a return to traditional ways – teachings. I.e. Tea consumption, broth of traditional foods should be taught in school.
- Healers tell researchers about benefits of traditional medicine
- Researchers convince doctors & nurses about advantages
- Doctors & nurses advise patients to seek help of healer especially to maintain good health.
- To encourage patients to use traditional medicine then proper packing in accordance with healer and “contemporary” packing will encourage use i.e. Tea bag formulations
- Distribute to other communities when plants were collected (prepared and dried in Mistissini)
- Best medicine is more active lifestyle – reflecting a return to traditional ways – but care must be taken
- Is it possible to combine Europe & traditional medicine that work in different not conflicting ways and different parts of the body? If different could do done.
- Creator to be foremost in all treatments and medicinal preparation.

## ***APPENDIX A:***

### ***WRITTEN NOTES FROM SMALL GROUP WORK ON TUESDAY***

#### **GROUP #4:**

We tried to identify what the word medicine what it means to Cree people. The question raised was do the native people share their knowledge about medicines? In their generation of elders there is very little sharing because we don't practice as much. In the old days we didn't have communities, people roamed everywhere. Montagnais, Algonquin, Crees, there was intermixing of tribes and knowledge that was mixed as well. In our part of the territory it's not very old due to ice age. Medicines from the earth are very sacred they are very different from what is at drug store. With our medicines you don't just take it, you also have to pray. We are connected to all living things– this is acknowledged and it has to be recognized. Not just plant medicines but also foods. We also have thoughts of certain foods when we are sick. No medicines are standardized, as everyone was an individual. Meds were individual too. Medicines in turn have to understand your needs. Need to ask creator and have faith in the medicines or they wont work for you. We accumulate meds in modern world– for natives sometimes but often not. For us when we need is when we take them. Never accumulate more than what we need. How does native med compare to modern meds? Hard to understand in this short time. In speaking to elders only now he is able to get a better view of this to understand meds need to live with meds go out on the land to experience them. Story– an elder told about a pair of snowshoes and his son. *He said this tree will bend very easily.* Same method that works in medicines.

- The patient should notify the clinic if they take traditional medicines
- It should start with the community
- The healers can teach the clinic
- Should be conditional promoting; have to know what are the side effects.
- Lack of communication between clinic and traditional medicine
- Traditional healing group should be in the same building



## ***APPENDIX A:***

### ***WRITTEN NOTES FROM SMALL GROUP WORK ON TUESDAY***

#### **FROM THE POINT OF VIEW OF THE PATIENTS, DISCUSSING HOW THE SYSTEMS WORK/CAN WORK TOGETHER. *GROUPS 5, 6, 8***

*In Mistissini and Whapmagoostui, some people with diabetes make use of both services from traditional healers and from the clinic. Discuss this from the point of the view of patients.*

*How do patients decide what type of services to use?*

*What benefits does the patient get from using clinic services?*

*What benefits does the patient get from using traditional services?*

#### **GROUP #5:**

What they wrote on board was from the elders sitting with: its very important. Clinic understands use of traditional meds. In past there were no modern medicines. Medicines used during pregnancy– consider that once child is born the baby still craves what got while mother was carrying it. Discussion of vitamin supplements. Not saying modern meds no good. In order for traditional medicines to work have to believe in it. Its good to work together when crises in your life– i.e. death in family. Best place to be to heal self is spend time in bush. Traditional healers already know when problem is with person they don't need tests and diagnoses. They also understand what clinic has to offer. Clinic and traditional need better understanding. Traditional meds must pray to creator to have meds work for them. Immunization discussed.

- Concern– each Cree community has their own traditional medicines (specific plants/methods) and a unique way of using these medicines. Not often shared with other communities (distance). Maybe these ways cannot be transferred between communities. Not trying to get to a standardized approach/treatment.
- Do the healers meet to discuss medicine? Not really they don't really see each other... this is the first time.
- Medicines and how to use them– this knowledge is transferred by showing person to person, not by writing things down. You also have to be very careful.
- We are investigating safety and how the plants work
- Do patient seek out traditional medicine directly or only after conventional medicine? People go to the clinic first and since it doesn't work they try traditional medicine
- Diabetes is new– many elders puzzled as to what medicines to use for it
- Elders are shown which medicines to use through visions. Often they won't share what medicines come to them in these visions.
- For the same ailment, healers might use different plants/medicines for different people
- Even though diabetes isn't new, don't healers talk to each other to see that they are trying and what is working?
- In the old days different nations talked to each other more often. But now people tend to stay in their communities

How do patients decide which service to use? (Traditional, conventional)

## ***APPENDIX A:***

### ***WRITTEN NOTES FROM SMALL GROUP WORK ON TUESDAY***

- You have to believe in the medicine, if you have the belief then you will choose it as a treatment option

#### *Question #2: benefits of clinic services?*

- The clinic gives you pills and these pills make you think, people aren't told about the side effects

#### *Question 3: Benefits of traditional medicine?*

- In traditional medicine treatment is individualized and approach is holistic (physical, emotional, spiritual, mental)
- Traditional medicine works faster, hurts less. People heal faster than they would in the clinic
- Clinic is for a quick fix, traditional medicine tries to solve problems
- Takes care of emotions, if you just treat the physical, then its like a band aid

#### **GROUP # 6:**

3 questions we looked at. One of elders pointed out the question is two fold– how do patients decide what to use? Right at this moment we don't have a choice– when we get sick we go to the clinic. This is the way it was set, we need to understand it the community relies on the doctors and nurses and very little on the traditional medicines or go to see an elder. We need to put traditional healing in the process as an option. Need to prepare the communities with what will be done– what is happening in the medical field. Awareness needs to be in place. Respect is paramount– respect western days and traditional days. Perception in community– now it's the western way– when we feel symptoms in the body we go to the clinic. We need to revive traditional methods. We all have something to share and to teach each other– there is a lot more to discuss. One point when you use traditional medicines and go to an elder the female and male work together they have to and are inseparable you approach them as couples.

#### *Question: How do patients decide what type of services to use?*

- Easy, accessible, which is more EFFECTIVE
- Ten months a year in bush choice of traditional medicine
- Two months in Mistissini
- In the village go in the clinic what accessible
- All has to do with respect the medicine , would like to have both choices

#### *Question: What benefits does the patient get from using clinic services?*

- Doctors can tell you what's wrong. A tree can't tell you what's wrong if you don't know the type of tree and its uses.

## ***APPENDIX A:***

### ***WRITTEN NOTES FROM SMALL GROUP WORK ON TUESDAY***

*Question: What .... Traditional services?*

- Traditional medicine has been in use since LONGER time worked for a long time.
- Each person, people have their own knowledge.
- Worked for a long time.
- Traditional medicine is PREVENTION rather than only a temporary treatment.
- Key points from group discussion: they have no choice, only choice is the clinic
- Process between now and in the future
- More effective –curative for the diabetes, bush back to normal life, more better than within the community
- All due to type of food (junk – snack) – diabetes causes
- No use traditional medicine yet to cure diabetes
- Now stay in the village, to go in the clinic, Bush – respect, know, familiar, don't worry, fresh.
- Now the medicine doesn't exist yet for TZD
- Which one is more effective, bush or clinic
- When go in the bush don't need his medicine
- Mistissini go in the clinic
- Go in the bush
- Related to teenage thinking
- Balance between bush – clinic when they are in Mistissini go the clinic
- Story: bush stronger than pills – grandmother don't need to repeat – works
- If good Traditional medicine will be his choice but clinic should be there if the medicine doesn't work have another alternative
- If get medicine in bush – Advantage Doctor can tell you not the bush
- You would like to have both choices why not having Traditional medicine in clinic
- Third question: Belief in the Cree community, worked for long time
- Second question: Fast, doctor talk
- You have to have your partner, same with medicine, work together, teach to one another
- Out there – no one person knows everything certain specific she knows how to treat immune, this info stay in the clans system, but for TZD little knowledge each medicine for one person.
- Clinic, bush, have to come back in the community, bush available everywhere
- People from the clinic said – if you go in the bush we don't treat you, if you go in the bush we won't treat you don't use clinic – you are sick. Not good, influence people to stay here, go in the clinic
- Suggestion – doctors should be implicated and believe in the Traditional medicine.
- Appointments in the clinic – bad for his dad, doesn't want, what he wanted is to go in the bush but respected it.

## ***APPENDIX A:***

### ***WRITTEN NOTES FROM SMALL GROUP WORK ON TUESDAY***

#### **GROUP # 8:**

Our group emphasized the power of med doesn't come from people but the faith of the people. Those who have faith in the medicine must prepare medicines. To address the question of integrating people who go to traditional healers and clinic came up w 3-pronged attack:

Separate building affiliated with clinic but away from the possible ramifications of being within the clinic

2<sup>nd</sup>- comm. selves need to support youth to understand that when one doesn't work to turn to another. There can be context where both types of meds are appropriate.

3-a lot of traditional facts that have been used are no longer used by the younger community members- i.e. Use of tea as a nutritional supplement. Tea bags prepared and given out to people.

Finally- it's the creator that gives us all life, science and medicine and the power to be in this room- it is the creator we should thank.

- How do patients decide what type of services to use?
- Depends on environment (i.e. in bush vs. community)
- Experience with meds dictates use
- Elders more likely to use Traditional Medicine - will still use modern medicine
- Lack of Traditional knowledge hinders the use of TM
- Medicines used without any negative connotations associated however stigmas attached to ceremonies (i.e. sweats)
- Depends on belief system and experience with Traditional Medicine

*Question: What benefit does the patient get from using clinic services?*

- Once western meds come into community - then traditional medicines not used as much
- Young generations do not use traditional medicines because they have not been exposed to traditional meds & also never had chance to learn when younger.
- Without any experience there is a lack of motivation to try it
- Need to start with young children

*Questions: Benefits of traditional services.*

- You have to believe in the medicines or else they won't work
- You need to believe that the creator make the plants for us to use
- Traditional medicines have a preventive effect
- More effective than modern meds
- Use of Traditional medicine vs. modern depends on your beliefs.

## ***APPENDIX A:***

### ***WRITTEN NOTES FROM SMALL GROUP WORK ON TUESDAY***

#### **FROM THE POINT OF VIEW OF THE TRADITIONAL HEALERS, DISCUSSING HOW THE SYSTEMS WORK/CAN WORK TOGETHER. *GROUPS 1, 7***

*In Mistissini and Whapmagoostui, some people with diabetes make use of both services from traditional healers and from the clinic. Discuss from the view point of the traditional healers.*

*Can the traditional healer remain independent when collaborating with the clinic?*

*Do the traditional healers understand how the clinic systems work?*

*Who should be responsible for organizing collaboration between the clinic and traditional healers?*

#### **GROUP # 1:**

- All Eeyouch in this room grew up with traditional medicines. Using Traditional medicine, one has to believe in it, believe it will work for you. The Cree is a very old healing system, with its many cures. Also today everyone knows people who have certain cures and rules for delivering traditional medicines safely from knowledgeable healers to particular individuals with specific illnesses.
- Changes to traditional system came in two ways.
- The first, colonialism changed people's confidences in their own culture. Practices were banned – drum, medicines, cultural practices and discouraged. Undermined the confidence of people in their own values and knowledge.
- Because of this, Cree culture has become treated like a museum piece – principles, philosophy, worldview went hidden and stays hidden.
- Second change was the move from the bush to the community. Medicines come from the bush so this is not only a geographic change of place but a different mind set.
- Together these have influenced all Cree institutions from health services to the philosophy of education of the Cree School Board.
- Idea that traditional approaches are still somewhat secret. Today the systems work separately and people don't necessarily tell clinics when they use traditional medicines.
- Today diabetes is a new health condition – a chronic condition people didn't have to deal with in the past.
- Cree see both systems but up to now the Cree Health Board has ignored the tradition system. But Cree trained in the Western system tend to go to the Western side.
- There needs to be a meeting of the minds. Clinics are set up with a certain type of mindset and need to shift this to accept Cree healing as a partner.
- More research needs to be done with use of traditional medicines for diabetes.
- Integration and collaboration with traditional practices and clinics will allow people to choose whatever is good for their healing.

## ***APPENDIX A:***

### ***WRITTEN NOTES FROM SMALL GROUP WORK ON TUESDAY***

#### **GROUP # 7:**

Question about patients point of view. #1 thing that came out from non-elders is it depends on the environment you were raised. With elders they are more likely to use traditional medicines, younger people are less likely. Why? A lot of younger people don't have the knowledge and experience that it is effective. Those who've been exposed to traditional medicines know how works and find it effective. Elders story: we know that all that is around us is given by the creator- look in the forest and all we need is there. Big part is the belief system. Teach younger generations first so they have the know choice to use the traditional medicines. Don't give young people an excuse not to. Start at younger age (as children) to create motivation to use and create a belief in traditional healing system.

Telling personal story of using traditional medicines. Her face fell in pot of boiling water while they were living in the bush. She was about 3 years old. They sent her out to the hospital when the plane came a week later. The doctors were surprised at how well her skin healed just using raw fish (as medicine). To understand her people use of traditional meds- she had to go back to her memory of being a young child lucky to live on the land for 7 years. At the time people used to go out for 10 months at a time. She values this knowledge as sacred. When looking back she has a clear and better understanding of what she has inherited (the knowledge of the way of her people and here they cam form). She believes we are all part of the medicine wheel, the circle of life- we are all part no matter what nationality we are from. Our elders tell us the world is part of the larger medicine wheel. It's a part of balance. We need to value and share the knowledge of each nations gifts given to their people. There is so much to share talking of traditional knowledge and it's an honour to be in the circle.

- Very important that the clinic understand uses of traditional medicine
- In the past there was no modern medication
- Traditional medicines would be used on the young children
- His parents never use modern medicines when his mother carried him so his body needs traditional medicine, but I'm not saying that modern meds are not good.
- Fetus craves what the mother takes (medicines) during pregnancy
- You have to have faith in traditional medicine to work
- It's good to work together, its good to support each other when crises occur, i.e. death in family. To heal yourself its good to spend time in the bush, it's the best place
- Traditional healer has a gift of healing he knows what patient has. He already knows what to give the patient. Also understands what the clinic has to offer
- No conflict if traditional healer and clinic understand, trust and believe in each other
- Before you administer traditional medicine you must pray to the great spirit this medicine will heal the patient
- People that are already familiar with traditional medicine ex. The group that are here today.

## APPENDIX B: Participants confirmed by August 27

*This is the list of participants from August 27, the day before the workshop began. Some people on this list were unable to attend; others, not listed, did participate. Because we did not take names of people who participated, we are printing this list to give readers some idea of the expected composition of the groups who were participating.*

### Participants confirmed by August 27

#### Guests

1	Marjory	Shawande	Noojmowin-teg Health Centre, Manitoulin Island, Ontario
2	Jack	Little	Ahousaht, Nu'Chal'Nuth Nation, Vancouver Island, BC

#### Traditional representatives

3	Minnie	Awashish	Mistissini	Traditional representative & guest speaker
4	Boyce	Blacksmith	Mistissini	Traditional representative
5	Evadney	Blacksmith	Mistissini	Traditional representative
6	Hattie	Bosum	Waswanipi	Traditional representative
7	Nancy	Danyluk	Wemindji	Traditional representative
8	Robbie	Dick	Whapmagoostui	Traditional representative & guest speaker
9	Elizabeth	Dick	Whapmagoostui	Traditional representative
10	Charles	Eseau	Waskaganish	Traditional representative
11	Charlie	Etapp	Mistissini	Traditional representative
12	Louise	Etapp	Mistissini	Traditional representative
13	Jimmy	George	Whapmagoostui	Traditional representative & guest speaker
14	Vera	George	Whapmagoostui	Traditional representative & guest speaker
15	James	Kawapit	Whapmagoostui	Traditional representative
16	Willie	Loon	Mistissini	Traditional representative
17	Maggie	Loon	Mistissini	Traditional representative
18	Emma	Matoush	Mistissini	Traditional representative
19	William	Matoush		Traditional representative
20	Robbie	Matthew	Chisasibi	Traditional representative & guest speaker
21	Sally	Matthew	Chisasibi	Traditional representative
22	Harry	Meskino	Mistissini	Traditional representative
23	Caroline	Meskino	Mistissini	Traditional representative
24	Andre	Natchequan	Whapmagoostui	Traditional representative
25	Maggie	Natchequan	Whapmagoostui	Traditional representative
26	John	Petagumskum	Whapmagoostui	Traditional representative
27	Smally	Petawabano	Mistissini	Traditional representative
28	Laurie	Petawabano	Mistissini	Traditional representative
29	William	Peter	Mistissini	Traditional representative
30	Louise	Trapper	Mistissini	Traditional representative

#### Cree Nation of Mistissini

31	Kathleen	Wootten	Mistissini	CNM Council
32	Jane	Blacksmith	Mistissini	CNM public health & workshop organiser
33	Kitty	Blacksmith	Mistissini	CNM public health & workshop organiser
34	Jason	Coonishish	Mistissini	CNM pub heal, research project & w.s. organiser
35	Agnes	Petawabano	Mistissini	CNM public health & workshop organiser

#### Cree Health Board

36	Raffi	Adjemian	Mistissini	CBH
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## ***APPENDIX B: Participants confirmed by August 27***

37	Sol	Awashish	Mistissini	CBH, research project, w.s. organiser, interpreter
38	Abraham	Bearskin	Chisasibi	CBH & traditional representative
39	Bernadette	Bradberry	Mistissini	CBH
40	Gerald	Dion	Mistissini	CBH
41	Irene	House	Chisasibi	CBH
42	Helen	Iserhoff	Mistissini	CBH & principal interpreter
43	Monique	Laliberté	Mistissini	CBH
44	Paul	Linton	Mistissini	CBH, research project & workshop organiser
45	Harriet	Linton	Mistissini	CBH
46	Mihigo	Muganda	Mistissini	CBH
47	Bella M	Petawabano	Mistissini	CBH
48	Jill	Torrie	Montreal	CBH, research project & workshop organiser
49	Annie	Trapper	Mistissini	CBH
50	Tracy	Wysote	Montreal	CBH & workshop organiser

### **Research Project**

50	John T	Arnason	Ottawa	research project
51	Ali	Benhaddou	Montreal	research project
52	Steffany	Bennett	Ottawa	research project
53	Antoine	Brault	Montreal	research project
54	Dayna	Caves	Montreal	research project
55	Alain	Cuerrier	Montreal	research project
56	Hoda	Eid	Montreal	research project
57	Stephen	Fai	Ottawa	research project
	Marie			
58	Helen	Fraser	Montreal	research project
59	Sonia	Grandi	Montreal	research project
60	Pierre	Haddad	Montreal	research project & workshop organiser
61	Despina	Harbilas	Montreal	research project
62	Cory	Harris	Ottawa	research project
63	Jessica	Hervé	Montreal	research project
64	Charles	Leduc	Montreal	research project
65	Louis	Martineau	Montreal	research project
66	Ashleigh	McLean	Ottawa	research project
67	Ammar	Saleem	Ottawa	research project
68	Danielle	Spoor	Montreal	research project
69	Theresa	Tam	Ottawa	research project
70	Tri	Vuong	Montreal	research project

### **Moderators**

	Dale	Jacobs	Kahnawake	moderator
	Christine	Loft	Kahnawake	moderator
	Mary Jane	Petawabano	Mistissini	interpreter



## ***APPENDIX C: DOCUMENT SHARED BY MARJORY SHAWANDE AND THE NOOJMOWIN TEG HEALTH CENTRE***

Noojmowin Teg Health Centre, Mnaamodzawin Health Services, Wikwemikon Health Centre. April 2006. *Traditional Healing Services: Policy and Program Manual*.

The document, which is owned by the three health centres, was shared with workshop participants within Eeyou Istchee. If you are from inside Eeyou Istchee and would like to see the document, please contact the Public Health Department of the CBHSSJB to obtain a copy.

However, if you are from outside of Eeyou Istchee and would like to see the document, you may contact the Noojmowin Teg Health Centre by telephone at (705) 368-2182 or by fax at (705) 368-2229 with your request.

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As the traditional coordinator for the Noojmowin Teg Health Centre on Manitoulin Island, Marjory has used her extensive experience in the health care system (she began her professional life as a nurse) and her knowledge of the traditional system to work with the Traditional Advisory Working Group to develop standardised policies and procedures for integrating traditional services into the local clinics which serve the Anishinaabeg communities on Manitoulin Island. We thank the Noojmowin Teg Health Centre for allowing her to share their experiences and materials with us.

The Cree Board of Health and Social Services of James Bay would like to thank the three health facilities who own the document for sharing it with us in the region to help us at this stage in our planning in this area. It has been extremely useful for people in our region to see how the health centres in Manitoulin are managing the integration of traditional services into their services.