

# Notokwe Opikiheet—"Old-Lady Raised"

## Aboriginal Women's Reflections on Ethics and Methodologies in Health Research

KIM ANDERSON

*Cet article met l'accent sur un principe qui existe dans toutes les cultures et les sociétés autochtones: il nous faut travailler avec nos aînées dans une vision d'avenir. Deux méthodes fondamentales sont utilisées par les autochtones dans leur transmission du savoir: il faut prêter l'oreille à nos aînées et apprendre de leurs histoires. Basé sur des entretiens avec sept grands-mères issues des Premières Nations, des Métis, des Inuit à travers le Canada, cet article explore les questions d'éthique et de méthodologie en recherche sur la santé en s'inspirant des histoires de ces femmes et de leur rôle comme chercheure en santé. Cette analyse présume que, historiquement les femmes autochtones ont joué un rôle primordial en gérant la santé et le bien-être dans leur communauté. La recherche en santé a toujours fait partie du "travail des femmes" autochtones. Afin de reprendre en mains notre leadership comme femmes autochtones, nous devons voir à ce que les rôles traditionnels, les pratiques et les savoirs de nos grands-mères soient intégrés dans nos recherches actuelles en santé.*

Research into the health of First Nation, Métis, and Inuit Peoples in Canada is of increasing interest and concern, and has been the locus of much activity in recent years. At the core of this emerging research agenda is dialogue around appropriate methodologies and ethical considerations, with a focus on promoting Aboriginal leadership and community-based approaches to achieving health and wellness. Within this dialogue, my interest has been in exploring culture-based approaches to health research, in particular how they relate to Aboriginal women. Drawing on interviews that I carried out in 2005 with seven First Nation, Métis, and Inuit grandmothers from across Canada, this article provides a glimpse into the leadership provided by Aboriginal women as health providers, healers, and health researchers in the recent past.<sup>1</sup> The analysis supports my assumption that when these women were girls, Aboriginal women played a critical role in managing health and wellness in their communities, and

that health research has always been part of Aboriginal "women's work."

Although culturally diverse and from vastly different geographic locales, the seven grandmothers who participated in this research all shared their experiences of having grown up in communities where survival was dependent on a close relationship with the land. It is also important to note that all of these women are "young" as Elders, mostly in their fifties or sixties. The time period that they talked about was therefore relatively recent, referring mostly to the 1940s, 1950s, and 1960s. The women who shared their knowledge with me were as follows<sup>2</sup>: Be'sha Blondin, Dene (Northwest Territories); Maria Campbell, Métis (Saskatchewan); Madeleine Dion Stout, Cree (Alberta); Reepa Evic-Carleton, Inuit (Nunavut); Sally Johnson, Mi'kmaw (Nova Scotia); Dorris Peters, Sto:lo (British Columbia); and Helen Thundercloud, Algonquin (Québec).

Each participant was asked questions about the role of Aboriginal women in the health care of their girlhood communities, and about how women went about doing research and solving health-related problems. The interviews also covered questions related to research ethics and knowledge translation practices. While these were broad and complex questions asked of a small interview sample, and while there is limited space for exploration of these issues in this article, the grandmothers' stories provide valuable insights into how we might govern our work as researchers concerned with the current state of health in our communities.

### Women's Traditional Roles in Community-Based Health Care Systems

The grandmothers spoke about the multiple health management roles they had witnessed among women in their lifetimes. As girls, they saw women in their communities practice as midwives, medicine women, and traditional doctors. Women were also responsible for disease preven-

tion and health promotion. Overall, women administered to the sick and oversaw the healthy development of their communities.

### *Women as Midwives<sup>3</sup>*

Several of the women spoke about midwifery, noting that they and their siblings were born with the assistance of a community-based midwife. Helen Thundercloud discussed the comprehensive nature of a traditional midwife's work, drawing on her own experience of growing up with her grandmother:

Blondin also noted that modern midwifery practices and training are often void of the sacred aspects of traditional midwifery. She talked about the lack of community and the spiritual disconnect that contemporary people experience from land and community, emphasizing the need to return to the old ways.

### *Traditional Doctoring and Health Care*

Traditionally, Aboriginal women were also well-established as medicine people, ceremonialists, and doctors in their communities. Sally Johnson recalled that there were

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## **Women had skills and knowledge that were central to the well-being of their families and communities. This knowledge had to have come from research: what methods and ethics were employed in their research and knowledge transfer practices?**

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*The business of birthing, I recall, was a long one. That is to say, my grandmother did not just attend the actual "catching" of the baby. She spent time with the mother, prior to the event and probably the rest of the day and night. I know this because I lost her for that period of time. I also remember gatherings of new mothers, maybe two or three women, all nursing their babies and my grandma talking about [the] care of the baby, but also [the] care of themselves.*

Reepa Evic-Carleton talked about the experience of having a midwife attend her birth, and how traditional midwifery practices were grounded in the sacred:

*I was born into the world by a midwife back when the Inuit were still living in small little camps. My mother told me that when I came out, that midwife who delivered me predicted certain things about me. Inuit did that when a baby was born. What they predicted was always positive.*

Be'sha Blondin is a traditional midwife. In her interview she described some of the practices of midwives in her culture, which demonstrate how long-term relationships based in the sacred are at the heart of Dene childbirth practices:

*We have ceremonies for everything. It's the woman who prepares all the ceremonies. It's the woman who cradles the baby. As soon as the baby is born, they whisper in the baby's ear who they are. "I'm Be'sha." I would blow into the baby's nose so the baby knows my breath. I would touch the baby so it knows my feel. So all the women, we call them aunts to that baby, they would all do the same thing so that the baby would never forget who they are.*

several female healers in her childhood community, and "they used the traditional medicines and all the different variations of trying to help individuals that had certain ailments." Helen Thundercloud also offered memories of a medicine woman—her grandmother—as follows:

*My grandmother's role was doing medicine, so my memories of her are related to her work. She was healthy, and that was probably because she worked hard, she was always engaged in some activity. If she was not actually practicing medicine, she was gathering medicine. We lived in the bush a lot of the time, and she spent her days harvesting various plants, roots, bark, and different kinds of leaves and branches.*

A few of the other grandmothers mentioned that it was typically the women of their communities who tended to physical health conditions. Reepa Evic-Carleton recalled:

*I believe it was more so the women's role [to do the doctoring] because they knew how to read a boil or infection, using the skin of a lemming to open that infection. I also remember the overall health issues—that they knew what to get from the land and from the animals. I don't remember the men doing that so much. It was mostly the women.*

Similarly, Dorris Peters commented that she did not remember many male health practitioners in her childhood community and that "the women did the major work in that area."

As mothers, women were also required to learn the skills needed to administer the health of their own families. Be'sha Blondin commented that each individual family had to have knowledge of traditional medicines, because

they lived on the land and only gathered in community settings for two months of the summer. She described the traditional system of health care, in which women of different ages and generations had specific roles: older women were typically leaders in administering healing practices, and younger women were always involved as apprentices, taking on the tasks that were more physically challenging. In her interview, Blondin stated:

*The young women took responsibility; looking after the person for cleansing, to wash the hair, clean the body, that sort of thing. It was the young women who did this because the young women had the strength to move the sick person.*

Women were also central in the management of broader health crises and epidemics that affected their families and communities. Dorris Peters talked about the influenza pandemic of 1918-1919 during which her parents lost six children. She asserted, "It was the women in our area who dealt with it; the men were helpful but they were more scared." Be'sha Blondin stated that when new or unknown illnesses like the flu pandemic came to her community, patients would be isolated and "only certain groups of women were allowed to work with them." Some of the other grandmothers noted that men were more removed from the epidemic crises because they were often hunting and thus away from the community.

All of these stories demonstrate that women—older women in particular—had skills and knowledge that were central to the well-being of their families and communities. This knowledge had to have come from research, which leads one to ask: what methods and ethics were employed in their research and knowledge transfer practices?

### **Exploring Aboriginal Women's Traditional Approaches to Research**

#### *Relationships to the Natural and Supernatural Worlds*

All of the grandmothers talked about how research in the past was based on trial and error, grounded in spiritual practice, and informed by a well-established web of relationships. Madeleine Dion Stout remarked, "The evidence that was gathered was very much based on intuition, based on dreams, on trial and error, and on relationships with other beings, whether they were natural or supernatural." A relationship with the natural world was thus critical to Aboriginal women's approaches to research in the past, as elaborated on by Dion Stout:

*Animals and nature were the greatest teachers and the greatest forces of information for what had to be done. Animals were used or invoked by women to come and teach us life's lessons. That educated us. Coyote and owl were good teachers, and often we were told that their powers would be a message. Of course, the eagles were*

*these powerful beings as well. We knew the source of the knowledge, and the source of knowledge was definitely not books, it was animals, it was older people, it was our mothers.*

Connection to the land was equally important to the research that Aboriginal women carried out in the past. Maria Campbell noted that her grandmother's style of research would have been disrupted by settler encroachment, as this interfered with relationships to the land that were necessary for her research. This notion was also touched on by Dorris Peters who recalled that in her youth, medicine people would practice in isolated areas. This was likely because certain places held a special significance and had particular medicines, but it may also have been because of a need to escape settler interference, which became an increasing threat over the years.

#### *The Importance of Respect and Reciprocity*

Respectful relationships were at the core of the research and knowledge generation that the grandmothers witnessed as girls. Some of them talked about relationships of respect in the context of traditional healing: illness or disease had to be researched and addressed through reciprocal exchange. This can be seen in the way that we continue to interact with traditional healers, in that we always offer a gift to strengthen our relationship to them, and ensure the work that needs to be done gets done. However, the grandmothers' stories provide further insight into Aboriginal principles of respect and reciprocity, as some also talked about what the *healer* needs to give to the person that they wish to treat. Be'sha Blondin explained:

*Say that someone is very, very ill. You can't just go there to the people who are ill and say "I'm going to do this for you." You have to offer something to them. It might be a kerchief if an elderly lady got sick. And you would go there and say "I would like to come and help you and this is what I give you, from me, to help you." Because we believe when you give something for them to receive help, they know you are sincere, that you are going to give 100 per cent in looking after them. Not to be there for your ego. You have respect for that Elder and you want to help them.*

As researchers, traditional healers were mindful that they had to give something for the knowledge they received through treating their patients.

Reciprocity is something that needs to be established with *all* our relations, if we are to seek answers using traditional approaches to research. For instance, Dorris Peters told a story that demonstrates the type of reciprocal relationships that need to be established when using plant medicines. She remembered being ill, and being sent by her grandmother to pick the medicines that she needed

to use to get better. Peters was so young that she couldn't count, but she remembered picking the plants according to her grandmother's directions:

*I was just a little kid and my grandma would tell me, "Put something on the ground," and she would give me something because we didn't have tobacco in those days. She didn't really explain what that was, but she made sure to tell me "Here are a lot of plants." She said, "You don't take any one leaf from one plant. You just take from there, there, and there." So there was a nice big*

*water. My granny was very upset and ran [the nurse] off the property.*

Campbell pointed out that the nurse should have found out about what kind of procedures the community members were taking to purify their water *before* offering them her advice, but instead "she came in and just decided that we didn't know how to keep things clean." The nurse's act was seen to be particularly insulting because the women in the community were so vigilant in their care for the water.

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**"Coyote and owl were good teachers, and often we were told that their powers would be a message. We knew the source of the knowledge, and the source of knowledge was definitely not books, it was animals, it was older people, it was our mothers."**

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*plant and I would pick one leaf from there, and then I would look at her, and she would nod her head. I would go to another one quite a ways away and I would look at her, and so on.*

Peters concluded her story by saying, "That's ethics—to give, return, or give something for something that you are going to use in a good way."

### **Using Research "In a Good Way": The Question of Ethics**

It is worth sharing a story told by Maria Campbell that highlights *unethical* approaches to research and knowledge translation. Her story provides an example of how outsiders have so often operated without regard for, or awareness of, Aboriginal principles of respect, communication, and reciprocity. Campbell described a visit by a nurse to her community after her aunt contracted typhoid from a water supply outside of their community:

*[The nurse] was going around checking everybody's water... I remember my grandmother and I were home alone. She couldn't speak English, so I was translating for her, and I wasn't very good at it. The nurse was trying to explain to me that [the] water was full of bacteria, and I couldn't find a word to translate the word "bacteria." I'd never heard it before. She tried the best she could and finally she said the water was full of bugs. She had a jar of our water and she wanted to talk to my granny about boiling water before she used it. Well, in Cree, the word for "bugs," at least the one I used, was pretty strong. It was *munchoskuk*. It sounds awful—especially to an old lady who was very careful and made sure that everyone was healthy, and who boiled all the drinking*

In contrast, Sally Johnson talked about the kind of ethics that are necessary to ensure positive research results:

*Doing research in a good way would include community involvement. It involves understanding the culture and understanding the individual, knowing what their background is. It means knowing what their knowledge level is, the language used, making it simple and to the point. It means recognizing the quality of life, and making sure that their voices are heard.*

Some of the other grandmothers responded to the question about ethics by talking about the need to maintain confidentiality when working as healers or health researchers. Maria Campbell talked about the rigour and professionalism of the health practitioners in her childhood community:

*The healers, medicine people, and herbalists were trusted. They learned about medicines, plant recipes, and often ceremony for these things, and they were only shared with their students. If anyone broke that trust, they would not only lose the people's confidence, but also the spirit helpers could leave them and the medicine and power to heal would be gone. Yes, some plant [medicines] and healing practices were taught, and still are taught to everyone, but most of it takes years to learn. It is not something one does lightly. If you made a mistake, you could hurt, or maybe even kill someone. It is no different than a doctor today. They don't learn overnight.*

Helen Thundercloud noted that ethical conduct was a way of life for health care practitioners and researchers of the past. She talked about how her own grandmother

demonstrated ethical behaviour in both her life and practice. Thundercloud stated that her grandmother “never lectured or scolded” but would call upon peer influence, use stories, and invoke the supernatural to ensure that people were mindful of their behaviour:

*Mostly, she would invoke Windigo. Windigo is the Trickster, and the admonition was phrased something like: “Windigo will seal your lips—that’s what happens to people who talk like that.” Then, of course, there would be laughter and the others would make mocking sounds at the “offender” and collapse with laughter. Grandmother would wait patiently, and then continue with the teaching, saying that Windigo knows that people have forgotten how to be good to one another, and they say and do wicked things. It’s Windigo’s job to “fix” a person up.*

Thundercloud’s grandmother played interconnected roles of doctor, healer, researcher, and ethicist in her community. Each role fed into the other to define her vocation, which could not be separated from who she was and how she lived her life. As Thundercloud further noted:

*She lived in a way that we only begin to touch on when we speak of being “holistic” these days. That is to say, everything in her life was integrated as part of one greater whole: her work was her spiritual practice, her community role was her work, and so on.*

#### **Notokwe Opikiheet—“Old-Lady Raised”: Knowledge Transfer Practices Among Aboriginal Women Healers**

In the childhood communities of the women interviewed, research was grounded in relationships with the natural and supernatural worlds, but also based on relationships with other people in their communities. This included particular systems of intergenerational collaboration and knowledge transfer among women, as well as collaborative work among healers.

The grandmothers were asked if they remembered “conferences” of healers and researchers taking place in their girlhood communities, and many spoke of regular gatherings, typically in the spring or summer when larger communities would come together. Be’sha Blondin talked about traditional ways of sharing knowledge among healers from the Great Bear Lake area in the Northwest Territories:

*In July when all of the ice was melted, they would all meet from five different communities in this place. They would meet there and they would talk for two months, and share dance and stories. They did all that. That’s where the medicine people would all gather together and talk about their area, the medicines they had just learned about. They shared medicines and they would*

*talk about all the sick people that they worked with on healing. They talked about the medicines that they shared with each other, how to make it, how to work with it, what it’s good for.*

These gatherings were also a time for transferring knowledge to the younger generations, as Blondin further explained:

*So the medicine people would gather like that and you would see a lot of young medicine people, very young—some even at the age of five years old. They would all gather together and talk. That’s their time; no one interrupts them. Then they would take off in the bush and they would look at medicines, they would talk about it, what it was good for.*

Blondin also noted that the healers also conducted many ceremonies at this time, which were part of the knowledge transfer and research process. She stated that:

*Some of them go on to their fast. They go into the mountains and walk on the sheep trails and that’s the fasting. Some would go up to seven or eight days without food and water, just so they can go above one more stage and talk about all of the songs that were given to them by very spiritual people from the spiritual world.*

Maria Campbell also shared some stories about “old lady” gatherings that took place in her home community in northern Saskatchewan. Her stories offer a vivid insight into the governing role that older women held, in terms of the health and well-being of their communities:

*My granny used to have all of these old ladies come to visit her in the summer, and of course we would travel and visit other old ladies. These old ladies would come and stay with us for a week and my dad would put the tent up for them beside the house and that’s where they would all sleep and visit. There were three or four of them and some of them were my granny’s relatives who were also her friends. They ranged in age from their 50s to my grandmother’s age. They would sit and visit inside the tent all day long. They would talk about all sorts of things. There would be exchanges of medicine and sharing information about who was marrying who, who was related to who, and the kinds of things that women talk about. They were the matriarchs of the families and so there would be a lot of exchanges about all kinds of information. I was often allowed to listen as I was their helper/runner, but sometimes I would be sent away.*

In addition to having regular “conferences,” healers and their apprentices engaged in ongoing intergenerational training and knowledge transfer activities. Be’sha Blondin’s stories

about her development as a healer demonstrate that training was a community responsibility, overseen by elders:

*I was chosen to be a medicine person, so all the Elders looked after me. They make sure of everything they feed me. [They gave me] their teachings, taking me out on the land, teaching me about medicines, about the water medicines, about the animal medicines, how do I connect myself to mother earth. I have to be able to be a good hunter, good trapper, good everything, because for me to be able to get the animals, I have to learn to trap them—because I might need their gall bladder. So the men had to train me how to do that. The whole community is responsible to make sure that I get that training.*

Maria Campbell's stories also speak to the intergenerational transfer of knowledge between women. The old ladies of the previously-mentioned summer gatherings always had young women and girls who tended to them, and who in so doing, learned their ways. Campbell talked about her own experiences as a helper to the grannies:

*I think I was influenced by those old ladies because I was one who looked after them. I would make their tea, haul their wood, look after the fire ... whatever. No one ever just sat around doing nothing, that's for sure. They would be doing their work, be it sewing, beading, grinding medicine or playing handgames—they did that often. And it was my job to be there for them.*

Campbell talked about this as one system of knowledge transfer, stating, "I would listen to everything they said and observe everything. The stories, the teachings, all the values, laws—anything you need is in those stories, and one began learning by first listening, and always by being a helper."

Campbell also talked of another method of knowledge transfer. In many traditional societies, it was the grandparents who raised and educated children, and in many societies there were specific children who were very deliberately "given" to Elders for their upbringing. Campbell pointed out how this worked in her case:

*I was taught things that the rest of my family didn't have to learn, and that was because I was the oldest and was given to my grannies. There is a word in Cree for someone who is raised by the grannies: it is notokwe opikiheet, which means "old-lady raised." This ensures that if children are snatched away, then someone in the family will know the language and will have some, if not all of the information.*

Children who were chosen to be knowledge-keepers were thus "old-lady raised" because they maintained close relationships with the Elders who taught them traditional skills and practices.

## Discussion

These stories about Aboriginal women's traditional roles, practices, and knowledge systems have practical applications for our current work in health and healing research. First, the stories teach us that in the past, Aboriginal women played central and critical roles in their communities as health care researchers and practitioners, and they did so in ways that were distinct to their gender and cultures. We can reclaim many of the roles traditionally carried out by women—roles that included health research—and in so doing, we need to call on our grandmothers to assist us, as the answers are in their stories.

Researchers may want to consider the types of evidence used by our foremothers. For instance, Madeleine Dion Stout's assertion that "the evidence that was gathered was very much based on intuition, based on dreams, on trial and error and on relationships with other beings, whether they were natural or supernatural" warrants our attention. We may not be ready to footnote coyote or owl in our research papers, but we can certainly call on these relations in thoughtful meditation, ceremony, or prayer to guide us in our work. In my own experience, time spent on the land and in the company of relations—both natural and supernatural—has been critical in guiding my research and my practices around knowledge transfer. As we evolve as researchers and research organizations, we can connect with these powers by bringing ceremony into our daily business or by going on retreats where we can learn from the wisdom of the land.

In terms of how we might better govern ourselves as researchers, Be'sha Blondin's description of how she works as a healer is directly applicable. Ultimately, there needs to be respect. The fundamental principle of reciprocity must be respected, as mutual exchange must take place to ensure successful results in healing and in research. As Blondin explained, one can not simply go to the people and say "I'm going to do this for you." In order to gain knowledge through research, we must give something first. If we look at the example of storytelling, we must *earn* the right to tell a story, and each time this will involve a different process of relationship-building. If research is viewed as a process of gathering and retelling stories, these same principles can apply. In talking about not being "there for your own ego," Be'sha Blondin inspires us to remember to always consider our intent. The way in which we govern our work is directly tied to the way in which we govern ourselves. This was also demonstrated in Helen Thundercloud's description of the life and "work" of her grandmother.

Dorris Peters' story about picking medicine with her grandmother contains lessons about the importance of intergenerational knowledge transfer, reciprocity, responsibility, and the significance of relationships. In the story, the young Peters was directed by her grandmother to go out and find the plants that she needed for her own

healing. As noted earlier, the grandmother sent Peters to pick the medicines by herself, in spite of her age. She had to do the work herself in order to benefit from the research and knowledge at hand. This shows us how the knowledge that we seek as researchers is often connected to the relationships that we establish in the process. If we don't have direct contact with the community of our work, we may come away with a watered down version of the knowledge we are seeking, and thus come out with weaker results.

Peters was also directed to be responsible about how much she was taking from the land. She was careful not to deplete the resources, or to come away having damaged the environment she went into. Rather, she took one step at a time, always looking back to her grandmother for guidance, who watched from a distance. Likewise, as researchers and research organizations, we need our grandmothers to watch us from a distant place; to guide us so that we can be sure that we are stepping lightly in our quest for knowledge. If we pay attention to their wisdom, we will not go charging into the woods picking everything that looks good at first glance. A more careful and guided walk will allow us to consider what kind of research we engage in, how we carry it out, as well as a consideration of what we will leave behind.

We must also be mindful of the damage caused by disrespectful and ill-informed researchers of the past. Outsiders going into communities have made—and continue to make—assumptions about Aboriginal people and communities that are unfounded. In Maria Campbell's story, the public health nurse failed to do the background research that would have better informed her about community strategies for purifying water. Instead, she made the unfounded (and no doubt racist) assumption that the Aboriginal community was responsible for the waterborne disease. The nurse also made several other mistakes: she (or the organization she represented) was not invited into the community; she lacked the means to communicate in the local language; and, she made no apparent effort to establish relationships before doing her research. She did not even consider inviting the community to define the real "research" question at hand (i.e., where the typhoid originally came from). We can draw out some important lessons from this story: researchers need to know the communities that they work with; they need to establish relationships of respect; they need to invite the community to help in defining the work, or be invited in by a community that has already defined their own research objectives; and, they need to consider how they are going to communicate in a culturally appropriate manner.

## Conclusion

As Aboriginal women, we have been organizing, helping, healing, and researching throughout history. This

has been possible because of the types of relationships, connections, and knowledge exchange systems that we have established among ourselves and with the human, natural, and supernatural worlds around us. There are some overall principles that we can take away from the stories shared by the grandmothers. These include valuing relationship-building with all our relations, the importance of reciprocity, and the need for ongoing processes of intergenerational knowledge transfer. These principles can ground us in Aboriginal research that is based on our own ways of knowing, being, and doing. As we move forward in the development of research focused on Aboriginal women's health and healing practices, we must continue to gather together, share our thoughts, and seek out opportunities to apply the principle of being *notokwe opihikeet*, "old-lady raised," within a modern context, so that our research can enhance the life, health, and well-being of our people.

*This article is dedicated to my friend and teacher, Helen Thundercloud, who passed away suddenly on May 14, 2007.*

*Kim Anderson is the author of A Recognition of Being: Reconstructing Native Womanhood (Sumach Press, 2000) and the co-editor, with Bonita Lawrence, of Strong Women Stories: Native Vision and Community Survival (Sumach Press, 2003).*

<sup>1</sup>In selecting research participants for this paper, I looked for a sample that would represent some of the cultural and regional diversity of the country. I sought out women who—as traditional healers, health workers, teachers and educators—could speak to issues of health research, ethics and knowledge transfer processes in their childhood communities. Some of these women are my friends, while others were recommended to me by colleagues.

<sup>2</sup>I recognize that it is a common qualitative research practice for participants to maintain anonymity, and that this is considered ethically responsible in terms of protecting the privacy of the interviewees. In this paper, however, participants have been identified with their consent, as this is more in keeping with practices of Indigenous knowledge transfer where we identify our teachers. In this way, we honour the teacher and validate the source of knowledge.

<sup>3</sup>I refer to midwives of the past in this section, but wish to note that these traditional roles and relationships are now being re-adopted by Aboriginal midwives in communities across Canada.

## T. S. LA PRATT

### Healing Is

a purple flower that unfolds  
on my face leaving a bruise  
whereupon entering the therapist's  
office there was none before  
but she had to ask  
where did my father  
hit me  
before I even speak on the exact  
spot where he hurt me it appears  
an old memory forcing itself to the surface  
to speak a language I didn't know I had in  
me  
sounds of emotions resurface to reclaim  
their rightful place to sing their songs  
and rejoice in freedom up I go  
a swaying of mitosak in the wind  
blowing so hard it  
grabs twists yanks  
my breathe away  
leaving only a prayer in my heart  
the creator can hear

Therapists Psychiatrist state there is nothing  
more western medicine can do so I turn to  
the east  
follow the red road  
start my journey in the sweat lodge  
people murmuring their prayers  
red spotted skin  
drenched drained  
the Elder says he saw the spirits return home  
with the tobacco offerings in their hands  
kicking up their heels

new colourful blankets wrapped around their  
shoulders  
our prayers following behind them  
my anguish taken  
now carried by the Creator  
then I remember the old ones believed  
the grass is humble no matter what happens  
iskote'wo stampede pouring  
of concrete into squares the grass comes  
again  
I am strong no matter how  
tired sore burdened  
my ribcage aches from each breath  
after days of sobbing over the terrors of  
childhood  
my spirit knows I return like the grass on the  
prairie  
wild free  
as the drum in my heart beats  
this woman's heart and yours is not on the  
ground  
this nation has not fallen from the prairie a  
distant  
song calls out  
miywasin  
miywasin  
miyawasin

*T.S. La Pratt is a Cree non-status Indian. She began journal and poetry writing at the age of ten. She is a radio announcer at CJSR since 1999. She is currently working as a Youth Care Worker with Aboriginal youth. This is the first time her poetry has been published. She currently resides in Edmonton.*



## About the Guest Editors...

**Kim Anderson** is a Cree/Métis writer, editor and educator. She is the author of *A Recognition of Being: Reconstructing Native Womanhood* (Sumach Press, 2000) and has co-edited the book *Strong Women Stories: Native Vision and Community Survival* (Sumach Press, 2003) with Bonita Lawrence. Kim and Bonita have also co-edited a special issue of *Atlantis*, entitled "Indigenous Women: The State of Our Nations." (Spring 2005).

**Patti Doyle-Bedwell** is a Mi'kmaq woman. She was a member of the National Association of Women and the Law (NAWL) for five years and has presented on topics such as Aboriginal women's issues such as custody, access, housing, politics, discrimination, employment equity, education, and health. She was president of the Advisory Council on the Status of Women where she developed community partnerships and made many public/media presentations on Aboriginal women's issues. She currently directs the Transition Year Program at Dalhousie University College of Continuing Education in Halifax, Nova Scotia. She has two law degrees.

**Elize Hartley** is an Elder, born and raised in Manitoba, of Métis parents. After high school, she moved to Ontario where she has spent the better part of my life raising five daughters. She worked in the education field for some 27 years before she retired and became actively involved in organizing Métis women, and the Métis Women's Circle. In her spare time, she completed a BA in Social Sciences from McMaster University in Hamilton.

**Beverley Jacobs** is a Mohawk member of the Six Nations of the Grand River Territory, bear clan. She graduated with a law degree from the University of Windsor Law School and a Master's Degree in Law from the University of Saskatchewan. In her work she has tackled various issues, such as: matrimonial real property, Bill C-31, residential schools, racism, and Aboriginal health issues. Beverley has also been a professor at various educational institutions in Ontario and Saskatchewan. She is very active in her community as a traditional Mohawk woman and works extensively with the Six Nations traditional chiefs and clan mothers in order to advance Indigenous sovereignty. She is currently the President of the Native Women's Association of Canada (NWAC).

**Carole Leclair** Carole Leclair is a Red River Métis, graduate of York University's Faculty of Environmental Studies, and Associate Professor of Contemporary Studies/Indigenous Studies at Wilfrid Laurier University, Brantford. Leclair combines many years of grassroots activism within the Métis Women's Circle with a deep fascination with academia. Leclair is the current coor-

dinator of the Indigenous Studies Program at Wilfrid Laurier University, Brantford.

**Tracey Lindberg** is Cree-Métis from northern Alberta, a good granddaughter, daughter and auntie. She is alive and thriving because her Cree and Métis relations and friends nourished her in every possible way. With law degrees from the University of Saskatchewan, Harvard University, and the University of Ottawa, she is an award-winning researcher who researches, writes, and teaches about comparative legal traditions, Indigenous women, and Indigenous law. She sings the blues and her first novel is being published with Harper Collins in 2010.

**Sylvia Maracle** (Skonaganh:ra) is a Mohawk from the Tyendinaga Mohawk Territory. She is a member of the Wolf Clan. She has been involved in Aboriginal Friendship Centres for over 30 years and has served as the Executive Director of the Ontario Federation of Indian Friendship Centres (OFIFC) for the last 26 years. Currently she is a member of the board member for Legal Aid Ontario, Chair of Aboriginal Housing Services in Ontario and a member of the Assembly of First Nations Renewal Commission.

**M. Céleste McKay** is a Métis woman from Manitoba. She has a Bachelor of Social Work degree from the University of Manitoba, a LL.B. degree from the University of Victoria and a LL.M. from the University of Ottawa that focused on the international right to health of Indigenous women in Canada. Céleste has worked in the areas of human rights, policy, research and advocacy work, primarily on behalf of Indigenous women's organizations. Currently, she works as a Consultant in the international fora related to Indigenous Peoples, particularly Indigenous women, often representing NWAC. Her greatest source of joy is her son, Evan Raoul Chartrand.

**Patricia A. Monture** is a citizen of the Mohawk Nation, Grand River Territory. She is a passionate advocate for Indigenous people. Educated as a lawyer in Ontario, she taught law for several years before joining the Department of Sociology at the University of Saskatchewan in 1994, where she currently teaches and works in two Indigenous justice programs. Her central interest is the advancement of Aboriginal justice at the community level, including corrections. In 1989-90, she was a member of the working group of the Task Force on Federally Sentenced Women that led to the closure of Prison for Women and to the building of a new, regional, correctional facilities for women. Her award-winning publications include *Thunder in My Soul* and *Journeying Forward: Dreaming First Nations Independence*.