

Dialogue Circle: Ways of Knowing

Exploring Evidence in Aboriginal Health

Proceedings from the Indigenous Knowledges
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NATIONAL COLLABORATING CENTRE
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Indigenous Knowledge: Dialogue Circles

Beginning the Exploration

On February 8, 2007, a diverse group was welcomed to traditional Musqueam territory to make a journey between head and heart. Under the auspices of the National Collaborating Centre for Aboriginal Health, they had come together in the light-filled cedar longhouse at the University of British Columbia to take part in a dialogue circle. Their purpose for being there was two-fold: to explore what constitutes “evidence” in Aboriginal health and to offer the NCCAH some guideposts by which it might continue to refine the intent and direction of its work.

The participants came to the circle with their own wealth of knowledge and experience. Some were representatives of various Canadian public health and Aboriginal health agencies. Many were members of the NCCAH’s Advisory Committee. They hailed from First Nations, Inuit and Métis communities and included presenters from the U.S. and New Zealand who had been invited to provide an international perspective.

Practitioners, policy-makers, researchers and ethicists, students and elders were there to share information and reflection about the interface between Indigenous knowledge and the western scientific paradigm, especially as it applies to issues related to Aboriginal health. What might such an interface or meeting ground for different ways of determining evidence look like? How could the strengths of Indigenous knowledge and wisdom influence the scientific model? What was the best place, and what was the best way, to begin a journey to develop answers to such questions?



For NCCAH’s Scientific Director, Margo Greenwood, the first step in that process involved entering “the place of not-knowing”. But, she added, “We don’t go into that place alone. We go into that place together.”

The day’s discussion in that unmapped territory was rooted in the concept of “ethical space”, a meeting ground where different people and cultures holding different worldviews can work together and learn from one another in an atmosphere of mutual respect and equality.

A Circle of Sharing

To stimulate dialogue, a series of presenters shared their particular areas of knowledge and insights about “evidence”, as seen through the divergent lenses of the western scientific model and Indigenous worldviews. Helen Thomas, Scientific Co-Director of the National Collaborating Centre for Methods and Tools, gave an introduction to systematic reviews which can be defined

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as specific, rigorous and reproducible summaries of all the researched evidence relating to a specific question.

Her deft outline sparked a lively discussion. Several participants pointed out that systematic reviews' insistence on context-free objectivity leaves no space for, nor acceptance of, the lived experiences of an individual, a community or a people.



My nursing professors told me you don't have any evidence -- except that I just lived it for 18 months.

Tom Dignan

Some of those misgivings were echoed and amplified by Lars Hallstrom, Acting Lead from the National Collaborating Centre for Determinants of Health. The move to apply models from evidence-based medicine to the social sciences can be problematic, he maintained, because the social sciences are not like the human body. The factors that cause shifts in behavior and attitude leading to better health outcomes are both multiple and complex. The National Collaborating Centres face a challenge: how to meet their research mandate

We have been researched to death. Now we're going to study ourselves back to life in our own terms.

Albert Marshall, Elder

while at the same time making sure that lived experiences and other knowledge systems are both acknowledged and incorporated into their work. The ultimate goal is to empower communities to help themselves.

For researcher Will Edwards from Massey University in New Zealand, the interface, the hybrid space between Indigenous knowledge and western science, is the meeting ground where knowledge synthesis, translation and exchange can best occur. In that space, different ways of perceiving the world, different ways of creating meaning about the world can co-exist without one system having to be transformed into the other. In that place of mutual acknowledgement and acceptance of what the other has to offer, possibilities for fruitful collaboration – particularly in the area of methodology -- can be nurtured, leading to the growth of new knowledge which benefits all.

Janet Smylie, Director of the Indigenous People's Health Research Centre at the University of Saskatchewan, posed a critical question: what kind of evidence is needed to ensure that Aboriginal communities flourish and prosper? To foster resilience at the individual, family and community level, multiple types of knowledge and knowledge bearers are essential, she emphasized. Each type of evidence requires different approaches and different skills for assessment.

Rooted in the land, Indigenous knowledge is enfolded in nature, honoring relationships, spirituality, kinship and everyday experience. Developing fresh approaches to evaluation will help to rebal-



ance the historical and current marginalization of that knowledge. A keen awareness of and appreciation for Indigenous contexts is critical in supporting the growth of resilience within Aboriginal communities. That resilience is fed by community self-management,

based on the deepest understandings that traditional knowledge has to offer. The value of incorporating those understandings into health promotion tools and interventions was underscored by Michael Bird, past president of the American Public Health Association. His Windrunner video has affected many viewers by showing that running was a spiritual and mental practice as well as a health-promoting physical activity, with roots anchored deep in American Indian history and culture.

The day's dialogue culminated in a panel highlighting the wisdom of elders Andrew Tagak Sr.

from Nunavut, Albert Marshall, Eskasoni First Nation from Cape Breton and Willie Ermine, Cree from First Nations University in Saskatchewan.

Andrew shared the eight traditional Inuit Qaujimagatuqanginnut principles adopted by the government of Nunavut to harmonize the ways in which Inuit and Qallunaat (non-Inuit people) work together. These principles which can be used to facilitate collaboration within the ethical space include, among others: inuuqatigiitsirniq (respecting others), tunnganarniq (fostering good spirit by being welcome, open and inclusive), aajiqatigiinni (decision-making through discussion and consensus), piliriqatigiinni/ ikajuqtigiinni (working together for a common cause), qanu-atuurniq (being innovative and resourceful) and avatittinnik kamatsiarniq (respect and care for the land, animals and environment).

The theme of caring for Mother Nature was roundly endorsed by Albert Marshall who pointed out that the health of Indigenous peoples – indeed of all peoples – is inextricably linked to the well-being of the earth which sustains us all. He condemned the over-dependence on pharmaceutical ways for managing health issues without a corresponding awareness of the role of the Creator in the healing process. “We have succumbed to the



crazy notion that the pharmaceutical companies have created a magic pill for us and that we do not have to take care of our own bodies. There is no magic pill, we are the magic.”

The Aboriginal vision of health as wholeness was further explored by Willie Ermine who insisted, “We should be talking about health as the optimum well-being of our people. Not the ailments. That is not health. What are the good ideas, what are the things that give us success?” For him, that kind of inquiry needs to be conducted from within the Indigenous world-view.

Describing Indigenous knowledge as a series of baskets nestled one inside the other, each of which contains its own set of wisdoms, Willie pointed out the ways in which Indigenous science and western science often intersect. Ancestral knowledge contained the awareness that everything is energy, that everything is interconnected and that everything possesses consciousness. The same viewpoint is increasingly being put forward by quantum physicists who, when they speak of their understanding of the universe, are using “elder language.”

What then is or should be the relationship between Indigenous knowledge and the western scientific paradigm? What would most benefit Aboriginal peoples? The answers to such complex questions are varied. For Willie Ermine, strengthening and feeding Indigenous knowledge is the most essential task. For Albert Marshall, a possible solution lies in promoting “two-eyed seeing” or walking the sweet grass road where young people have the option of combining their Aboriginal heritage with the best that western science, knowledge and technology have to offer.

You are our professor, you are our PhD, you are our encyclopedia and our library. Without you elders it would be difficult to express who we are and where we come from.

Warner Adam

Lessons Learned

As participants and presenters described their personal and professional learnings from the dialogue circle, several key themes emerged:

- It’s clear that Indigenous ways of knowing and ways of being need to be regarded as valid evidence. Such evidence comes in many forms and can include lived experience and traditional stories.
- Indigenous knowledge or evidence needs to be incorporated into Aboriginal public health decision-making. The evidence used needs to be relevant to the community.
- Working together in the ethical space will make it possible to develop the methodologies to ensure that Indigenous knowledge is integrated into research, policy and practice.
- Indigenous resilience is central to this process.
- Above all, the traditional values of interconnectedness, wholeness and balance need to be brought back again into any discussion of Aboriginal health. For Don Fiddler from the Métis Nation of Ontario, “As health professionals and educators, building communities on those values will solve a lot of problems.” And for Gail Turner who described herself as an Inuit nurse who had brought western medicine to her

people, the elders' description of traditional principles and understandings had awakened her desire to see her patients through a totally different lens.

the first of many dialogues where we will grapple with these ideas because we must map these places; find the spaces to move us forward. There's a lot of work to be done."



As the NCCAH tries to gather information in ways that are respectful of Aboriginal culture, more questions and more possibilities for action arise. Here are just a few of the ones suggested by the February 2007 participants and presenters: How do we move the contents of today into something that has meaning for communities, for families, for populations? How do we connect knowledge to implementation or action? How do we use the scientific evidence that is out there to our advantage? How do we rebalance the two knowledge systems for the benefit of our communities?

The Next Stage in the Journey

The first dialogue circle about what constitutes evidence in Aboriginal health made a foray into territory that still remains largely unknown. As Margo Greenwood pointed out in her concluding remarks at the end of the day, "This is only

Further dialogue in the ethical space will be an essential part of the process of discovering and developing answers to some of these questions. So, with an eye to continuation, it might be fitting to end this report by reflecting on one of the IQ principles shared by Andrew Tagak Sr. "We say, 'Let's find an option that will work for all of us.' We never talk about what am I going to lose. We talk about what is good for both of us."



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