



Medicine keepers: issues in indigenous health

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ABSTRACT *This paper examines issues of indigenous health with particular reference to North America and Australia. The authors, an indigenous woman and a non-indigenous male, present basic thoughts about indigenous health and exemplify their implications by referring to issues like land, nutrition, education, and women. Indigenous peoples view health and wellbeing in a comprehensive way, including spirituality and as such the amended WHO definition of health reflects indigenous ways of dealing with health and wellbeing in the human community.*

To me, health is being spiritual, keeping in a good mind. Keeping myself away from the 'evil one', keeping spiritual, keeping strong. (Salish Cultural Leader)

Western medicine is so linear and not very conducive to healing (for me). There is no connection to the spiritual aspect of healing (in Western medicine). (Cree Cultural Leader)

Introduction

Today, all over the planet, indigenous peoples are in trouble. From the Sami in Scandinavia to Amazonian tribes in South America to North American first nations and Australian Aborigines, traditional lands and life-ways are being altered in the name of economic development by non-traditional enterprises such as logging, mining, dam building, and various other development projects (Young, 1995). Families of indigenous peoples are being disrupted,¹ brought to settlement, made to move from traditional homelands, from the ashes of their grandfathers, from their traditional hunting grounds, from their traditional fishing territories. The activities are carried out without consensual agreements of the indigenous peoples and the projects are affecting social, mental, spiritual, and physical health (Indian Health Service, 1997; Kelm, 1998; Kuletz, 1998; Sandefur *et al.*, 1996; Waldram *et al.*, 1995, Young, 1994).

Diseases such as Minamata disease, lung cancer, breast cancer, congenital anomalies, lead poisoning, obesity, diabetes, and heart disease can all be traced to

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collisions of culture in Indigenous communities (Colomeda, 1996; Cook, 1998; Eichstaedt, 1994; Grinde & Johansen, 1995, Joe & Young, 1994; Kunitz, 1996; Ramenofsky, 1987; Reid & Trompf, 1991; Robinson, 1996; Sagers & Gray, 1998; Shephard & Rode, 1996; Spector, 1996). When indigenous peoples speak about restoring health, they talk about restoring the land in the same breath. For indigenous peoples, health is linked to the health of the land, health of the culture, and spiritual health (Colomeda, 1999).

Although the World Health Organization (WHO) has defined the concept of health for all populations as being physical, mental, social, and spiritual wellbeing (WHO, 1946), the meaning of health and its application in everyday-life is dependent on the culture and worldview of the population being served. This presents a considerable problem for everyone involved in public health. It becomes quickly clear that the WHO definition only offers a general frame of reference for health, which in its generality may be acceptable for many cultures, but it does not cover the specific health habits and traditions of any culture alive on Mother Earth (McElroy & Townsend, 1996). While it seems to be easy to agree on generalities, it is more complicated to agree on the cultural and social meanings of health practices in a world that is still diverse in almost every aspect, despite economic and cultural globalization.

As far as North America is concerned, this relates to the large cultural diversity among American Indians (Hodgkenson, 1990), which makes it almost impossible to write about indigenous people, as they are by no means one distinctive population group. The same is true in Australia, which is home to more than 300 different tribes with different cultures and languages (Horton, 1994). To speak of Australian Aborigines is misleading. We are aware of this problem, but within the frame of this article we are not able to differentiate every issue where differentiation is necessary.

Before we learn about the concept of health among indigenous peoples, and recall that it differs from tribe to tribe and nation to nation, we should begin with some concepts about indigenous peoples. Non-indigenous peoples may have one way of thinking about something and indigenous peoples may have another way of defining the same idea. For example what non-indigenous people think about mental illness may be different from what indigenous peoples think about it (Mussell *et al.*, 1991; O'Neil, 1998). Indigenous people often honor those who hear the spirits talk, but non-indigenous peoples may call this schizophrenia. If these people are not dangerous, often they live peacefully in the communities, while modern non-indigenous people give them drugs, and lock them away in mental hospitals.

Indigenous peoples

Who are the world's indigenous peoples? In 1977, the Second General Assembly of the World Council of Indigenous Peoples (WCIP) passed a resolution declaring that only indigenous peoples could define indigenous peoples. The formal political definition developed by WCIP is:

Indigenous peoples shall be peoples living in countries which have populations composed of different ethnic or racial groups who are descendants of the earliest populations which survive in the area, and who do not, as a group, control the national government of the countries within which they live. (World Council of Indigenous Peoples, 1977)

When indigenous peoples from different cultures meet one another for the first time they are overwhelmed by the fact that they share the same basic culture in spite of overt difference. What makes them different from the dominant society is the relationship to the land and how the land helps them to maintain good health.

There can be no economic interest superior to the necessity of preserving the ecosystem; we do not want a bonanza today at the cost of a desolate future (Carduno, 1980, p. 105).

For indigenous peoples, knowledge of the land depends on contracts with the invisible spirit world, which plays its own crucial part in ensuring health, reproduction of society, culture, and the environment. Non-indigenous environmentalists deal exclusively with the relationship of human beings and 'nature'. Indigenous peoples have a different way of conceptualizing this. Knowledge is both spiritual and conceptual and human beings are not separated from what non-indigenous peoples view as the 'natural world' (Gray, 1991).

Traditional people of Indian nations have interpreted the two roads that face the light-skinned race as the road to technology and the road to spirituality. We feel that the road to technology . . . has led modern society to a damaged and seared earth. Could it be that the road to technology represents a rush to destruction, and that the road to spirituality represents the slower path that the traditional native people have travelled and are now seeking again? The earth is not scorched on this trail. The grass is still growing there. (Mamiwinini, 1991)

Indigenous peoples have an ancient and deep respect for the land, embodied in the spiritual concept of Earth as Sacred Mother. They believe that She gives everything they need to live and to have good health: healing plants, animals, berries for food, clean water, clean air. Art, cultural ceremonies and indigenous life ways all reflect this. American Indians believe that the grasses are Mother Earth's hair. When they burn sweet grass in ceremonies the smoke carries the prayers to the Creator, much like the candles and the incense in other religious ceremonies.

Indigenous health

Before contact with Europeans, the health problems that indigenous peoples experienced were not of the magnitude that we see today. They never took more than

they needed, and always gave back to Mother Earth what they took from her. We have experienced a massive paradigm shift, from the Indigenous concept of land caring, in which they learned to work with nature in a positive way, to the concept *en vogue* today of the European idea of 'sustainable development'. For indigenous peoples, the colonization by Europeans has presented a conflict in cultural values, beliefs and practices, or a *collision of cultures* until the present days (Colomeda, 1999).

Similar to the non-indigenous world, three groups of health conditions currently affect indigenous communities worldwide. These are infectious diseases, chronic diseases, and accidental injuries. The contribution of genetics and environment plays a major role in these conditions (Young, 1994).

All indigenous peoples know (and white man knew centuries ago, but has lost that knowledge down through the ages) that health or wellbeing is directly related to the land we live on. When we lose our land, when we lose the connection to our land, our wellbeing is threatened in real terms (Goudie, 1997). The technical term 'environment' does not reflect the deep spiritual quality of man's connection to land. It rather conceals it, thereby opening the door for reason and rationality to treat the environment as just another commodity (Wenzel, 1997). This is what has happened during the past centuries, particularly since industrialization has become the major characteristic of the so-called developed countries. Land is there to be used, or as someone else once said 'Wilderness = Land of no use' (quoted in: Bass, 1996, 5).

Land has become a commodity in the process of industrialization. Land is to be consumed by the individual (corporation) for individual needs, purposes and profits.

One of the clear distinctions between industrialized and indigenous cultures is the individualization of human life. Industrialized societies need mobile and competitive individuals to travel where work is offered. They need individuals who are available for work at any point in time irrespective of their family and kinship relations. In fact, the individual is a product of industrialization. Only the individual, disconnected from land, kinship, and culture can function properly in societies, which honor the individual *self-made man and woman*, the most adequate icon and myth of industrialized societies (Romanyshyn & Whalen, 1987).

While focussing on the individual, industrialized societies have paid a high price: the loss of communities and neighborhoods, particularly in urban areas. However, competitive attitudes and requirements concerning individual performance in education and profession have traveled fast and, in the meantime, have spread into rural areas.

On the other hand, the concept of community and connectedness is extremely strong in indigenous cultures (Long & Dickason, 1999; Stephenson, 1995). The solutions indigenous peoples seek for their future do not lie in an individualistic form of thinking. When people in their communities are ill, they bring them foods and medicines and they pray for them. Rarely is this done in non-indigenous communities.

In (Australia) Aboriginal health, community control of Aboriginal primary health services has been the major policy platform promoted by Aboriginal

health activists and leaders since the 1960s. Over 50 Aboriginal health units have been established around the country as community controlled health services. (Bartlett, 1998, p. 8)

The members of the community help form the worldview of all that live in the related community. Worldview consists of the principles that we acquire to make sense of the world around us. It is an especially valid point when we speak of sacred animals or spirit animals and their role in health. Worldview directs everyday practice in every culture. Differences in worldview cause differences in practice in all sectors of everyday life.

For indigenous peoples, good health includes practising cultural ceremonies, speaking the language, applying the wisdom of the elders, learning the songs, beliefs, healing practices and values that have been handed down in the community from generation to generation (Lyon, 1998; Vogel, 1970).

The culture of many indigenous peoples stems from an oral and behavioral tradition. Westerners use the word 'theory'; for indigenous people, this may mean, 'the way our ancestors thought about things':

This impersonal academic tradition (of Westerners – LAC/EW) is a far cry from the highly ritualised bestowal of knowledge upon a neophyte by the custodians of ancient wisdom. The end product of the two traditions results in a very different reading of the environment and a different perception of what, in the West, is identified as science and technology, and in Aboriginal culture is celebrated as ancient wisdom and traditional skills. This is not to say that Aboriginal people did not or can not think about the environment in a scientific or rational way. They can and do. (Gostin & Chong, 1998, 148)

When writing about indigenous health, we reflect on the practice of indigenous people, i.e. on their oral and behavioral traditions. Especially, we refer to the meanings of balance between mind, body, spirit, culture and earth. When these elements are in balance, we may enjoy good health.

On the other hand, if we consider the profession of Western medicine today, it is clear that its major characteristic is pre-eminence. Such pre-eminence is not merely that of prestige, but also that of 'expert authority' and power. That is to say, Western medicine's knowledge is considered to be authoritative and definitive (Freidson, 1970, 7), provided by 'professionally trained experts of accredited institutions of tertiary education'. Western medicine assumes pre-eminence because it believes in scientific rationality of the European kind. It claims that its paradigm of scientific conduct is the only one that *merits* acknowledgment by everyone living on Mother Earth.

Yet the indigenous peoples of the Americas knew many cures for illnesses long before medicine in Europe became a science (e.g. Lacey, 1993). They knew about curing goiter by eating harvested sea kelp. The iodine in the kelp kept them free from goiter. The Hurons taught the French explorer Jacques Cartier how to cure scurvy

in the 1500s by boiling the needles from an evergreen tree. The needles have high concentrations of vitamin C. In the 1700s James Lind of the Scottish Navy learned about the Indians' cure from reading an account of Jacques Cartier and the Hurons. Lind claimed the cure for himself (Weatherford, 1988). Indian peoples in Northern California and Oregon used a medicine called the sacred bark to evacuate the bowels in cases of constipation. The Spanish mixed the bark with sugar and chocolate. Today, the same ingredients are found in *Ex-Lax* (Weatherford, 1988), a popular product of the pharmaceutical industry in the USA and elsewhere.

Curare originally came from the Indian people of the Amazon Basin and was painted on the tips of arrows used to kill prey in the canopy of the rain forest. Later it was used by Western medicine to cure the symptoms of lockjaw. Today it is used to relax the body before surgery so that the endotracheal tube can be inserted into the windpipe (Weatherford, 1988).

Indian healers developed many drugs to treat the problems of women. They used the trillium erectum to ease the pain of childbirth, which lead the pioneers to rename the plant the 'birthroot' (Weatherford, 1988, p. 37).

In addition Indian people developed many salves and ointments: among them are witch hazel, wintergreen and Vaseline. Indian healers sewed facial lacerations by using bone needles threaded with human hair. They set bones in eel skins and plasters made of downy feathers, gum and resin. They gave enemas with rubber hoses and invented the bulb syringe to clean out ear canals (Weatherford, 1988).

Issues in indigenous health

Today, American Indian people (as well as most Indigenous Nations) are faced with a number of health-related problems. Many of the old ways of diagnosing and treating illnesses have not survived the migration and the changing ways of life of the people . . . skills have been lost . . . modern healthcare facilities are not always available . . . social and economic factors are suspected contributors. (Spector, 1996, p. 243).

(However) Native North Americans have demonstrated a remarkable tenacity in the face of adversity inflicted on them from the time of contact. (Young, 1994, p. 216)

Indigenous Peoples look at health and wellbeing from a comprehensive perspective which is somewhat reflected by the WHO's definition of health (1946). The frame of reference of health is presented by their worldview, which covers natural, geographical, social, and spiritual dimensions of life and relates them to each other in a network of interdependencies.

Key players in indigenous cultures are the elders. They are considered to be the wise people who help educate tribal members. Traditional wisdom and knowledge of the land and how the land supports the community have been essential foundations of indigenous health and wellbeing. Elders have always played a critical role in maintaining the health of indigenous nations. They are living libraries, repositories of the oral traditions for their nation. They remember the old ways, old ceremonies, songs to sing for gathering the plants, medicines to use that will cure their people. In the face of environmental degradation and excessive agricultural use of the land, this foundation has been shaken to its core (Eichstaedt, 1994; Grinde & Johansen, 1995; Kuletz, 1998).

We will refer to some key issues of indigenous health in the following paragraphs, but we wish to make clear that our presentation does not go into details of the relations between those issues and the broader worldview of indigenous peoples particularly in North America and Australia.

A general issue, which we will not deal with, refers to poverty. Indigenous people in North America and in Australia suffer from poverty to a large extent (Altman & Hunter, 1998; Australian Institute of Health and Welfare, 1998; Indian Health Service, 1997). Poverty refers to sub-standard water and sanitation, housing, and a high level of unemployment, all of which contribute to a comparatively high level of violence within the communities.

The Earth as mother: land

One side respected the land; one side exploited the land. One side was basically peaceful and benign; the other was essentially sadistic and autocratic. One sought harmony; the other was driven by aggression and competitiveness (Elder, 1998, p. 2).

As we have already emphasized, the land is everything to indigenous peoples. To frame it in biological and environmental terms is abhorrent when we speak of the land. It is a living breathing entity. To indigenous peoples, land is not just physical and biological environment. The land is the ash of their ancestors who fought to keep the land from becoming destroyed by others: the ancestors on whose shoulders we stand in this generation, whose land we must preserve for the next seven generations.

For indigenous minds, the Western term 'environment' is lackluster and does not convey the broad spectrum of meanings that the term 'Earth' has in indigenous cultures. 'Environment' lacks emotion and spirit that indigenous peoples attribute to their earthly home (Gostin & Chong, 1998). The land generously gives plants, animals, and a life that contributes to good health (Burden, 1998).

There used to be so many clams on the beach you only had to kick the sand to find them. You could dig them up with your toes. Now they're scarce . . . When I was a girl the sand was pearly white. Now it's covered with that green algae, from pollution, they say. The pesticides, herbicides, and

fertilizers run down from the potato fields. Still it is beautiful. It is where the Creator intended us to live. (Wall & Arden, 1990, p. 46)

Mining, dam building, roads, infrastructure planning, etc., are activities of industrialized societies which exploit land for the benefit of people governed by economies and profit-making.

The most important concern is our world we live in. People all over this world are ruining the world. Even in the United States, things such as testing bombs is a wound that will never heal. A world that will never grow plants again. This world that we live in must be protected. Where will our children, grandchildren and great grandchildren live if this world is ruined? (Personal communication: Herman Toolie, Savoonga, Alaska)

In the old days of Australia – before the coming of the Europeans, penal colonies and the massacre of indigenous peoples – small groups of Aborigines moved across the red parched land in search of water. These were scientific people, who through their observations and deductive reasoning, could predict rainfall by watching the patterns in the sky. By observing weather cycles and climate changes, the people understood the locations of plants and their use as foods or medicines. Depending on the amounts of rainfall, the people knew where food animals would be grazing.

In their seasonal activities, small groups of men hunted kangaroos and emus, the women harvested food such as grasses, seeds, fruits, small reptiles, lizards and mammals. Lizards and reptiles were common food sources.

Traditional foods: nutrition

Many chronic diseases such as diabetes, hypertension, obesity, cardiovascular disease are the result of rapid changes in lifestyle, particularly in dietary habits and physical activity levels (Young, 1994, p. 216).

With the loss of the land, or the restricted access to the land, indigenous people have lost the foundations of their traditional nutritional practice. In addition, environmental degradation has contaminated many traditional food sources, particularly fish, plants, and game to the extent that their consumption is dangerous to human health:

Studies of traditional Aboriginal foodstuffs suggest an indigenous diet high in protein, complex carbohydrates, fibre, vitamins and minerals and low in simple carbohydrates (sugar) and saturated fats. Aboriginal people have adapted successfully over many millennia to this diet, which met their nutritional requirements. Changes in nutrient intakes as a result of the appropriation by settlers of rich and productive lands, and the concentration of large groups of Aboriginal people in permanent camps

are implicated in the subsequent rise in the disorders usually associated with affluence, namely heart disease, diabetes and obesity. (Horton, 1994, pp. 459–460)

A similar history of European culture collision impacted the indigenous peoples of North America. As a result, they have fared no better than the Aborigines of Australia have. For the Indian people of North America the coming of the Europeans altered and changed forever the nomadic hunting lifestyle or farming lifestyle of the indigenous peoples of The Turtle Continent. In addition, Indian removal policies of the nineteenth century and implementation of the reservation system created generations of dependents. No longer free to lead a nomadic life or engage in the hunt of traditional foods and wild game, the people became dependent on store-bought foods and government handouts of flour, bacon, beans, and sugar. The combination of increased carbohydrates from flour, bacon and sugar, inactivity, and decline in hunting wild game as protein led to obesity, cardiovascular problems, and diabetes. On the brink of the twenty-first century, these problems continue to impact the health of Native North American peoples:

The situation with obesity is particularly striking. As recently as the 1940s caloric and nutrition deficiency was a real threat in many communities; today, obesity is widespread . . . Many chronic diseases are associated with obesity such as ischaemic heart disease, hypertension, diabetes, gall bladder disease, and certain cancers (Young, 1994, p. 139).

The way our people learn: education

The concept of education for indigenous peoples varies markedly from that of Westernized Europeans (Cajete, 1994; Groome, 1998). While Western education is based on linear modes of analysis and synthesis, education in indigenous cultures is more circular and focused on observation, waiting, and analysis of situations. For example, hunters observe the minute signs of the land and they know when caribou or fish will migrate; women observe the development of children and know when to implement certain strategies for child development. Story telling constitutes a major strategy for learning among indigenous peoples. The extended family plays a critical role in education of the indigenous person. Aunts, grandmothers, and female cousins teach young girls the skills they will need to be a contributing member of the group; uncles, grandfathers, and other males teach the male children the skills they will need to be successful.

Research with American Indian people has demonstrated that American Indian people learn best in groups. Indian students learn best when the learning can be linked to previous knowledge and to life's work. The constructivist theory of education is a viewpoint in learning theory, which holds that learners actively construct their own ways of thinking as a result of interacting with the learning experience (Molenda, 1991). In the constructivist model, Indian students

extrapolate from the subject that which is meaningful to their own lives and life's experience. In other words, they will 'make meaning' of their learning.

In the modern world of academic education put forth in state and public schools, acknowledgement of and teaching to indigenous learning styles and strategies can mean the difference in success or failure for the indigenous child, and for the teacher of the indigenous child. Additionally, indigenous children are not made to 'perform' for the family group without practising and feeling confident. Indigenous peoples do not make their children perform 'on the spot'. In a classroom situation, the wise teacher of indigenous children must be made aware of these cultural aspects of education (Cajete, 1994).

Indigenous education may be more differentiated because it does not rely on a formal educational system to which parents and the community as a whole delegate the education of children and adolescents. Education is practised as a communal task, the responsibility of which lies with every member of the community.

Consequently, regarding health education, indigenous communities prefer approaches which encompass the whole community rather than aiming at certain 'target groups'. The Western model of analytical segregation of communities for the purpose of health education and health promotion can hardly gain support from Indigenous peoples as they feel that this approach may result in 'blaming-the-victim' models of community organization.

Women's business: power and medicine

The Native American woman is not a drudge or squaw or princess, she is merely a woman defined by the roles she assumes within her culture. She is a link between the ancestors and the next seven generations. She is vulnerable, poor, and confused as to who she is because of the marginalization of her people. (Meyer, 1993, p. 242)

Despite widely different environments and social systems, the rearing of little girls remained remarkably similar in many indigenous cultures. Indigenous parents are permissive and the bond between little girls and their mothers is strong.

The overwhelming pressures of the dominant culture have produced social problems found in the non-Indian world: rape, incest, alcoholism, lack of self esteem and loss of identity as an Indian woman.

In the past, in all tribes women were valued for their skills. They brought forth the future nation and contributed as much as 80% of the labor needed to produce the family food supply. Not only were activities such as gardening, gathering and preparing plants done by women, but also butchering, storing, and cooking the meat brought in by the men. Women were treasured for their roles as healers, midwives and as crafters. They are the sustainers of the people (Colomeda, 1996).

Traditionally, in indigenous cultures women have their own power. Some call it Moon Power, but nevertheless it is a power owned only by women. In the old days, hunters could never be in the same room as a menstruating woman because their

power at this time was so great. In many cultures, it was a taboo for a menstruating woman to touch the weapons of hunters. Often the women were isolated in a special building until they completed their cycle. Before the arrival of the Jesuits into North America many Indian women had their own societies and were leaders for their tribes. The Jesuits changed that way of life to be more congruent with the agrarian European model. However, in many Indigenous cultures, the business of women's health, childbirth and child development activities continue to be the pursuance of women (Colomeda, 1996):

Native American and Alaska Native women pose a challenge to health care practitioners. Diversity of cultures, reflected by over 500 Native tribes, the degree of acculturation, assimilation, and length of contact with Western civilization make generalizations concerning the health of Native American women difficult. However, the common denominator of poverty, and a long history of government provided health care provide unique insights into certain health-related problems affecting Native women (Meyer, 1993, p. 241).

However, according to statistical evidence from the Indian Health Service (1997), the leading cause of death for Native American women in 1992–1994 is heart disease, followed by malignant neoplasms. The birth rate for American Indians and Alaska Natives served by Indian Health services was 25.7 (per 1,000 population). It is 1.7 times the 1993 birth rates of 15.5 for the US all races population. For the period of 1992–1994, there were four maternal deaths (Indian Health Service, 1997).

Conclusion

When cultural contexts and values are not taken into account in health and development programs, their usefulness is questionable. To locate culture within the heart of health education, promotion and providers is cultural empowerment in the best sense of the word (Cajete, 1994; Cornelius, 1999; Hill, 1996). Cultural empowerment in health care takes into account how health knowledge, beliefs, and practice are produced and interpreted at many levels, including individual, family, and community as well as grass roots (Duran & Duran, 1998; Fredericks *et al.*, 1998; Koertvelyessy, 1996). These interpretations also include international and national powers and politics (Airhihenbuwa, 1995).

The process of empowering individuals in health education programming is often based on the assumption that individuals, primarily because of their limited economic resources, are powerless. Eurocentrists often consider silence, which makes most Westerners uncomfortable, to indicate voicelessness and weakness, failing to recognize that knowledge born of Western economic praxis carries questionable values and biases that marginalize traditional and local knowledge. (Airhihenbuwa, 1995, p. 27)

Geographically, we have to learn to acknowledge that we are connected to each other irrespective of where we currently live. The local has never been only local, as our ancestors have known. It has always been embedded in much larger contexts which needed to be respected in order to be able to live in the places they inhabited for a certain period of time. Nowadays, the local is even more connected to its global neighbors via physical lines of communication, trade and tourism.

Politically and mentally, we have to understand that our very own life-ways are dependent on the life-ways of our fellow humans dispersed all over the planet. No one is independent, no one is superior, and no one has more rights than others (Bretherton, 1996). Mother Earth never thought of different rights for different people and species. The fundamental reality is that only equality between all of us will help us to maintain our material living conditions in a sustainable way. Everything else contributes to their demolition (Escobar, 1995).

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Notes

- 1 Perhaps the most recent report in this regard comes from Australia (Human Rights and Equal Opportunity Commission, 1997).

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