Keep the Circle Strong: Native Health Promotion

Respecter la culture pour la promotion de la santé des autochtones

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Abstract

Using the Epp Health Promotion framework, this paper identifies strengths for Native Health Promotion that are found in Native culture. Learning to integrate Native culture with professional practice is an ethical responsibility. In the context of bioethics, biomedical schemes for Native health must be based in bioethics which have cultural knowledge at the core. The data presented in our article derives from our work in many regions of North America.

Résumé

Se servant du cadre de référence EPP pour la promotion de la santé, cet article identifie des points forts de la culture autochtone pour la promotion de la santé. L'intégration de la culture autochtone à la pratique professionnelle constitue une responsabilité d'ordre éthique. Les programmes biomédicaux pour la santé des autochtones doivent s'inspirer d'une bioéthique basée sur une solide connaissance de la culture. Les données présentées dans l'article découlent de travaux effectués dans de nombreuses régions de l'Amérique du Nord.

Introduction

> *The Circle is central to Native life. It is the combination of everything. It has no beginning and it has no end.*
>
> Ann Bird, 1990.

As the source of Native health and spirituality, the Circle's symbolism permeates Native cosmology and provides direction for Native Health Promotion. Minimal documentation exists on this subject despite the deep heritage that Native people have in these matters. The purpose of this work is to foster consideration of ethical standards for Native health and to identify resources for Health Promotion in Native Canada.

In addition to extensive review of published sources on Native health, the information in this article has emerged from many years of association with many Native groups in North America. Our orientation is based both in the diachrony and synchrony of Native culture; that is, at times we deal with themes that are common to North American Native cultural groups and, at other times, we refer to practices of specific groups such as the Cree, the Anishnabe, the Coast Salish, or the Metis. Our work with Native people has also been informed by in-depth experiences in participatory research methods elsewhere (Ross, 1986; Ross & Bergum, 1990; Ross & Ross, 1990; Ross, 1991). Our work includes field and library research, and the formal study of Native people as recorded in History, Anthropology, and Archaeology; involvement in many projects for Native health; and taking and teaching numerous university courses in Native Health. One course in particular, "The Anthropology of Health and Healing," which we co-taught at the Blue Quills School in St. Paul, Alberta, has contributed significantly to the content of this paper. With Native students from several tribal groups, the main objective of the course at Blue Quills was to identify, learn, and integrate the Native traditions about health maintenance and disease prevention as a base for health promotion.

Some Canadians contend that the Charter of Human Rights entitles all Canadians to culturally relevant health care. It is also argued that ethical Native health and medical care also requires the alternative approach of "First Nations Human Rights and Responsibilities Laws" (Turpel, 1989). With respect to the ethics of Native health, this issue (i.e., culturally relevant health care) deserves careful consideration. In comparison with majority-culture Canadians, the low health status of Native people is problematic. As our understanding increases about the ways in which health values and behaviours are culturally embedded, we can also begin to understand why Native health is so poor. As recipients of professional programs and approaches in which they have not been part of the decision-making process, their experience of western biomedicine is foreign, impractical, and, often, extremely invasive.

We believe that learning how to integrate Native culture with professional practice is an ethical responsibility. In the context of a bioethic that promotes mutuality, autonomy, beneficence, and justice, administrative biomedical schemes for Native health must be revisited. Native health care must

be based in bioethics and cultural relevance. The widely used Epp Health Promotion framework (Figure 1) was found to have a strong base in ethics and to relate well to Native beliefs and practices. In our work it has been used for identifying Native customs and beliefs supporting health within a broad approach to the promotion of health that includes programme planning, health education, and healthy policy development in respect of improved health status for Native people.

Ethics

The administration of public health in Canada "is inherently concerned with social justice, with fair and equitable distribution of scarce resources for the protection and restoration of health" (Last, 1987, p. 364). In many ways, the objectives of bioethics and health promotion interface. With respect to Native people, there is much to be done before the most basic ethical standards can be met. We believe that the Epp Framework for Health Promotion can assist the process of formulating ethical health care for Native people (Epp, 1986).

Health Promotion

According to the World Health Organization, "Health Promotion is the process of enabling people to increase control over, and improve their health. It represents a mediating strategy between people and their environments, synthesizing personal choice and social responsibility in health to create a healthier future" (Epp, 1986, p. 6). In Epp's work, *Achieving health for all: A framework for health promotion* (1986), this definition has been organized into three approaches for Health Promotion: Health Challenges, Health Promotion Mechanisms, and Implementation Strategies. In the pages that follow, Health Promotion will be analyzed according to criteria that emerge from Native medicine as it derives from Native cosmology and social organization.

Health Challenges

Challenge I: Reducing Inequities

Equality is basic to bioethics. This challenge is staggering in its proportions when attempting to extend bioethics to Native health. Contrary to the relative absence of factual evidence concerning indigenous health resources, negative stereotypes about Natives abound (York, 1989; Mao, Morrison, Semenciew, & Wigle, 1986; Postl, 1986; *Suicide in Canada*, 1987; Hislop, 1987; Thompson, 1987; Ward & Fox, 1977). Likewise, the inequities in Native Canada and the attendant high mortality and morbidity statistics are well documented (Young, 1988; Morrison, Semenciew, Mao, & Wigle, 1986). Recently, this point has been made powerfully in the Constitutional talks and in Native contributions to the Royal Commission on Native Affairs. As George Erasmus said so articulately in a CBC interview, "We don't need more studies to determine that Natives have high infant mortality/morbidity rates or that chronic alcoholism is a problem." The first principles of bioethics are not being met in Native Canada. And the same goes for Native involvement in decision making.

Native leaders insist that Natives must be part of the decision making in this country. John O'Neil (1986) compares health conditions in the Canadian North to those existing in many developing countries. Reducing the inequities requires community involvement or mutuality and recognition that the dominant system often has not been relevant to Native needs (O'Neil, 1986). Application of the methods of Quality Improvement Management, where both internal and external customer needs must be satisfied, could contribute significantly to the reduction of inequities and to achieving mutuality in the improvement of Native health (Berwick, Godfrey, & Roessner, 1990; Inhaber & Ross, 1992).

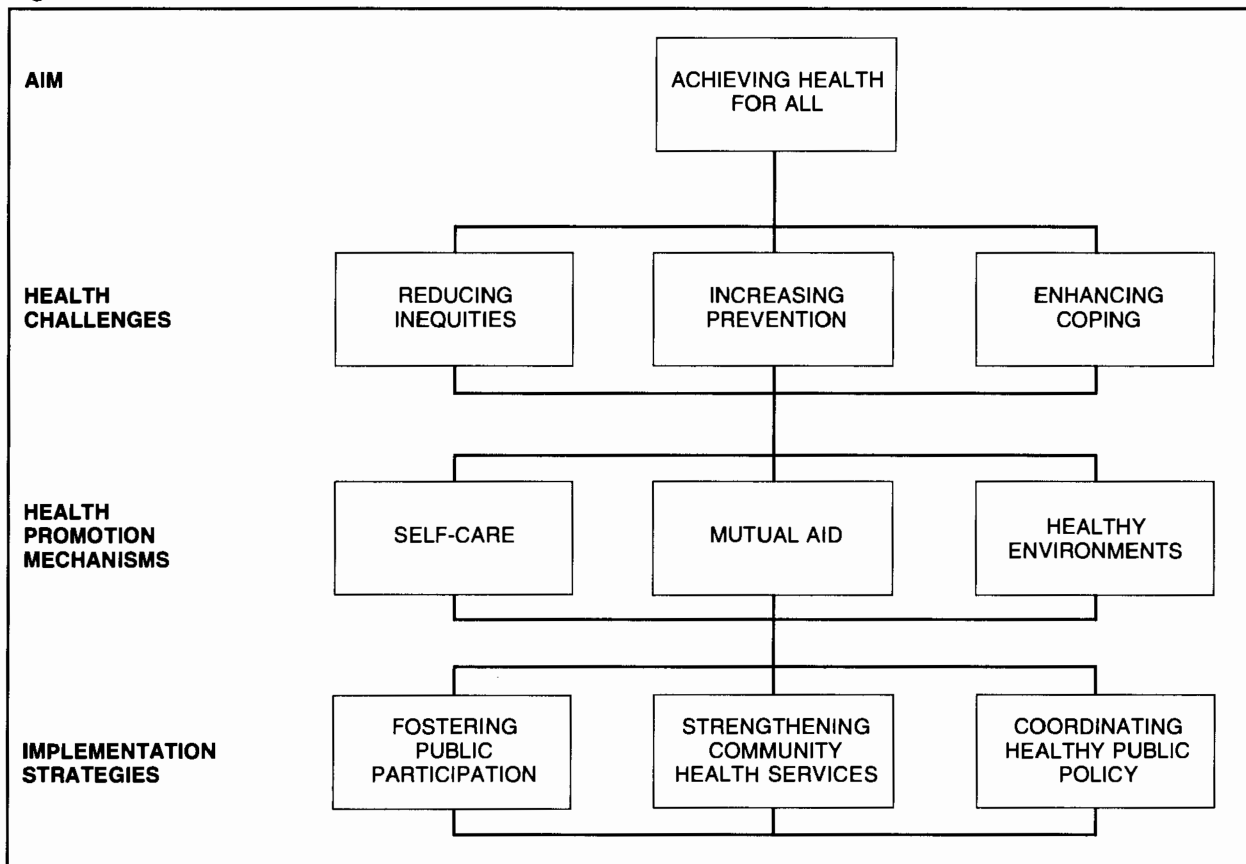
Challenge II: Increasing Prevention

While considerable research about Native illness and disease has been conducted and reported, few research projects have been designed specifically to determine Native resources for health. This is unfortunate given the increasing interest in the cultural dimensions of health, the richness of the Native medicine tradition, and the growing emphasis in Canada on bioethics, health promotion, research, and customer empowerment. How can prevention be approached in the best way? The Epp (1986) document states that, "Prevention involves identifying the factors which cause a condition and then reducing or eliminating them" (p. 4). As the discussion below, which derives primarily from Native cultures in the North American prairies, will show, Native cultures are replete with disease preventing mechanisms. It is imperative for health professionals to recognize, respect, and potentiate these resources (Baker, Findlay, Isbister, & Peekeekoot, 1987). This recognition should, in fact, be a fundamental part of the beneficence that is required for bioethical care.

Challenge III: Enhancing People's Capacity to Cope

Enhancing people's capacity to cope occurs largely when they become involved in the affairs that affect them and when they are empowered to influence the decisions that are made (Freire, 1970; Sharma & Ross, 1990). As York (1989) reveals, many Native support groups have emerged in Canada to strengthen Native people and their own communities in achieving improved health (e.g., Poundmakers Lodge, Nechi Institute, the National Role Model Program, Alkali Lake). The partici-

Figure 1. A Framework for Health Promotion.



Note: Taken from Epp (1986), *Achieving Health for All: A Framework for Health Promotion.* Ottawa: Ministry of Supply and Services, p. 8.

pation and empowerment of Native people will be enhanced as policies, programmes, and education (whether carried out by Natives themselves or in collaboration with provincial and/ or national health services) build on established and valued Native traditions. The challenge is to activate and support their existing custom-based practices that promote health.

Health Promotion Mechanisms

Native health promotion mechanisms may be presented and analyzed according to Self-Care, Mutual Aid, and Healthy Environments. In this respect, there is need for our language to reflect accurately what is meant in professional and public discourse about health. Gradually we are beginning to witness a shift in emphasis away from "health care" that actually means "medical services" (i.e., primarily illness and disease care) toward "health services" that are representative of wellness and the maintenance and/or promotion of health (Fabrega, 1980). Health as wellness and disease prevention, and medicine as the treatment of illness and disease, underlays the text of this paper.

Mechanism I: Self Care

Self-care is defined as "the decisions and actions individuals can take in the interest of their own health. When we speak of self-care, we refer to the decisions taken and the practices adopted by an individual specifically for the preservation of his or her health" (Epp, 1986, p. 7). Self-care is also an important criteria of bioethics. Ethical questions arise in bioethics when the needs of society conflict with the rights of individuals and the environment (Last, 1987). Where Native people are concerned, the demands of institutions in the dominant society frequently interfere with principles, knowledge, and practices that are embedded in traditional Native society.

The concept of self-care appears appropriate in the study of Native Canadians for it is in keeping with their values which, in traditional times, emphasized singular pursuits, such as vision quests by men and, for women, giving birth alone. With the acephalus and flexible political organizations (Freid, 1968) of Native groups, however, self-care, mutual aid, and reverence for nature are closely aligned and delicately

balanced. To understand self-care in this context, several analytical themes, including gender analysis, are helpful. Other traditional themes have also been identified to us through personal communication with Native people from different groups. These themes signify that the essential characteristics of individual behaviour include humility, the maintenance of low personal profile, accepting personal responsibility for role performance (i.e., in the division of labour between men, women, and society), and above all, spiritual integrity (Mallock, 1989).

Gender

While considerable account has been rendered about Native North American males, much less has been documented about Native women. For men, the traditional social means required to achieve self worth and personal direction are accrued through their associations with the elders, the making of vision quests, and adherence to the special customs that govern hunting, fishing, and the practice of medicine (Jonker & Kaquitts, 1988). Fortunately, published accounts of the experiences of women are also beginning to emerge. Many of the women's stories are quite recent and recount their testimonials of personal disintegration which has been overcome (Perreault & Vance, 1991). This rehabilitation and social reintegration is often characterized by a process of courageous personal reform (Campbell, 1973; Native Women, 1989). Lesley Mallock (1989) provides a succinct summary of the Anishnabe gender roles that are pertinent to Native health promotion and to understanding the importance gender can play in Native health promotion:

> Woman is the Earth, the centre of the circle of life. She brings forth life; she is the caretaker of life. She nourishes, nurtures and heals in the same way that the Earth does. Her reproductive power is sacred and she has great natural healing powers that derive from her spiritual connections with the Earth.
>
> Traditional Indian woman practises preventative medicine in the home. She has a working knowledge of the foods and plants that are essential to her family's health. She also has a knowledge of basic home remedies for treating illness.
>
> Woman also nurtures the spiritual and mental health of her children by means of the natural way in which she bears her children and rears them. Natural childbirth, bonding, breast-feeding, security and positive self-image of children in the home are examples of this. This process is transmitted as much by example as it is by instruction. Some women also fulfil the special role of midwife in their community.
>
> Man fulfils his role in a different way. Because he is not born with the same relationship to the Earth and lifegiving powers as is a woman, he must strive throughout his life to develop that relationship. This he does through ceremonies, the sweat, fasting, and serving the people.
>
> Man must seek knowledge and powers through suffering and self-sacrifice. If he is blessed with power and knowledge, it is not for his own personal gain but rather for the benefit of the people (for example, his family, his community). (p. 106)

Despite cultural similarities among Canadian Native peoples, many regional or ethnic differences in gender related customs occur. Anne Anderson (1985) compares, for example, Metis and Indian women. With respect to healing among the Anishnabe, Mallock (1989) notes that both women and men can be healers. In healing they draw on different therapeutic qualities that are specific to their gender.

> Men are usually the ones chosen to be the 'medicine' people in Anishnabe way—that is, medicine men who doctor the sick with medicines and through spiritual ceremonies. The reason for this is that women are already fulfilling their role as lifegivers and healers. It is the men who must fulfil their role and relationship to the Creation as servants of the people, as "medicine men." At the same time, some women may be recognized for their knowledge and skill (or gift) in the use of herbal medicines. Different people have different gifts and act appropriately (p. 106).

Developmental Stages

While documented information about Native gender organization is limited, there is even less information about the socialization of Native children. The lack of information about Native children and their developmental stages is problematic for therapists who have been socialized in their professional culture about the importance of the developmental stages and base their assessments upon such data. It becomes especially problematic when Native children, who appear normal in Native society, do not rate well on these developmental tests (Burke, Sayers, Baumgart, & Wray, 1985). A story (Urion, 1988) will help to illustrate this point.

It was spring. A Native child failed to perform well on an intelligence test in his school. His teacher thought he must be developmentally delayed. The child, noting a familiar sound, got up and went to the window to observe the returning geese, passing overhead. He began to tell the teacher many things about the geese: their formation patterns, interpretations of their sounds, where they were going, and so on. Although the boy had inadequate knowledge for the school test, he was rich in the wisdom of the things that were part of his immediate and real world.

Emmi Nemetz (forthcoming in Ross) has noted that the role of Native children in health care has much greater significance than is generally realized. From her extensive experience in working with Natives in many northern and southern Canadian communities, she reports that Native children are "advised to think before they act...to think about health in terms of the group." As in the work of Laserna (1990), health and its maintenance are part of the whole philosophy of living.

Learning is done by looking, listening, and imitation of human, animal, and plant behaviour. The learning style is very subjective and has little room for experimenting with trial and error in areas outside the cultural learning system. It is an explicit process; one that does not facilitate abstract reasoning or behaviour consonant with school-type values about learning.

Spirituality and Dreams

Those called to be medicine people are often called through dreams, which awaken the depth of emotions, encouraging the dreamer to adjust her/his emotions in everyday life. Dreams may also be the source of specific healing knowledge. For example, the combination or sources of herbs for healing may be revealed in dreams (Young, Ingram, & Swartz, 1989).

Those who are gifted with the ability to find healing herbs through dreams are special people, commonly known as Shamans. For them the personal responsibilities for ethical behaviour are vital.

> A good Shaman adopts all positive emotions and eliminates all negative emotions. One who is endowed with such a gift does not brag or exploit themselves to the public. If one does such a thing, then he or she is not a true healer. Not advertising oneself is a form of showing respect and gratitude towards the Great Spirit. A good healer always humbly gives himself or herself to the world the Great Spirit has created. There is no such thing as greed or selfishness in a 'good' healer (Cardinal, 1988).

From this we find that individual spiritual integrity is the foundation for maintaining health and preventing illness and disease (physical, mental, and social).

Spiritual wholeness is important not only in the personal domain, but also in other areas as well (Pringle, 1990). It influences the seasons, the productivity of the land, and the social balance in a community.

> We are all born with the capacity to dream and to have visions. This is what makes us whole as humans. The spirits help us to seek and fulfill our lives on the earth plane. We are like a part of the universe [we live in] and the earth we walk on; [we must] show respect to what the Creator gave us. We must walk in balance with Mother Earth, harmonizing with the creatures that walk this earth, the air, water, and life within each of us. (Cardinal, 1988).

From the perspective of self-care or the actions taken to preserve and nurture one's own health, we find that personal Native welfare is inextricably linked with gender roles, socialization, and cosmology. Allegiance to higher spiritual and community orders provide the balance for personal well being and existence.

Mechanism II: Mutual Aid

In the Epp Framework, mutual aid is designated as "the actions people take to help each other" (Epp, 1986, p. 7). Native societies are rich in resources for mutual aid. This fact has been well established in Native and anthropological literature, but is less commonly recognized in the health and medical sectors. To achieve ethical health and medical care for Native people, this imbalance must be addressed and overcome. To be competent practitioners, health professionals must learn about Native culture and integrate its cultural relevance with their practice (Postl, 1986; Baker, Isbister, & Peekeekoot, 1987). Authors who address the issue of mutual aid in Native communities as a potential source for native health promotion include Mardiros (1987), Gregory and Stewart (1987), and Clarke (1990). In "Native Ethics and Rules of Behaviour," an anonymous author summarizes that "group survival is more important than personal prosperity. Consequently, individuals are expected to take no more than they need and to share freely."

In the Blue Quills class, the theme of mutual aid as a foundation for health received significant attention by the students, and some of the examples they provided are discussed below. Examples of mutual aid include the pipe ceremony and its function, the importance of burning sweet grass for cleansing and healing, the holding of wakes to comfort the family and friends of the deceased, and the socio-spiritual importance of tea drinking, sweat lodge ceremonies, round dances, and powwows. Many of the rituals that were a traditional resource for health are now being revived and practised in a transitional manner that attempts to unite the past with life today.

The class in Health and Healing at Blue Quills School was ceremonially embedded in the community and among the class participants. Rather than beginning the course in the usual way, with the professor distributing the syllabus and explaining it, the class was ritually opened by eight elders, four women and four men, who led the Pipe Ceremony and burned sweet grass in the sunken round ceremonial pit of the school's convocation centre. Later, the significance of the rituals was explained by the elders. This was a good review for some students, and it offered assistance to students who did not know the meaning of the rituals.

The course also was legitimized in other traditional ways. Everyone enjoyed the deep presentations about Indian herbal and spiritual healing by Medicine Man, Sam Windy Boy and his apprentices. Student presentations on aspects of Native health promotion were based, for the most part, in their own knowledge of Native ways or on the content of interviews they conducted with elders who agreed to assist them with their

assignments. In the experience of students in the class, and in all Native cultures known to us, access to information from the elders must be accompanied by acceptable protocol. Typically, this requires the presentation of appropriate gifts to honour the teacher, the information, and the lineage of the people who have held the information and passed it on. Due to the sacred and secret nature of many Native customs, Blue Quills students were sometimes obliged to speak generally about the function(s) of Native medicine, rather than explain the private and sacred details. The emphasis on honouring sacred or private domains of knowledge is a source of fundamental difference between Native and dominant Canadian cultures. Whereas the pressure in majority cultures is towards investigation and open systems, Native cultures bind many domains of knowledge according to age, gender, or the conferral of the right to possess knowledge.

While considerable emphasis is placed on mutual aid among community members, interpersonal support also extends to link the living and the deceased. Elsewhere, people in the state of being deceased, yet of importance to the living, are referred to as the "living dead" (Ross & Ross, 1990). For many western trained health and medical professionals, the importance the ancestral domain holds for Native people is unknown. Consequently, the domain of the ancestors and the ancestral realm as a source for Native well being is generally overlooked. Usually, the Natives' concern for the ritual links between the two domains of lived life and ancestral life is disregarded in the environments of health and medical care today. In consideration for Native beliefs, the procedural aspects for the care of the deceased assume ethical dimensions of great importance, not only for handling the dead, but also for the social and mental health of the living. These issues have profound implications for hospital personnel and their appropriate interactions with relatives of deceased Native people. Protocol that is appropriate to Native customs should also be employed in handling the bodies and spirits (not the corpses) of deceased Native people. At another level, these issues need to be addressed in the biomedical ethics of appropriate cross cultural health and medical care. This paper takes a step in that direction.

The Wake

Chipewaya-Cree believe that the spirit stays within the body for three nights and four days (Mikokis, 1988). For this reason, the body is handled with great respect. To achieve ethical practice in health and medical institutions today, there should be discussion about and respect for the Native custom that a body should not be sealed, cremated, or buried until the ritual number of days after death. During this period it is mandatory for the family and friends to support one another and to assist the deceased person's spirit on its way. The wake, therefore, is a time for the gathering of people, but not for outward expressions of grief. Excessive crying is discouraged because it is thought to hinder the spirit's journey and disturb the deceased's life after death (Mikokis, 1988). The wake is also important for its social function in uniting people at a stressful time. In bereavement, family and friends separate themselves, for awhile at least, from the business of everyday—and often secular—life. They reaffirm common values, eat, remember the dead, comfort the mourning, and step together toward a future that is secure in the gentle and ancient circle of time.

The Medicine Wheel (Wheel of Life)

Pictorial representations of the Medicine Circle or the Wheel of Life are becoming quite common (Figure 2). Not so common, however, is knowledge of the Circle's meaning for different tribes or its social (collective) and personal (individual) relevance. Russell Willier, a Woods Cree Indian from the Sucker Creek Reserve in Alberta, notes the importance of the cardinal directions in understanding the Medicine Circle.

> The four directions divide the Medicine Circle into four symbolizing a component necessary for a person's life. The first quadrant represents education or special skill; the second, far-sightedness and the ability to plan ahead. The third quadrant stands for material possessions, home, and spouse, and the last symbolizes the happiness that comes from family life and having children...Each segment of the Medicine Circle is important in its own right, but the parts must work in harmony for a person to close the circle and reach fulfilment (Young, Ingram, & Swartz, 1989, p.36).

Once again, we learn the importance of observing correct protocol. Following the directions properly is important: "Go to the right or you'll trip and fall; go backwards and something awful can happen" (Bird, July, 1990).

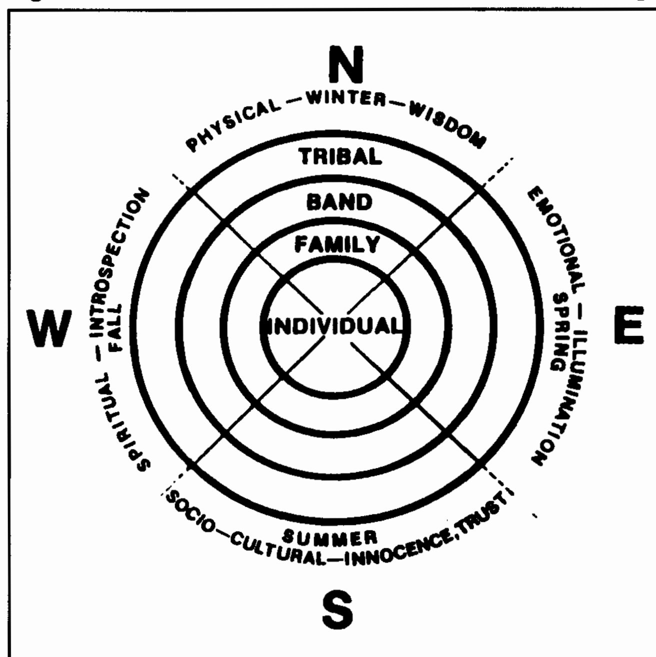
Heather Clarke (1990) studied the meaning that the Medicine Wheel holds for Coast Salish women in childbearing. Exploring the women's childbearing experience and Medicine Wheel within the Circle of Life, Clarke found an ethos of congruency between the individual woman, her family, her personal, social, and past life, and the environment. The beliefs, values, and behaviours specific to childbearing are found to be extensions of those that guide every day life. To illustrate, the spiritual element of health is portrayed in Figure 1 and summarized by an elder:

> In life there are four directions—from each direction there is a strength. It is the personal and family involvement, really caring for one another's well-being, that has kept our people strong and unified. Spirituality comes from within, within your heart. It makes you happy. That's where your strength lies. (Clarke, 1990, p. 29).

The Sweet Grass Trail

The symbols of the Medicine Circle and the Sweetgrass Trail are closely associated in their importance for Health Promo-

Figure 2. Medicine Wheel: Directions of Understanding.



(Taken from Heather Clarke (1990) in J. Ross & V. Bergum, *Through the looking glass: Children and health promotion*, Canadian Public Health Association, reprinted with permission.)

tion. For the Woodlands Cree, healthy living assists individuals on the Sweet Grass Trail.

> The Sweetgrass Trail is explained in terms of the different 'roads' that people take on their journey through life. The central road is likened to a tree trunk, and an individual can diverge from it at any time. A person can also veer away for a period, as in drinking or drug use, and later return to the Sweetgrass Trail. There is no guarantee, however, that a person will reach the culmination of his or her journey. A person can make it nearly all the way by attaining the age of seventy or over and still experience a sudden heart attack. Accidents or mishaps can cause others to fall off the path at a very early age. The various branches leading off the main road are many, some leading to death in the form of cancer, brain tumours, or AIDS, and others to liver problems or suicide (Young, Ingram, & Swartz, 1989, p. 35).

The Pipe Ceremony

The Pipe Ceremony is central to gatherings of social and sacred importance, and it is carried out with reverence (Young, Ingram, & Swartz, 1989). In Cree culture, elders who perform the Pipe Ceremony sit in a circle with the ritual herbal elements at the centre. An eagle feather, representative of strength, is used to fan the smouldering herbs. The prayers invoke blessing on those assembled and on the event (or events) to follow, while the pipe is passed in the circle of the sun as it moves from one horizon to the other. From this ritual, the group's solidarity and focus is strengthened.

Burning Sweet Grass

Sacred herbs are used to purify the space where ceremonies are held as well as the people participating in the ceremonies. Fortunately, the strengthening and healing attributes of this ritual are now being recognized by some hospital personnel. The Charles Camsell Hospital in Edmonton, for example, has enabled Native people to practise this ritual in hospital for several years.

The Sweat Lodge

Across the prairies the Sweat Lodge is conducted in many ways and for various reasons. In the study of Native health and healing practices at Blue Quills School, Alice Steinhauer (an elder and class member from Saddle Lake Reserve) offered *mistimow* (ceremonial tobacco) and print to healer Martin Makokis on behalf of our class, requesting that he hold a "Sweat" at his Sweat Lodge on the reserve.

Preceding the ritual, care was taken to instruct novices on what to wear and do. Women wore loose fitting dresses or a dressing gown, and bathing trunks were worn by the men. We were instructed that towels would be essential for the perspiration. Before going inside, we were told how best to deal with the heat and the steam ("keep your head down in a towel when the heat begins to burn") and what to do if we could not tolerate it ("tell the Sweat leader if you have trouble with the unfamiliarity and heat of the ritual"). From our participation in the ceremony, it was evident that people gain strength from its rituals. As we progressed through the four obligatory rounds of the Sweat, Elder Sam Windy Boy, Martin Makokis, and the students who knew the ritual were concerned about the physical comfort of others and were careful to provide emotional support to those for whom the ritual was an unfamiliar experience.

In addition to the therapeutic value of an evening in a wilderness setting—sweating and cleansing—there was camaraderie, nourishing food, and drink. In the dark heat of the Sweat Lodge, the ritual eased the worries of some and enhanced the self-esteem of others. During the process people shared their worries, they testified about their difficulties, and they expressed their appreciation for the good things of life. The blessings of human relationships were especially acknowledged. At the end of the ritual, everyone enjoyed a communal meal of blueberries, bread, fruit juice, and coffee in the Makokis home nearby.

The Sweat Lodge has become part of many therapeutic procedures conducted by medicine people for physical ailments, such as psoriasis and diabetes (Young, Ingram, & Swartz, 1989). It is also used routinely in the drug and alcohol rehabilitation programmes of agencies, such as the Poundmaker

Lodge and Nechi Institute at St. Albert, Alberta (Hodgson, 1987). Some people say they participate routinely in the Sweat Lodge to keep their lives in balance and harmony.

Powwows

Powwow means "the coming together of the people" (Andrews, 1990, p. 5). As a form of recreation and a place of song and storytelling, people come to powwows for many reasons: "for spiritual reasons, to compete in the dances, to play hand games, to sell authentic Indian art and craft items, and to teach their children to respect everything about the gatherings because it is noble and it is the Indian way of life" (Woodward, 1990, p. 3). It is for the old and for the young, for women and for men. Dancing obviates age and gender barriers. It also strengthens values and provides direction. Through powwow dancing, Mary Weasel Fat of the Blood tribe at Cardston, Alberta, finds that she gains wisdom and advice from women considerably older than she (Red Crow, 1990). On the Keehewin reserve sixteen Cree boys began powwows and round dances as an alternative to smoking and drinking. "In the drum circle the boys are strong" (Parenteau, 1990, p. 18). According to fifteen-year-old Sean Wakahat from Frog Lake, Alberta:

> Dancing is unexplainable. You just have to go out there and do it for yourself. There is no feeling like it. When you walk into another kind of dance there isn't that feeling but when you walk into a powwow and see the smiling faces, it's called the circle (Parenteau, 1990, p. 10).

Round Dance

At Blue Quills School, Shirley Memnook demonstrated the meaning of Native Health Promotion in a way that was enjoyable and educational for everyone. Her presentation, in fact, was so illustrative that it provided the conceptual base and the title for this integration of Health Promotion and Native Health. Having set up her tape recorder with appropriate Round Dance music, Shirley Memnook began her presentation by quietly passing to everyone buttons with the phrase, "Keep the Circle Strong." Then she invited her teachers and classmates to participate in a social learning experience. She explained that Round Dance brings people together throughout the year. It provides exercise and pleasure as it enhances personal health and perpetuates the spiritual strength of Native people through its embodiment of the cardinal directions and the reenactment of the ancient circular forms.

Tea Drinking

Drinking tea is a shared and communal experience. The teas are taken to maintain good health, to ward off illness, to cure disease, and in many instances, they are used simply because they taste good and provide refreshment. The herbs from which the tea is made are a gift of the land to be shared with people and among people. Nature abounds with herbal teas, and the prairies of Western Canada produce a rich variety of teas for medicinal, ceremonial, and social use. At Blue Quills School, the students were eager to share their knowledge by serving refreshing drinks to the class. Students also taught their fellow classmates the recognition of the therapeutic properties of common local herbs. To help us learn more, the class travelled to the Native Herb Garden at the Devonian Botanical Garden, University of Alberta, where many tea varieties grow. In addition to Native knowledge, the Provincial Archives of Alberta have documented common herbal varieties for which information is available in published format (Hrapko, 1990).

Mechanism III: Healthy Environments

Health Promotion emphasizes healthy environments through the creation of conditions and surroundings conducive to health (Epp, 1986). Throughout Native Canada, conditions pertaining to lifestyle, housing, sanitation, and crowding are commonly cited as problems (Mardiros, 1987; York, 1989; Young, 1988). At the same time, the strengths of Native beliefs governing their relationship to the environment, and especially the land, are characteristically omitted, understated, or not understood by the dominant culture. This is despite the fact that Native ethos about the land and its occupants (people, animals, directions, elements, spirits) is well represented in Native philosophy (Snow, 1977; Brody, 1981; Young, Ingram, & Swartz, 1989), folklore (Swanton, 1905; Bemister, 1912/1973), ritual (Ferguson, 1931), and artistic endeavour (The Spirit Sings, 1988). Rather than dwelling on the ubiquitous problems in Native Canada, such as those cited above, the task of Health Promotion should include a reorientation to the ways in which the social and physical environment are viewed as resources for health in Native Canada. Ultimately, however, a paradigmatic and methodological shift will be required. Rather than operating in conventional, active, and dominating modes, western health and medical care will have to assume roles that respond to the ethos and actions of Native people. For many professionals the reorientation will be a difficult undertaking. Rather than looking to the resources of biomedicine, the new resources will have to be obtained by learning about Native social organization (including songs, myths, and rituals) and through interaction with nature and natural laws.

Animals and Health

Good relationships between animals, the Great Spirit, and human beings contribute to wildlife conservation, health, and healing. Russell Willier, a Woods Cree medicine man from the Sucker Creek Reserve in Alberta, explains how this is so.

> Each animal exists in nature specifically for people's needs and may become extinct if no longer used. When there is a decline in a particular animal population it could be the result of abuse or because the animal has never been used

> for its medicinal properties...Every creature has certain parts with medicinal properties. When the animal is sacrificed, offerings are consecrated to the spirit of the animal and the special parts are purified and used in curing... As with the herbs, animal parts cannot be used as medicine if prayer and offerings are not made at the time of sacrificing the animal (Young, Ingram, & Swartz, 1989, p. 65).

The Land and Health

While Native land rights have figured prominently in the recent constitutional talks, land rights have actually been a central issue in social and political debates between Indian people and the Government of Canada for decades. Unfortunately, the sustaining relationship of the people with the land escapes most non-Native Canadians. For the most part, they do not understand that the spiritual, physical, and psychic health of Natives is inextricably bound with the land.

> The land is part of you. It's in you. To take it away makes you sick. You are not well; its like taking away part of you. Our children are losing the land. It doesn't go to work on them any more. They don't know the stories about what happened at these places. That's why they get into trouble. (Sable & Sable, 1992, pp. 4-10).

While Native people frequently insist on the importance of their land, and their ancestral and treaty rights to land, they should emphasize more the relationship of land rights to Native health status in their negotiations with the health and medical sectors, the government, their neighbours, and the media. Failure to explicate the vital link between land and health may result from unfocused and inadequate attention to this issue. It may also result from the failure to rationalize and explain the fundamental nature of the relationship that binds Native people, their health, and the land. Often, the most basic values are so internalized by the people who live by them that the values are not articulated easily or communicated clearly to others. Limited explication of native beliefs about the links between land and health may also be due to a reluctance to portray specific details about things which are sacred (i.e., Indian and private) in the public (i.e., secular and non-Indian) domain (Young, 1988; Snow,1977; Brody, 1981).

The link between Native well being and Native land rights has likewise been overlooked, and consequently not understood, by the government and health officials who administer Native medical services and are responsible for finding ways to correct Native morbidity and mortality,which are deplorable in comparison with those for Canadians as a whole (Young, 1988). Native Health Promotion in Canada may benefit from the action taken by Australian aboriginals who have devised an explicit strategy for land right, sovereignty, and health:

> Land rights and sovereignty are basic to the full restoration of Aboriginal health. This is a challenging statement. Yet the individual is doomed to failure who seeks to establish a strategy for lasting positive change in the health status of Aboriginal people but ignores their relation to land and their struggle to maintain and restore this relationship (Senturias, 1989, p. 1).

The strength and health of Native people across the nation in terms of their land has profound implications in Canada at the present time. It appears that the proposed transfer of health authority from federal Canada to local Native jurisdiction should be linked with negotiations pertaining to land rights. We are likely to find that bold steps toward just land settlements improve health status in Native Canada.

Implementation Strategies

Strategy I: Fostering Public Participation

Programs that integrate Native participation in planning and implementing their own traditions with formal health and medical care are developing at an encouraging rate (Garro, Roulette, & Whitmore, 1986; Hanson, 1990). Many provincial cases-in-point can be cited. In Alberta they include: (1) a joint research project between the Blood Tribe at Standoff, Alberta, the University of Lethbridge, and the University of Alberta, and (2) the Urban Natives Health Project, an initiative that involves the Edmonton Board of Health and the Alberta Indian Health Care Commission. At the national level, methods for Native participation in community health are being explored by the Medical Services Branch of Health and Welfare Canada. The Native Health Careers project is an important example. Many other initiatives to enhance Native participation in health are underway provincially and at the band level.

Health Careers

A significant deterrent to achieving adequate levels of health and medical care, appropriately conceptualized and delivered, stems from the relative absence of Native people in the health and medical professions. This reality must be changed to foster the participation of more Natives in the health careers. An editorial in the *Canadian Medical Association Journal* (1989) cites that in 1989 there were only 11 Native medical doctors and 250 Native nurses in Canada. This problem is now being addressed at many levels. As Native university students have enrolled in health sciences courses they have begun to make presentations about opportunities in the health professions on reserves around the country. Likewise, attempts are being made to reach Native students in secondary schools, scholarships are becoming available for Natives, and many faculties have special initiatives to attract and place Native

students in their professional training programs (Wilson, 1990). The Native Health Careers project was begun by the Medical Services Branch of Health and Welfare Canada to encourage and assist Natives in pursuing professional health careers and in upgrading programmes for interested students to gain admission to career training.

Relevant Cultural Content

At long last a cultural approach to health and medical care is becoming valued. Easier to say than to do, however. After decades of the marginalization of Native medicine and "top-down" health and medical care for Native people, biomedical access to traditional medical knowledge and practice of Native people is difficult. The integration of two systems, in many ways vastly different, does not come easily. Unfortunately, individuals in the earlier contact periods (such as government officials, missionaries, and health workers) failed to study the merits of local medicine when it would have been possible to do so with relative ease. "Given current concerns to integrate traditional medicine and biomedicine, the failure to study what existed was a missed opportunity. The early contact years were, in retrospect, the ideal time to integrate effectively the best of the two systems" (Ross, 1986, p. 140). Now, when in-depth knowledge of culture and health is being sought and is becoming trendy, Natives are often (and understandably) reluctant to grant public access to the ancient and private knowledge that remains.

Strategy II: Strengthening Community Health Services

When possible reasons for the often problematic low health status of Native children were discussed in the Blue Quills class, Native students maintained that "uncommitted teachers" are the biggest problem for Native children and their families. In this context, health education takes on additional scope and new meaning, and suggests a significant opportunity for broad-based community cooperation. As Hodge (1989) emphasizes, the needs of disabled Native people are compounded. There must be collaboration between the Native, health, medical, education, and other sectors. In Alberta this can mean cooperative ventures between Native groups, the Alberta Teachers Association, Alberta Health, and the Alberta Healthcare Association to inform professionals about Native health culture and to assist Native people to be more informed consumers of the health and medical care available to them. Similar collaborative initiatives could be formed in other provinces and undertaken more extensively through the Medical Services Branch of the federal government.

In addition to the improved cultural education of professionals, the importance of health education for strengthening community health and community health services should begin well before professional life. A firm base for health education should be laid down in school and in professional education. Squires (1988) stresses the importance of health education and suggests how it may be accomplished.

> For far too long health education has been given little emphasis in primary and secondary schools. It is nonsensical ... that students graduate from high school with little more than the most elementary education in health; they should know at least as much about their bodies and disease as they do about mathematics and history. If our people are to participate intelligently in their management of their own health, they must have the knowledge and seek the correct answers. Health education is not the sole responsibility of the traditional health professions; it must be built into provincial curricular guidelines and provided by well-informed health educators (p. 999-1000).

Squires goes on to say that "medical students cannot develop the skills of listening and understanding and counselling on the ward of tertiary care hospitals and under specialist instructors who are concerned more with the intricacies of disease than with the needs of the patient" (p. 999). The same applies to student education in the other health professions. Curricula must be revised to reflect more than the specialty and its related technology. It should be equally concerned with the social, spiritual, and personal needs of Native (and other) people.

Strategy III: Coordinating Health Public Policy

Nancy Milio (1986) asserts that healthy policy is necessary for effective health promotion. Clearly, strategies to achieve health for Native people must be mounted and coordinated in ways that are cross-cultural, cross-sectoral, and cross-functional. Joint planning and cooperation must occur within Native groups and among Native and non-Native groups, with agencies, and the community at large. And, in post-referendum Canada, it must occur in the Canadian community at large. Above all, public policy must include Native people and be based on their all-encompassing ethos that is symbolized by the circle and its multifarious expressions.

Conclusion

In summary, health promotion implies a commitment to dealing with the challenges of reducing inequities, extending the scope of prevention, and helping people to cope with their circumstances. It means fostering public participation, strengthening community health services, and coordinating health public policy. Moreover, it means creating environments conducive to health, in which people are

> better able to take care of themselves, and offer each other support in solving and managing collective health problems (Epp, 1986, p. 12).

Insights about Native societies provided in this paper may be relatively familiar to some readers. Drawing them together in a framework for Native Health Promotion, however, is new. The Native communities are a tremendous resource for health, and there is much in Native culture to assist health professionals become more instrumental in the facilitation of appropriate health care among Native people.

Total Quality Management has established that the quality of health care is determined by the customer (Berwick, Godfrey, & Roessner, 1990); central and official planning will not work. Quality health care must also be "fit for use" by the customer. Quality and ethical health care for Native people will have to be worked out in new ways. Our language and relationships will also have to change. No longer can we talk, legitimately, about providing health care for or to Native people. Rather, a new paradigm is required; one wherein health care for Native people is worked out with them. The Epp "Framework for Health Promotion," which works well with Native customs, is a useful way to start.

Learning to work ethically, symbolically, and cross-culturally is vital. The circle will guide the process. "The Circle is central to Native life. It is the combination of everything. It has no beginning and it has no end" (Bird, 1990).

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