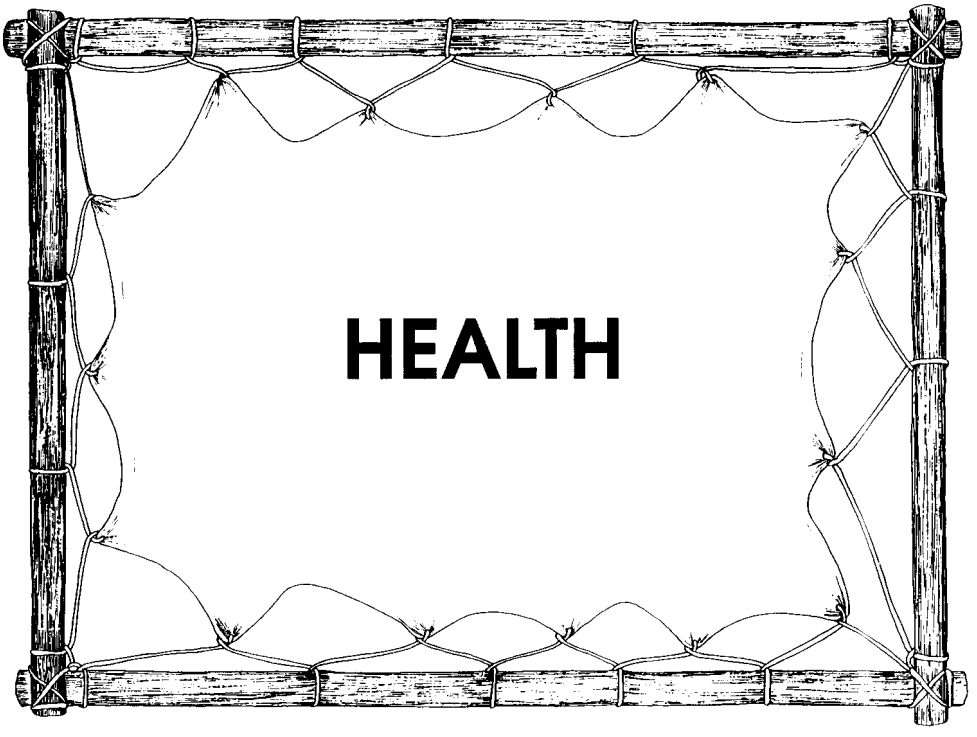



# Indian Medicine, Indian Health

## *Study Between Red and White Medicine*

BY LESLEY MALLOCH

*The following article is a somewhat abridged version of a paper prepared by Lesley Malloch for the Union of Ontario Indians' Health Steering Committee. The contents of the article were garnered from discussions with many Elders and traditional peoples. It was originally prepared in 1982 as a general discussion paper.*

It is difficult to *write* about traditional Indian medicine and Indian values relating to health because the Indian tradition is an oral one and an active one. In other words, Indian medicine is spoken and practised, but it is not written. It is also difficult to *talk* about Indian medicine and Indian values without relating them to a whole way of life, a traditional way of life of which they were a vital part.

Nevertheless, in this article I have tried to summarize the underlying perceptions and principles that have always guided traditional Indian health maintenance and healing practices as they were seen in 1982. I have *not* tried to describe the specific details of Indian medicine, such as the names of medicines and how they are used. That was not the intention of this article. Instead, I have tried to clarify Indian values related to health so that the committee can then consider how best to incorporate these values into policy statements on Indian health.

The information presented here represents the teachings which have been passed down by successive generations of Elders right up to the present day. These are the principles which continue to guide the practise of true Indian medicine, where it is still practised today. While these values may not be the values of all Indian people today, they remain important to those people who are trying to live a life compatible with the traditional teachings of their people.

In compiling this information, I spoke to several Anishnabe Elders, as well as to some younger people who are rediscovering the traditional teaching of their culture. I also drew on some written material, including the workshop transcripts, and on earlier conversations with Elders and young people from other Indian nations. Before including information which I received from non-Anishnabe sources, I checked that information out with my Anishnabe contacts just to make sure that the perceptions,

principles and values were consistent with a traditional Anishnabe world view. This process of cross-checking confirmed my own hunch that the underlying values of Indian people throughout the country, with regard to health and healing, are very similar. It is only the specific practices and methods by which those values are applied that differ from culture to culture, from nation to nation.

In an attempt to make the material easier to read and digest, I have organized it under four headings:

1) Traditional Indian Principles of Health; 2) Traditional Roles of Men and Women in Health and Healing; 3) Traditional Indian Understanding of Medicine and Healers; 4) The Role of the Traditional Midwife.

### Traditional Indian Principles of Health[1]

Good health is a gift from the Creator and it is our responsibility to take care of it. When we show respect for ourselves and our health, we show our appreciation of the Creator's gifts. When we neglect our health or abuse ourselves, we are showing disrespect for the Creator.

Good health is a balance of physical, mental, emotional and spiritual elements. All four interact together to form a strong, healthy person. If we neglect one of these elements, we get out of balance and our health suffers in all areas. For example, a troubled mind or spirit may cause sickness in the body; a poorly nourished body may weaken a person's mental function or contribute to mental illness.

Prevention of sickness goes hand in hand with a traditional healthy lifestyle. Good health is ours when we live in a balanced relationship with the Earth and the natural world. Everything we need has been provided by our common mother, the Earth: whole foods, pure water and air, medicines, and the laws and teachings which show us how to use these things wisely. When we combine these gifts with an active lifestyle, a positive attitude, and peaceful and harmonious relations with other people and the spiritual world — good health will be ours.

When we get sick it is usually because we are out of balance in some way. Perhaps we have failed to take care of our bodies by eating the proper foods, getting the right kind of exercise, fasting, cleansing, etc. Or perhaps we are out of balance in our minds. Even our own negative thoughts can come back on us and cause us to become sick. Or perhaps our spirit is not well: we may have failed to observe certain ways of living that show respect for our spirit. Any of these imbalances can cause us to become sick.

Sickness may also be the result of something that someone has done to us. If we do not protect ourselves, someone can direct negative energy towards us that will cause us to get out of balance.

Parents must be particularly careful of the way in which they live and behave because they are responsible for their children's welfare and even their grandchildren's, and great-grandchildren's. A parent who fails to heed the teachings of the Creator and of Mother Earth risks injury to his or her child.

Since the coming of the White man, we have put aside many of our ways, and we have forgotten the teachings of Mother Earth. We no longer eat the natural foods we were meant to — we eat White man's food, full of sugar and chemicals. We no longer drink pure water — we drink black tea and coffee, even alcohol. Many other things we have forgotten. This is why we have become sick and weak.

### Traditional Roles of Men and Women in Health and Healing[2]

Woman is the Earth, the centre of the circle of life. She brings forth life; she is the caretaker of life. She nourishes, nurtures and heals in the same way that the Earth does. Her reproductive power is sacred and she has great natural healing powers that derive from her spiritual connection with the Earth.

Traditional Indian woman practises preventative medicine in the home. She has a working knowledge of the foods and plants that are essential to her family's health. She also has a knowledge of basic home remedies for treating illness.

Woman also nurtures the spiritual and mental health of her children by means of the natural way in which she bears her children and rears them. Natural childbirth, bonding, breast-feeding, security and positive self-image of children in the home are examples of this. This process is transmitted as much by example as it is by instruction.

Some women also fulfill the special role of midwife in their community. (See later section on this subject.)

Man fulfills his role in a different way. Because he is not born with the same relationship to the Earth and lifegiving powers as is a woman, he must strive throughout his life to develop that relationship. This he does through ceremonies, the sweat, fasting, and serving the people.

Man must seek knowledge and powers through suffering and self-sacrifice. If he is blessed with power and knowledge, it is not for his own personal gain but rather for the benefit of the people (for example, his family, his community).

Men are usually the ones chosen to be the 'medicine' people in Anishnabe way — that is, medicine men who doctor the sick with medicines and through spiritual ceremonies. The reason for this is that women are already fulfilling their role as lifegivers and healers. It is the men who must fulfill their role and relationship to the Creation as servants of the people, as "medicine men." At the same time, some women may be recognized for their knowledge and skill (or gift) in the use of herbal medicines. Different people have different gifts and act appropriately.

### Traditional Indian Understanding of Medicine and Healers[3]

Medicines that come from the Earth, from the natural world, are a gift from the Creator and are sacred. Medicines must be gathered, handled, prepared and administered with respect and proper care. The spirit of the medicine must be honoured. This is why we make an offering of tobacco before picking medicines or when we ask for a spiritual healing. Medicines are not for sale.

It is important that we pick medicine at its own correct time. We are instructed to take both the adult male and female plant. We are to speak to the medicine first and tell it we are asking for its power and that we are offering tobacco for its help. After acknowledging its contribution to the life cycle, we carefully put out our tobacco and pick what we need.

People picking medicines must ensure they are taking care of themselves. From the time of moon to pick, what to pick, by whom, and how to ensure attention is paid to doing it in a good way, some of the medicine will help.

Indian medicine does not just treat the

symptoms, but works on the cause of the illness. In some cases, Indian medicine works more slowly but is more thorough and effective than Western pharmacology.

There are different types of traditional healers or medicine people. Each traditional healer has been given his (or her) own role to fulfill and no two healers are exactly alike. It should be reiterated that both men and women may fulfill this role. In Nishnawbe way and for the purposes of arriving at a general understanding of Indian medicine, several observations can be made:

The term "medicine man" is generally reserved to describe a man with a great deal of knowledge and a wide range of healing abilities. This man is one who doctors people through spiritual ceremonies, as well as with herbal medicines. However, this same term is sometimes used to describe a herbalist, one who works with the healing powers of plants, but who does not conduct spiritual healing ceremonies. While the medicine man and the herbalist fulfill different roles, they are both traditional healers in their own right.

The term "Elder" is used to describe someone who has knowledge and understanding of the traditional ways of his or her people, both the physical culture of the people and their spiritual tradition. An Elder may be a traditional healer also, but is not necessarily one. While an Elder is generally an older person with a rich life experience, he or she need not be Elderly in order to gain that position of respect within the community. It is a person's knowledge and wisdom, coupled with the recognition and respect of people in the community, which are the important criteria in the definition of an Elder.

The medicine man is a physician, psychiatrist, psychologist, family counsellor and spiritual advisor all in one. He is concerned with the body, mind and spirit, and their balance relationship. In treating sick people, he helps to restore the individual's balance. He stresses preventive medicine.

The healing powers of the medicine man (and of traditional healers) are really the healing powers of Creation which

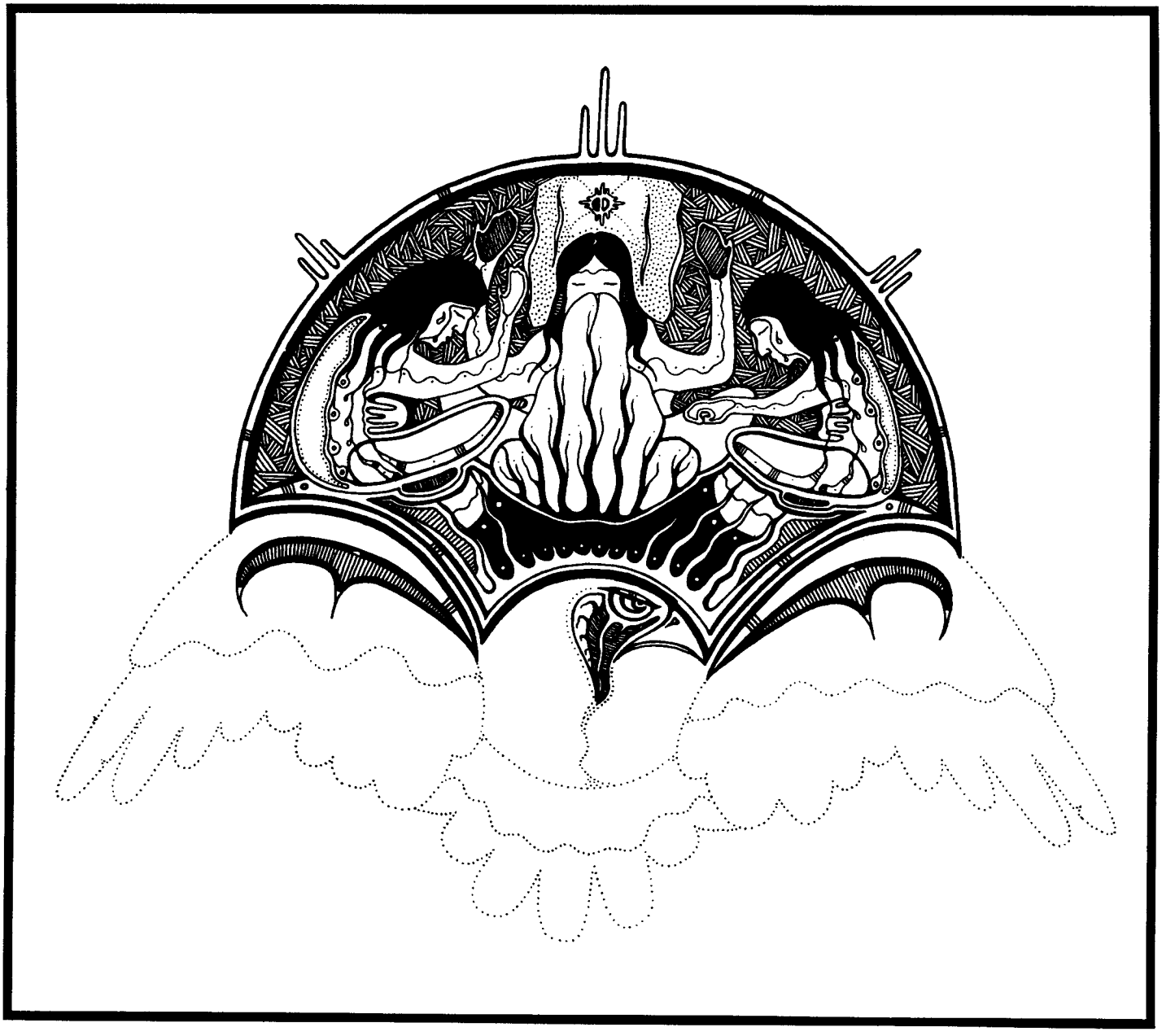


*illustration* **WAYNE TRUDEAU**

flow through him. He is the servant of the Creator, a vehicle or medium for the natural healing powers of the Creation. Thus the medicine man is governed by the natural laws of the Earth and of the Universe, and carries out his duty in accordance with the instructions he has received from his Elders and from the Creator.

The medicine man is accountable to the Creator and to the people. He is a servant to both. In this way, the medicine man does not charge money for his services. His reward is in seeing the recovery of those who come to him for help. Gifts may also be given to him by the people in recognition of the help that he gives them. This amounts to support from the people to enable him to continue fulfilling his role.

The medicine man is often born with a natural gift for healing, but he must also study under the guidance of Elders, as well as pursue his learning through experience and spiritual development.

Because medicine is sacred, medicine people are careful about whom they transmit knowledge to and how they do it. Information is handed down to the next generation by oral tradition, and is not generally written down. Individual instruction or apprenticeship is also generally preferred to group or classroom instruction. The student of Indian medicine must be sincere and committed, and must have the right intention, that is, to help the people.

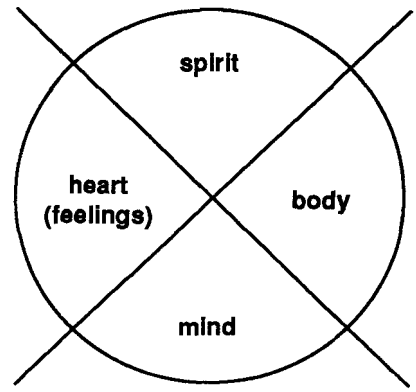
In medicine, as in the natural world, there is both the good and the bad. The medicine man's role is to practise good medicine to help the people, but he must also understand the negative force in order that he can balance it with the positive. For example, in treating physical, mental or spiritual sickness, the medicine man must understand where the sickness comes from in order to deal with it. Another example: the medicine man must understand the power of those medicines which are not used because they work contrary to the Creator's wishes, for example, abortificants.

When we look around us, we see that mistakes, flaws and accidents do occur in nature. So it is with human beings that abnormalities occur such as mental retardation, physical handicaps and birth defects. These are part of nature and it is not the medicine man's role to tamper with or try to correct these conditions. Nor should we reject people who suffer from these disabilities. They are human beings and have a place or worth in our society.

### The Role of the Traditional Midwife[4]

Birth is a sacred event in the circle of life. It must be respected in this way. It is a powerful celebration of life which can strengthen the family and the nation.

Birth is a natural process and must be




protected rather than interfered with. Women are the caretakers of the birth process. This is a responsibility and a power which women have. This is why, in the traditional Indian way, midwives attended the birth.

A midwife is more than just a woman who catches a baby. She has to know about nutrition, herbology, gynecology and obstetrics. She has to be able to counsel a woman and a couple (family counsellor). A midwife is a mother herself who knows the power on the female side of life. In helping other women through their pregnancy and at the time of their delivery, she helps them also to discover and take responsibility for their female power.

On the other side of the pain experienced in childbirth is knowledge, strength and power; men acquire that through fasting, sweating and sun-dancing.

Pre-natal care, natural childbirth and breast-feeding, as practised in the traditional way, contribute to the physical and emotional health of mother and child. These are aspects of the nurturing role which a woman fulfills in the same way that the Earth nurtures the people.

A midwife, like other traditional healers in the Indian community, does not charge money for her services. Families may give her gifts or money in recognition of her help, or support her in other ways.

Midwives, in the contemporary context, have adapted and integrated some Western medical procedures into their practise (taking blood pressure, blood tests, urine tests, fetoscope, resuscitation equipment, etc.) These are viewed as appropriate and helpful adaptations of the purely traditional methods. The combination of traditional practices and attitudes, and Western medical technology is welcomed, in so far as it does not unduly interfere with the natural birth process or take away from the sacredness of the birth event.

## TRADITIONAL INDIAN MEDICINE AND WESTERN MEDICINE: A COMPARISON OF VALUES

In this section, I have set out a comparison of the underlying values or guiding principles of traditional Indian medicine and of Western (Euro-American) medicine. This comparison will help to clarify the differences (and similarities) between the two systems of medicine. This, in turn, may help the committee to determine if or how it is possible to work with both systems to achieve Indian control of Indian health.

It can be seen, from this comparison, that many of the underlying principles of Indian medicine and Western medicine are in direct opposition to each other. This suggests that it will be difficult to combine them, in such a way, as to arrive at a single, unified system of "Indian-Western" medicine. In fact, several Elders stressed to me the importance of retaining a clear distinction between the two ways of medicine and the people who practise them. In the view of these Elders, the two different systems of medicine can not be combined into a new brand of medicine without undermining the integrity of traditional Indian medicine.

However, this does not rule out the possibility that Indian medicine and Western medicine can co-exist and complement each other. In the next section, I discuss the apparent need of both kinds of medicine and look at the ways in which they can complement each other.

## THE CASE FOR TRADITIONAL INDIAN MEDICINE AND WESTERN MEDICINE

In order to give some perspective on the

## TRADITIONAL INDIAN MEDICINE and WESTERN MEDICINE: A Comparison of Values

| Traditional Indian Medicine | Western Medicine |
|---|---|
| • integrated, holistic approach to health: body, mind and spirit interact together to form person | • analytic approach: separation of body, mind and spirit (total split between medicine and religion) |
| • emphasis on prevention of sickness | • emphasis on disease, treatment |
| • personal responsibility for health and sickness | • impersonal, "scientific" approach to health and sickness |
| • health and sickness understood in terms of the laws of nature | • health and sickness understood in terms of quantifiable, scientific data |
| • man living in balance with nature, with natural law | • man controlling nature, manipulating natural variables |
| • traditional medicine governed by the laws of the Creation: everything we need comes from the Earth — our food, medicines, water, education, religion and laws | • Western medicine governed by laws of the State, man-made laws which grow out of a political-economic system |
| • medicine man is accountable to the Creator, to the people, to the Elders of his medicine society | • doctor is accountable to the government, and to his professional association |
| • medicine is not for sale, not for profit — it is a gift to be shared | • medicine is a business, the patient is the consumer, the doctor and the medical industry profit |
| • the land and the people support the medicine man and his practice | • the government, the taxpayer and the consumer support the doctor and the practice of medicine |
| • encourages self-sufficiency, self-care and responsibility and control by the people | • encourages dependency and abdication of self-government by the people |

respective roles which Indian and Western medicine may possibly play in Indian health care, I begin with several observations on the current state of both systems.

### Indian Medicine

The degree to which traditional Indian medicine is still active in any given Anishnabe community depends on the unique history and cultural experience of that community. In broad terms, however, it would seem that on many reserves the people have become largely dependent on the Western medical system to meet their health needs. Indian medicine has been suppressed and undermined by the Western medical values and practices that have accompanied colonialism, and the Indian ways have been put aside or have gone underground. In some cases, Indian people themselves have rejected Indian medicine in favour of the Western technological system which they have come to believe is superior to their traditional system.

This state of dependence on Western medicine can be seen in the fact that many Indian people are no longer familiar with the philosophy or practice of Indian medicine, and bona fide traditional medicine people are now few and far between. Indian medicine kept appearing on the agenda of the future workshops, along with comments such as "need more information on Indian Medicine," "still confused about Indian medicine," or "need more on Indian values." These comments indicate a genuine interest in learning more about the subject, but also point out the current lack of knowledge among some people at the reserve level. Both Ron Wakegijig and Bobby Woods commented on the scarcity of medicine people today because Indian medicine has gone through a period of remaining largely underground. It is only in recent years that the interest in Indian medicine has been openly revived.

It must be noted, though, that on some reserves Indian medicine remains a way of life for some, if not all, of the residents. It would seem to be the Elderly people who have retained the most knowledge of, and faith in, Indian Medicine. But there is some evidence of a growing interest, on the part of young people, in learning once more the traditional Indian principles of health and healing. Gatherings such as the annual meeting of Elders at Birch Island (sponsored by the Ojibway Cultural Foundation) provide an opportunity for Elders to meet and share their experiences, as well as for young people to listen and learn. Though still relatively few, there are a number of young people who have begun to apprentice with herbalists or medicine men. The renewed interest in Indian medicine, which both young and old have demonstrated in recent years, suggests that the role of traditional medicine, in meeting the health needs of contemporary Anishnabe, must be given careful consideration.

### Western Medicine

While the underlying principles of mainstream Western medicine are quite clearly at odds with the principles of traditional Indian medicine, it is important to recognize that counter-trends do exist in the Western medical profession. These trends can be seen in the way that some doctors have returned to a more holistic approach to treating the person, taking into account the importance of body, mind and spirit. There has also been a growing

emphasis within the medical profession on prevention of illness and promotion of health. This has been translated into practical areas such as nutrition, lifestyle counselling, and stress management, to name a few. Naturopathy, a branch of medicine dealing with natural medicines and treatments, while still outside of the mainstream Western medical profession, is receiving renewed interest also.

A "radical minority" of the consumers (patients) and professionals (doctors, nurses, etc.) have been active in the area of encouraging people to take a greater degree of responsibility for their health, and a larger measure of control over their health services. This trend can be seen in the growth of self-help programs and consumer-controlled programs.

These counter-trends seem to have been on the increase in recent years as the disillusionment with the existing medical system has grown, on the part of both consumers and professionals. To the extent that these counter-trends represent values and principles which are more closely aligned with Indian medicine (holistic approach, emphasis on prevention, personal responsibility, etc.), the doctors and nurses within the Western medical profession who support these trends may be valuable allies of Indian people working to build their own health care system around Indian values.

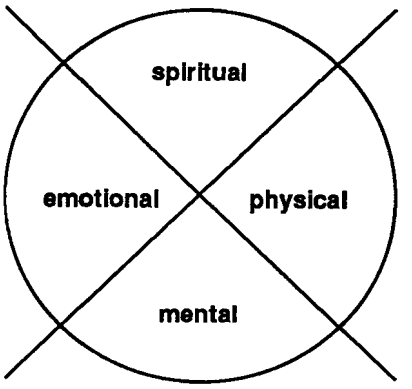
The observations outlined above lead me to identify two principles concerning the roles of Indian medicine and Western medicine in the development of an Indian controlled health care system:

- Indian people must continue to have access to traditional Indian medicine, or to Western scientific medicine, or to both, and the choice must remain with the people.

- In spite of the apparent contradictions between the traditional Indian medicine and Western scientific medicine, there is room for mutually respectful co-operation and co-existence. Within the parameters of Indian control of Indian health, Indian people must determine ways to protect and enhance the on-going practice of traditional Indian medicine. And, in conjunction with the medical profession, Indian people must determine ways of making the Western medical system more responsive to Indian values and more supportive of traditional Indian medicine.

I believe that these principles are consistent with the positions held by the Elders and traditional practitioners with whom I spoke. Perhaps I can summarize what they said in this way:

*Western medicine does have a role to play, today, for several reasons. First*




*of all, the people have become dependent on it and we can't hope to change attitudes and behaviours overnight. Secondly, there are some diseases which were unknown to the Indian people before the coming of the whiteman. While we have Indian medicines that can treat some of these diseases, sometimes we have to turn to Western medicine for treatment. And thirdly, there are some aspects of the scientific and technological developments of Western medicine which are truly beneficial and which we can make use of.*

*At the same time, however, it is very important that we return to our Indian values to guide us in rebuilding our health (prevention), and return to our Indian medicines where they are known to work as well, if not better than Western medicine (decreasing the dependency). This is the only way the people will become strong again.*

## TRANSLATING PRINCIPLES INTO POLICY DIRECTIONS

Two principles have been identified with respect to the roles of traditional Indian medicine and Western scientific medicine in the development of Indian health. What follows is a number of examples of how these principles could be translated into policy directions, or applied in a practical way to activities at the reserve level:

1) One way of increasing the access of Indian people to Western medical services is to support the establishment of Indian controlled clinics on the reserve. A clinic designed to meet the specific needs of the community it serves could go far in increasing the access of community residents to a full spectrum of medical services.

One example of such a clinic is the one now operating at Rama. Located on the reserve and staffed, in part, by members of the community, the Rama clinic is able to make available to the people preventative care, primary treatment, and follow-up services in a way that the doctors and hospital in town are not able to. The Rama clinic was established as a result of the initiative and resourcefulness of community members and some outside support. The Medical Services Branch (M.S.B.) to date has provided only minimal support in the way of funds for the rental of office spaces, renovations to the clinic, and minimal supplies.

Policy development in this area is very much needed if any meaningful support is going to come from M.S.B. for similar initiatives from Bands elsewhere. At the present time there is no comprehensive policy with regard to the establishment and operation of clinics on reserves. As a result the people responsible for the Rama clinic have had to pull together bits and pieces of funding from diverse government sources in order to keep their program going. Policy needs to be defined not only with respect to support for the day-to-day operation of a clinic (administration, professional staff, support staff, equipment, supplies, etc.), but also with respect to support for related programs, such as community education, follow-up services, etc.

2) One way of increasing the access of Indian people to traditional Indian medicine is to provide financial assistance to medicine people who must travel in order to provide consultation to patients, to gather medicines, and to attend meetings of medicine people or Elders. This kind of support is necessary in order to maximize the limited human resources which exist today in the field of Indian medicine. If

every community had its own medicine man, the need to subsidize travel would not be so great. But at the present time, a very few traditional healers are being called upon to respond to the requests of the people who live throughout a large geographic area. Support to Elders to travel to meetings, such as the one held each year at Birch Island, is a way of contributing to the preservation and growth of knowledge about Indian medicine.

It must be noted that policy development in this area is a delicate matter because it involves the provision of funds, by the government, for an activity which remains within the domain of Indian medicine. The difficulty here is not so much in the acceptance of such funds by Indian medicine people, for the funds are merely for subsidizing travel and not renumeration for services. Rather, the problem relates to regulation and accountability procedures which accompany such funds. Medicine men are firm in their stance that they are accountable to the people and their fellow Elders, but not to the government for their activities.

Thus, while prepared to accept minimal accounting procedures, medicine people are not prepared to accept prescribed regulations laid down by the government which might dictate details of how the money must be spent. This particular example is only one which could be used to illustrate the dilemma which occurs when strings are attached to government funds earmarked for "Indian controlled" programs or, in fact, when "Indian controlled" programs receive government funds at all.

3) One way of encouraging co-operation and sharing between the Indian medicine system and Western medical system is through a community nutrition project. Such a project could build on the Indian principles of preventive health care as they related to food and nutrition, as well as incorporate the scientific understanding of nutrition which comes from the Western system. Through the development of culturally appropriate educational materials, nutrition classes and projects in the schools and the community, and individual nutrition counselling, a wide range of nutrition issues could be addressed. Examples of these issues are preventative or optimum nutrition, diabetes, pre-natal nutrition, food processing and preservation, obesity. Indian culture contains a wealth of information related to nutrition and Elders should be encouraged to participate actively in such a project.

This approach to nutrition education could also serve to strengthen a positive identification between health and Indian cultural identity. Nutritionists involved in such a project, while able to contribute their specialized knowledge of the chemical dynamics of nutrition, must be receptive to and respectful of the Indian cultural expertise in the field of nutrition. The success of such a project would depend to a great extent on the vision and creativity of the individuals involved in its planning and implementation. Bearing this in mind, it is critical that policy development reflect the principle that Indian people must have control over the selection of professionals who work in Indian communities. Even the most brilliantly conceived community nutrition project, designed to incorporate the expertise of both the Indian and Western systems, would fail miserably if a professional nutritionist with the wrong kind of attitude was sent into the community to take a leading role in the project. (A further note: In order for this kind of project to receive support from M.S.B., policy development will have to reflect the principle that preventative health care is at least of equal importance alongside the treatment of disease or dysfunction.)

**Buffy Sainte Marie** *photograph* **BRENDA MITTEN**

4) Another way of encouraging the harmonious co-existence of the Western medical profession and the traditional Indian way is through the development of the role of the community health representative (C.H.R.). While the C.H.R.'s role is often seen as one of liaison between the community and Western medical system (to increase the people's access to such services), the C.H.R. could play a unique role in helping to make the Western medical system more responsive to Indian values and more supportive of traditional Indian medicine. In order for this aspect of the C.H.R.'s role to be developed, the training which is provided her (or him) must be made more culturally relevant. The C.H.R. should be familiar with the underlying principles of Indian health philosophy and the Indian approach to treating sickness. This is not to say that the C.H.R. should study the actual practice of Indian medicine. Such an activity would amount to an apprenticeship with a traditional healer and would take the individual outside the realm of the paraprofessional. But it would be possible to incorporate some study of the underlying Indian values related to health into the training of the C.H.R.

This would not only contribute other greater awareness and understanding of the role of traditional healers today, but would also put her in a better position to encourage the Western medical profession to be more supportive of traditional health maintenance and healing practices. Culturally relevant training might also enrich the C.H.R.'s concept of her own role in the promotion of health within her community. For example, the traditional value associated with the role of the woman as caretaker of the health of her family could act as a source of support for the role of the C.H.R. in her community.

5) Another area of health care which lends itself to the co-operation between Western medical knowledge and the expertise of traditional Indian practices is the area of pre-natal care, labour coaching and delivery, and post-natal care. While different approaches can be taken with respect to the degree to which a traditional Indian perspective serves as a guiding philosophy, most projects undertaken in this area to date have reinforced the principle that maternal and infant care is most appropriately provided at home, in the

community, by women who are themselves members of the community. It would also appear that lay-practitioners in this area of health care are more readily able to incorporate elements of Western medical technology and traditional Indian medicine into their practice, without compromising the principles of Indian medicine.

One project worthy of examination is the Women's Dance Health Program at Akwesasne. Four Indian women work together to provide complete maternal and infant care to women who choose to have their babies at home. Two of the women are registered nurses, while two are trained lay-midwives. All the members of the team combine selected aspects of Western medical science and procedure with a traditional Indian approach to childbirth and comprehensive female health care. The midwives have managed to enlist the support and back-up assistance of several local doctors.

However, they advocate the position that a normal pregnancy and labour can best be managed at home, with the support of family and competent midwives, and that the intervention of the medical profession is only warranted in the case of exceptional complications. They also maintain that community-based midwives are able to provide more personalized and individualized care to the women they serve, thus generally providing a higher quality of care than the hospitals and medical professionals are able to provide. (Note: the assumption here is that more time spent with a woman, and therefore more personal and individually tailored care, are factors which contribute to a higher level of quality of care. In fact, these factors may be regarded as among the criteria which determine levels of quality.)

It must be noted that the Women's Dance Health Program is strictly a voluntary program. The midwives charge nothing for their services and are not supported by the federal Indian Health Services Program (U.S.A). In this way, they are guided by the principles of Indian medicine. The program is supported by the midwives, the families they serve, and whatever means of financial support they are able to raise independently. It is, no doubt, this independent way in which they operate that has permitted them the freedom to develop the program in such a unique way, incorporating elements of Western medicine along with the age-old wisdom of Indian cultural experience. The independence of the program itself is an issue of sovereignty as the State of New York (which surrounds the Mohawk Nation at Akwesasne) does not sanction the practice of midwifery or the delivery of babies at home.

The Women's Dance Health Program at Akwesasne is an example of an independent community-based initiative in the field of maternal and infant care which offers an alternative for women who do not wish to rely on the Western medical profession. A different model has been developed in the Sioux Lookout Zone of Northwestern Ontario in the form of a "self-help" program provided by local Indian women in collaboration with the medical profession.

In the case of the Sioux Lookout Zone Program, four Indian women provide prenatal and post-natal counselling to mothers in their communities about diet, exercise, infant care, personal counselling, etc. In this capacity, the members of the self-help team are able to provide more frequent and personalized services than the medical professionals would be able to provide, given the shortage of medical personnel, the remoteness of some of the communities, and the language and cultural barriers which impede the delivery of Western medical services. In this respect, the women who work on the program fulfill somewhat of a dual role, providing some paraprofessional primary care and, at the same time, acting as a liaison between the community and the doctor, who is called in the case of complications and at the time of delivery of the baby. Some in-service training is provided to the workers to supplement their own culturally-derived knowledge related to maternal and infant care, and full back-up services are always at their disposal in the form of the zone hospital and the doctors attached to it.

*photograph* **BERNICE MORRISON**

**(left) Carmen, a Tlingit drummer from Juneau, Alaska, wearing a traditional hat**

Although not a standard program within the M.S.B., the "self-help" program has been endorsed and supported by the management of the Sioux Lookout Zone, and funds for a pilot project have been provided by the Hospital for Sick Children Foundation. (The workers are paid positions, and travel, equipment, and supplies account for other costs.) As the end of the term of the pilot project approaches, the future of the program is a little uncertain. Efforts are being made to secure on-going funds from the federal government.

The Sioux Lookout Zone Program differs from the Women"s Dance Health Program in that it has not been set up as an independent alternative to the existing federal health care system. Rather it had been designed to make the existing health care system more responsive to community needs, and at the same time, return some measure of responsibility to community members themselves. Related to this difference is the fact that the workers on the Sioux Lookout Zone Program do not provide comprehensive services, including labour coaching and home birth attendance, as do the midwives at Akwesasne.

[1]Sources: Transcripts - R. Wakegijig, Dan Pine, Bobby Woods, Damien McShane. Interviews with R. Wakegijig, Joe Yellowhead. Oral Tradition, transmitted to this day by many elders.

[2]Sources: Transcripts - Bobby Woods. Interviews with R. Wakegijig, Vern and Pauline Harper, Edna Manitowabi, Katsi Cook. Further written material - Art Solomon, Katsi Cook.

[3]Sources: Oral tradition, traditional practice, transcripts - D. Pine, B. Woods, R. Wakegijig. Conversations with R. Wakegijig, Joe Yellowhead, Vern and Pauline Harper and Edna Manitowabi.

[4]Sources; Katsi Cook, Women's Dance Health Program, Akwesasne, Edna Manitowabi, Gladys Taylor, Elsie Knott — Curve Lake HSC Workshop.



Miss Greybear, a stateside Indian, Anchorage, Alaska, 1987 *photograph* BERNICE MORRISON

# CALL FOR PAPERS


***Canadian Woman Studies/les cahiers de la femme*** invites contributions to a special issue on WOMEN AND HOUSING, to be published in the summer of 1990. Topics for consideration include:

- housing rights; discrimination, including sexual harassment
- the causes of homelessness
- housing policies and programs that affect women
- housing location, space and family form
- women's housing communities
- Native women and housing
- women's involvement in planning, design, development and construction
- housing as a community development tool
- women's initiatives in housing; strategies and networks

Other suggestions are also welcome. We consider papers in either English or French. Our criteria for accepting material are clarity, relevance and interest to the lives of our diverse readership. We are actively soliciting manuscripts that deal with issues pertaining to the lives of women of colour, immigrant women, working class women, lesbians, disabled women, elderly women and other marginalized women.

Articles should be typed and double-spaced, 7-12 pages long (1500-2500 words), with notes following the article; please send two copies of your manuscript, along with a brief biographical note and an abstract. Articles are published in their original language and may be accompanied by summaries in translation. We give preference to previously unpublished material. If possible, please submit photographs and/or graphics to illustrate your work. Ask us for a style sheet.

**Deadline: December 10, 1989.**

Please write to us as soon as possible indicating your intention to submit an article.

**Canadian Women Studies**
**212 Founders College**
**York University, 4700 Keele Street**
**Downsview, Ontario M3J 1P3**