Aboriginal Issues in Health and Healing

First Nations House, Wednesdays 3-5 pm

<table>
<thead>
<tr>
<th>Session 1: Introduction</th>
<th>Sept 2nd</th>
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<tbody>
<tr>
<td>David Burman, course coordinator</td>
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<tr>
<td>• Relationship of course to curriculum and to life.</td>
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<tr>
<td>• How have Aboriginal people survived? How will humanity survive? The importance of story</td>
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<td>• European-Aboriginal relations in Canadian history</td>
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<td>• Demographics</td>
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<td>• Migration, Immigration</td>
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<td>• Cultural Areas, Language Groups</td>
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<tr>
<td>• Introduction to culture, history, politics of health in relation to aboriginal peoples</td>
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<tr>
<td>• Discussion of literature, assignments, expectations</td>
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<tr>
<td>• video: The Pachamama Story</td>
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Readings:

- Waldram et al Chapter 1. Overview of the Aboriginal Peoples of Canada
- Healing Issues in Aboriginal Communities [http://www.4worlds.org/4w/ssr/PARTII.htm](http://www.4worlds.org/4w/ssr/PARTII.htm) (The whole 4 Worlds site is worth exploring)

<table>
<thead>
<tr>
<th>Session 2. Culture, Values and Healing</th>
<th>Sept 9th</th>
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<tbody>
<tr>
<td>Grafton Antone, Elder in Residence, First Nations House</td>
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<tr>
<td>• cosmology - the creation story</td>
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<td>• Aboriginal concepts of a holistic healing philosophy</td>
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<td>• The wheel of life (medicine wheel)</td>
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<td>• Balance and harmony of physical, mental, emotional and spiritual aspects of health and healing.</td>
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<td>• traditions, values and ethics</td>
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<tr>
<td>• the Great Law</td>
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Readings:

- Waldram, et al Chapter 5, Medical Traditions in Aboriginal Cultures
- The Great Law http://www.indigenouspeople.net/iroqcon.htm
- http://tuscaroras.com/graydeer/
- Medicine wheel: http://www.spiritualnetwork.net/native/medicine_wheel.htm
- http://www.shannonthunderbird.com/medicine_wheel Teachings.htm

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<tr>
<th>Session 3 - Healing the Community</th>
<th>Sept 16th</th>
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<tr>
<td>Vern Harper, Cree Elder</td>
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<tr>
<td>Environmental and planetary health</td>
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<tr>
<td>The inextricable relationship between the health of the individual, the community and the environment.</td>
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<td>The traditional relationship between the individuals and the community</td>
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<td>Healing from assimilationist policies</td>
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<td>Justice and sentencing circles</td>
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Readings:

- Waldram et al, Chapter 6 Traders, Whalers, Missionaries and Medical Aid
- Residential schools: http://archives.cbc.ca/society/education/topics/692/
- http://www.4worlds.org/4w/ssr/PARTIV.htm
- Native leadership and global warming: http://www.smallisbeautiful.org/publications/lyons_04.html

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<th>Field Trip: -- Medicine Walk</th>
<th>Sept 19th</th>
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<tr>
<td>Elder Gail Whitlow, Six Nations of the Grand River.</td>
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<tr>
<td>This event has always been a highlight of the course for students and visitors.</td>
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<tr>
<td>This optional field trip is a superb opportunity to see medicinal plants growing, both in transplanted form and in natural habitat, and to see how they are dried and stored.</td>
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<tr>
<td>It is also an opportunity to be welcomed by Gail at her healing centre</td>
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• We will leave from in front of First Nations House at 10 am to arrive at Gail's around noon.

• As this trip is not covered in the course budget, there will be a $15/ person charge.

• Guests are welcome. Bring some light food to share as well as reusable plates and utensils.

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<tr>
<th>Session 4 – Current Health Issues</th>
<th>Sept 23rd</th>
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<tbody>
<tr>
<td>Jane Carpenter, Medical services coordinator, James Carpenter, traditional healing coordinator, Elder Marjorie Naganosh, Anishnawbe Health Toronto - 173 Gerard St.</td>
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<tr>
<td>• Tour of facility, meet with Elder and Health Services Coordinator, Jane Harrison</td>
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<td>• Culturally appropriate communication</td>
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<td>• Changing families/ family violence</td>
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<td>• Participation, empowerment and positive health promotion</td>
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<td>• Role of pharmacists and other health care providers</td>
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<td>• Urbanization, effects on mental health</td>
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<td>• Adoption issues</td>
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<td>• Maternal and child health, clean water and sanitation</td>
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<td>• Changing families/ family violence</td>
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<td>• AIDS and other STDs</td>
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<td>• Diabetes, changes in nutrition and environment</td>
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<td>• Disabilities, post-neonatal mortality/ adoption</td>
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<tr>
<td>• Immunization, maternal and child health, clean water and sanitation</td>
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**Readings:**

- Waldram et al., Chapter 4, Aboriginal Peoples and the Health Transition
- [http://www.aht.ca](http://www.aht.ca)
- [http://www.cpha.ca/shared/cjph/archives/abstr03.htm#168-72](http://www.cpha.ca/shared/cjph/archives/abstr03.htm#168-72) (abstracts online plus: hardcopy handout)

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<tr>
<th>Session 5 – Public Policy and its Effect on the Health of Aboriginal People</th>
<th>Sept 30th</th>
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Health Canada Aboriginal Health Department

- Royal proclamation (1763) and treaty signing
- · Separation: BNA and Indian Act
- · From neglect to paternalism
- · From separation to assimilation
- · Colonialism, dependency and health care
- · Review of the Canadian Health Care System
- · Native Health Services
- · Development, jurisdiction, funding, structure, and delivery
- · Role of the provincial government in native health care
- · Health Transfer, control or self-government

Readings:

- Waldram et al Chapter 7, The Emergence of Government Health Services

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<tr>
<th>Session 6 – Aboriginal Healing and Wellness Strategy: Issues and Challenges in Aboriginal Health and Healing</th>
<th>Oct 7th</th>
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<tr>
<td>Martin John, Aboriginal Healing and Wellness Strategy, Ministry of Community &amp; Social Services</td>
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- Communication
- Issues and problems in employing health professionals
- Examples of health structures in native communities
- Professional autonomy vs community control

Reading:
Field Trip: Sweat Lodge Ceremony Oct 10th

Elder Vern Harper, Cree elder and medicine man

- Properly known as a "purification" lodge, this ceremony is central to all Aboriginal healing, and indeed is a basic element of healing throughout the world (e.g. the sauna from Finland). The essential symbolism is entering into the womb of Mother Earth and emerging newly born. The purpose is to be in a state of prayer. Regardless of belief, creed or origin, all are welcome.

- Important elements of the "sweat" are to be open minded and respectful of other spiritual ways.

- The procedure is to participate in the preparation -- whatever is required, but usually splitting wood for the fire, preparing cedar for the ceremony or arranging food for the potluck feast that follows.

- Modesty of dress is required in and outside the lodge

- We will try to be at the camp (outside of Guelph) by noon.

- Each person should bring a suggested donation of $20 and a gift of tobacco.

- Women on their “moon” time should not attend (see Moon Teachings, Anishnawbe Health Toronto)

Session 7- Maintaining a Positive Identity: How Aboriginal People have Survived October 14th

Cat Criger, Traditional Healer

- Impact of European beliefs and cultural practices at time of contact

- changing economies and the effects of colonialism, including the treaties and Indian Act

- the residential school system and reserve system including Indian agents and western health care

Readings:

- Waldram Ch 2, 3 Health and Disease Prior to European Contact; Contact and Disease
• Interview with Cayuga Chief, Jake Thomas
  http://www.peacemagazine.org/archive/v07n2p17.htm

• Lux, M (2002) Medicine that Walks: Disease, Medicine, and Canadian Plains Native People, 1880-1940, Toronto: University of Toronto Press

• Statistics Canada, health of non-reserve aboriginal children
  http://www.statcan.ca/Daily/English/040709/d040709b.htm

• Union of Ontario Indians news site
  http://www.anishinabek.ca/

• Reuniting adopted children with their roots
  http://news.bbc.co.uk/1/hi/world/americas/2160007.htm

### Field Trip: Sweat Lodge Ceremony
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<th>Oct 18th</th>
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**Elder Gail Whitlow, Six Nations of the Grand River**

For those unable to attend the previous week, Elder Gail has agreed to host another sweat on a Sunday.

- Slightly different from the Ojibwe/Cree ceremonies, this will be conducted in the Mohawk way.
- It is an important ceremony, and to prepare, have something in mind to focus your intent—either a personal or family issue, or a global one that the whole group could focus on.
- Modesty of dress is required in and outside the lodge—no shorts or tank tops on the site; women wear long skirts or a wrap around jeans.
- We will try to be at Gail’s healing centre in Ohsweken village by noon.
- Each person should bring a suggested donation of $20 and a gift of tobacco.
- Women on their “moon” time should not attend (see Moon Teachings, Anishnawbe Health Toronto)

### Session 8 -- Introduction to Spiritual Healing Practices
<table>
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<th>October 21st</th>
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**Diane Longboat, Spiritual Healer**

- Mental, Physical, Emotional and Spiritual aspects of healing
- Healing through songs, stories, ceremonies
- Medicine societies and community participation

**Readings:**


• Thomas, Chief Jacob (1994) *Teachings from the Longhouse*, Toronto: Stoddart


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**Session 9 - The Future of Aboriginal Health: Mental Health Issues**  
Oct 28th

*Dr. Nel Weiman, Psychiatrist, and Associate Professor, Public Health Sciences, U of T*

- Update on research on Aboriginal health
- Mental Health Issues

**Reading:**

- Waldrum *et al.* Chapter 9, Aborigina Healing in the Contemporary Context


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**Session 10- 11 Aboriginal Herbal Medicine**  
Nov 4th – 18th

*Cat Criger, traditional healer; Gail Whitlow, Elder and Healer*

- Traditional Healers - herbal medicine/elders/medicine people, ceremonies, healing societies
- Issues in integrating traditional medicine with conventional health care
- providers/provision
  - What Aboriginal concepts and biomedical frameworks can learn from each other's approaches.
- Native herbalogy: selection, preparation and use of botanical products
  - Indications for use
  - Selection of the appropriate plant combinations
- Care and respect for the living medicines
- Effective preparation of plants and plant products

Readings:

- Waldram et al, re-read ch 5, 9

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<thead>
<tr>
<th>Session 12 Conclusion, Evaluation and Celebration</th>
<th>Nov 25th</th>
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<tr>
<td>David Burman</td>
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<tr>
<td>• Participation, empowerment and positive health promotion</td>
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<td>• Pharmacists and other professionals as health (care) providers</td>
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<tr>
<td>• Integration of course experience - pulling the threads together</td>
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<td>• How related to present and future learning</td>
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<tr>
<td>• Formal and informal course evaluation</td>
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Potluck celebration feast:

Acknowledgement of shared experience.

Marking change of season.

Putting philosophy into practice.

Assignment 1  Birth Story - due Sept 30

One of the conceits of Western thought is the concept of the individual as distinct from not only the environment, but from their history - the story of how they came to be, in this place, at this time, in these circumstances, with their own particular interests, biases and abilities. All indigenous systems of
thought recognize that the individual cannot exist without a story, and every Aboriginal speaker will begin with a brief introduction of who they are, where they come from, geographically and spiritually, and from whom. What is said cannot be separated from the speaker who in turn is an integral part of their ancestry, their land and environment. Thus, when an Aboriginal person asks, “Where are you from?” they are not referring to the town you live in, but “Where did your way of thinking come from? Who are your family? How can I place you in relationship?” Those of us who have grown up in a culture that assumes, as a basic premise, that the world was created for the human, may acknowledge on an abstract level that we are part of our environment, our culture, our intellectual traditions, etc, but we seldom know our own stories nor feel this connection at a deep level. As the dominant culture, and the social and economic assumptions that go with it, operates from this premise, it has been argued that our entire civilization is disconnected from reality – in a kind of somnambulistic dream. The objective of this assignment is therefore to help you discover your story -- not simply of you the individual, but your ancestral roots. Your parents and other influential people have passed their values on to you, whether or not you accept them, and so did their parents to them. The values we hold dear are shaped by events, by religion, and other people. What were the influences on your parents’ and grandparents’ way of thinking and being that led to you becoming who you are? A good place to start is with the land. What land (as opposed to country) did your family come from? How did their relationship to the land, or lack of relationship, affect their perceptions and attitudes toward life? What contributed to their feeling of place, or of feeling out of place? What migrations, wars, famines, or other conditions influenced their relationship to their ancestral lands, to themselves, to other peoples? What hardships or privilege shaped their values, interests, or fears shaped their attitudes and values, which in turn shaped your directions in life? What passions, desires and discoveries led to your parents being in the place where you were conceived? How has this ancestral journey resulted in your being here at this university at this time, with this particular set of values, interests, assumptions, biases, strengths and passions? Talk to your parents, aunts and uncles, but particularly your grandparents if they are accessible. If you do not have accessible family (let’s say you were adopted), you would go to those who have had the greatest influence on your way of thinking and being, and find out what their influences were. Listen to the family stories, and whether or not you’ve heard them a hundred times, find out where they came from, how these stories affected the story teller’s way of being. Don’t assume that you know the stories – you will be hearing them again with an analytical frame of mind, and asking the story-teller to do the same. Unfortunately, the assignment must be graded, partly to make it worth your while, and partly to ensure that you take it seriously. Taking into consideration your realistic time constraints and work pressures, grading will be based on: the thoroughness of your search, and the degree to which you are able to connect the various parts of your story analytically. An excellent analysis would take into account the circumstances of both parents and all four grandparents (or the stories about them), showing how these circumstances shaped attitudes that were passed down. It would also include analysis of your own “basic premise” – your operating assumptions, like “if you want something done well you have to do it yourself”, or “no one is an island,” and where and how that premise came to be adopted as your own, consciously or not. In the absence of information about one line of the family, you would seek to explain the absence of that information, and its possible significance on your present beliefs and attitudes. Your story should not be longer than 1500 words, double spaced (4-6 pages). You may portray your story any way you wish - photographs, drawings, and references to other sources as well as text. Please don’t use
a format that is cumbersome to carry. Documentation in the form of quotes, photographs, letters, etc will be valuable for your own sense of completeness, and for veracity. Interview material should be properly documented with contact, date and location. If interviews are confidential, then date and place will still be necessary.
Assignment 2 - LETTER TO THE MINISTER OF INDIAN AND NORTHERN AFFAIRS due Oct 28

Given the range of issues that affect the health of Aboriginal people in Canada, many of which are currently reported to varying depths in the media, this assignment requires you to find a current issue and to compose a letter to the Federal Minister of Indian Affairs, or his provincial counterpart. It should be such of length and quality that you would be prepared to send it.

In the letter, you should:

• Name the issue;

• Describe the issue in some detail – it is sure to be controversial, and you will need to explore the various arguments;

• Explain the effect of this issue on the health (defined holistically, which means the response to the social determinants of health) of the Aboriginal people in Canada;

• You will need to take a position and explain to the Minister why you are correct, or if you are supportive, why the government is correct;

• Then recommend a course of action that the government should follow to rectify the situation, or what action the government should take to further the actions you agree with.

Resources: in addition to the usual research sources in the University library system:

The resource centre at First Nations House (open weekdays 9-4 - Not a lending library but has an excellent resource librarian.)

My own book collection, from which I may lend, if you are unable to find elsewhere.

Toronto Public Library, Spadina and Bloor branch. They have an Aboriginal section.

Bookstores with Aboriginal studies sections: Koffler Centre; Toronto Women’s' Bookstore.

Grading will be based on thoroughness of research and the depth of insight shown in your analysis.

Assignment 3 - Case analysis - due Nov 25

The Scenario

As your reputation as a skilled, traditional healer spreads, you are confronted with increasingly more difficult problems to solve. One evening you hear an urgent knock on your door. A nervous looking man, who introduces herself as James, apparently in his mid thirties, although possibly younger, asks for your help. Offering tobacco, he seems unfocussed in his complaint, but insists that he must see you right away. It is evident that he needs your help, although it is not clear what the problem is, so you accept the tobacco and invite him in.

Over tea you listen to his story. James has been the perpetrator of several episodes of domestic violence, usually related to alcohol, and he is afraid that if he does not control his anger he will lose his
wife and three children whom he really adores and cannot imagine living without. James was finally motivated to come to you when his eldest, Jimmy, aged 12, recently attempted suicide. The Children’s Aid only agreed to allow Jimmy to stay at home because James’s wife Geraldine, herself a social worker with the band council, was able to persuade them that the family would get counselling. However, she warned James that if he did not get help she would get a restraining order from the police. The other two children, Jenny aged 10 and Billy, aged 6 so far are doing well in school and seem to be coping, although James is aware that they are hesitant around him - a reality that makes him angry that they do not trust him.

James is an active member of the community, coaches hockey in the winter and plays baseball every Wednesday in town during the summer. He has a responsible job as supervisor of new house construction on the reserve and has a college diploma in civil engineering. He participates in ceremonies less than he used to, something that he attributes to the amount of time he has to spend on the job. During your conversation James admits that he is in danger of losing his job because of going in to work drunk "a couple times". In fact, he realized that if he doesn't do something he will lose everything.

Gradually, over several meetings, James reveals, with great shame, that he had been sexually abused as a boy, and that he had also abused Jimmy on several occasions. He is anguished about this fact as he realizes that was behind the boy's suicide attempt. He feels at times that he is of no use to anyone and that it would be better for everyone if he were dead.

The task
The following questions will guide your analytical process.
1. What is the rest of James’s birth story that could contribute to his problems? What else is going on in his life?
2. Using your problem solving process, from the perspective of an Aboriginal healer, what might be the antecedents to James's plight? From your research on the underlying issues, in general and as applied to Aboriginal populations, what other personal, spiritual, emotional, physical and social conditions is he dealing with in his struggle?
3. How will you use your traditional knowledge and skill to help James to become whole again, not only as a parent and worker, but as an Aboriginal man capable of carrying out his traditional responsibilities? What healing process will you advocate?
4. Once you have decided on a course of action, how might you evaluate the effectiveness of the traditional healing approach you have chosen in terms of current scientific understanding? Note that you are not being asked how a conventional medical approach would apply, but to come up with reasonable hypotheses, based on research (not necessarily placebo controlled trials, which may not exist for the phenomena you are dealing with), of how your therapy might be effective.
5. How will your knowledge and understanding of both traditional and conventional systems of healing and thought enable each to be more effective in the real world?

As this is a group project, you will be able to divide up the tasks within the group. As much as possible, try to balance the skills in your group between human biology, pharmacy and social science so that you
will bring a range of perspectives and expertise to the project. As you bring the various aspects of the project together into a whole, you will learn from each other’s work, enriching the entire experience and deepening your level of understanding. Make sure there is at least one pharmacy student and one social science or Aboriginal Studies student in each group.

The case analysis should be a single document from each group, with an introduction, case presentation and conclusion, properly referenced. Please do not hand in a compilation of individual bits of work. The project is due the last class November 25th.

Grading is based on:
• Knowledge and understanding of underling factors contributing to James’s situation
• demonstration of knowledge and understanding of the principles of traditional healing;
• your application of these principles of traditional healing to this case;
• level of critique of these practices from a bio-medical perspective, and the relationship between the two, including alternative explanations for traditional healing phenomena;
• quality of research and documentation, including print and internet sources, interviews and personal communication.

Group process report: Each group member individually must complete a narrative of their experience of participating in this project according using the following as a guide. Guidelines for individual narrative:
• Describe in your own words what you have learned about this case from the others in your group that is normally outside of your field of expertise.
• What was missing from your experience?
• What was the most satisfying part of this project?
• To what extent did you feel engaged in this project?
• What was the most frustrating, dissatisfying?
• How did this project meet/ exceed/ fall short of your learning expectations?
• To what extent has this project impacted you as a person, (emotionally, intellectually, academically, socially)?
• How is this project different/similar to other group work that you might have done?
• What advice would you give about this project to a student just beginning the course?
• Given your experience with the project, what would you do differently? What would you keep exactly the same?
• How would you rank your experience compared to other group projects that you worked on?

In addition, a peer and self evaluation is an important part of the overall grade for this project. Please follow the instructions on the spreadsheet.