

Appendix 3A: Traditional Health and Healing

Traditional healing has been defined as “practices designed to promote mental, physical and spiritual well-being that are based on beliefs which go back to the time before the spread of western, ‘scientific’ bio-medicine”.¹ When Aboriginal people in Canada talk about traditional healing, they include a wide range of activities, from physical cures using herbal medicines and other remedies, to the promotion of psychological and spiritual well-being using ceremony, counselling and the accumulated wisdom of the elders.²

Even those who are sympathetic to Aboriginal perspectives often see traditional Aboriginal healing methods as unsophisticated or ‘primitive’ versions of bio-medical principles. Apart from being paternalistic, this view ignores fundamental philosophical differences between the two systems, including the essential dimension of spirituality in Aboriginal healing and its much more comprehensive goal of restoring balance to individuals and communities.

Many of those who testified before the Commission called for protection and extension of the role of traditional healing, traditional values and traditional practices in contemporary health and social services. These calls were particularly strong in relation to psycho-social and ‘mental health’ problems (such as substance abuse and other forms of self-destructive and violent behaviour), and in relation to childbirth. Proponents called for a more tolerant regulatory environment to protect and encourage use of the ‘old ways’. Indeed, many said that the integration of traditional healing practices and spirituality into medical and social services is the missing ingredient needed to make those services work for Aboriginal people.

Support for traditional Aboriginal healing and medicine was expressed to the Commission from many sources:

- In our public hearings, the majority of presentations on health and social issues by First Nations presenters mentioned the potential contribution of traditional healing values and methods to improving health outcomes.³
- Inuit presenters were less likely to refer to traditional practices, but many talked about the importance of past lifestyle practices — such as the traditional diet and the physically active hunting way of life, as well as other beliefs about life and living that were embedded in their cultures — to help meet current health needs.⁴
- Métis presenters said little about traditional health and healing practices in open testimony; however, a background paper prepared for the Commission argued that Métis interest in traditional knowledge and practices inherited from their First Nations ancestors

is experiencing a rebirth.⁵ This paper called for Commission recommendations to support and enhance the role of traditional approaches to wellness promotion in future health and social services provided to Métis as well as other Aboriginal peoples, and the development of culturally based health services.

- The Aboriginal peoples survey found that 10.1 per cent of respondents living on-reserve, 4.6 per cent of the urban sample and three per cent of the Métis sample had consulted a traditional healer in the previous year.⁶

Reasons given for this widespread support included both direct effectiveness and the more subtly empowering effect of promoting health in culturally familiar ways:

I remember once sitting down with [a clan leader], and he was telling me that all the people were going down to the nursing station...because they were sick with either chest pains or colds. But while they were walking down there, they were stepping over all the medicine from the land. They were walking over the medicine that they needed!...When we go to the doctor and the nurse, we give them our power to heal us when we should have the power within ourselves to heal us.

Eric Morris
Teslin Tlingit Council
Teslin, Yukon, 27 May 1992

[A]s European society became more and more imposing on our society...the traditional type of healing that existed was [practically] wiped out. Today, in 1992, we are looking again at the possibility of going back to some of the traditional healing techniques that were used in the past...[If we had the funds], we would like to bring in a lot more people who would assist us in traditional healing.

Lionel Whiteduck
Director, Health and Social Services
Kitigan Zibi Anishinabeg Council
Maniwaki, Quebec, 2 December 1992

Support came from non-Aboriginal sources as well:

It is our belief that because our white man's medicine is very technical-oriented, very symptom-oriented, very drugs- and surgery-oriented, that it lacks something that Native medicine has, which we desperately need but don't practise: spirituality....In many of these things we are talking about — family violence, alcohol abuse, trauma, suicide — I believe that the Native public health nurses, Native nurses, Native doctors would have that in their approach as well — a spiritual component. Then we get on into that area of the question of traditional Native medicine and things that [only] Native people will do; it is not the white man who will ever do them, it is the Native traditional medicine [man/woman].

Dr. David Skinner
Yukon Medical Association
Teslin, Yukon, 27 May 1992

With regard to traditional medicine...we wish to state that we fully respect the desire of Aboriginal peoples to use traditional medicine because we understand that this is truly an integral part of their culture and traditions. We therefore believe Aboriginal people are rightly entitled to access to holistic medicine which considers the physical, mental and spiritual aspects of a person....We find great worth in Aboriginal peoples' current reaffirmation of their attachment to and trust in their traditional medicine. [translation]

Huguette Blouin
Director, Groupe des centres hospitaliers et des centres de réadaptation
L'Association des hôpitaux du Québec
Montreal, Quebec, 16 November 1993

Culturally responsive and holistic health care delivery and health promotion are prerequisites to improved health for Aboriginal peoples. This requires...an openness and respect for traditional medicine and traditional practices such as sweat lodges and healing circles....

Dr. Richard J. Kennedy
Canadian Medical Association
Ottawa, Ontario, 17 November 1993

The Power of Traditional Healing

Values and practices adopted or adapted from Aboriginal healing traditions offer immediate and long-term positive benefits to health status. These benefits are accessible through direct collective participation in ceremonies, one-to-one client consultation with elders and other healers, and the participation of traditional elders and healers in new program design. Areas of health care in which their contribution might be of greatest value are as follows:

Non-Physical Determinants of Health

Traditional healing and healers can provide insight into the mental, emotional and spiritual aspects of Aboriginal health and well-being, especially with regard to social problems that involve the mental, emotional and spiritual aspects of living, such as violent and abusive behaviour and self-destructive behaviour, including substance abuse; the management of chronic illness and pain; preparation for death; and the experience of grief.

Health Promotion

The values and teachings of traditional medicine can contribute to health promotion and disease prevention, directly by encouraging healthy lifestyles and indirectly by suggesting culturally appropriate approaches to health education. Hagey, for example, documented the success of a diabetes education program using the Ojibwa story of Nanabush and the Pale Stranger as a metaphor to explain the effects and management of diabetes.⁷

Support for Increased Personal Responsibility

The values of traditional medicine encourage self-care and personal responsibility for health and well-being. This contribution is particularly important at a time when Aboriginal people are emphasizing the need to find their own solutions for persistent personal and social problems.

Treatment

Numerous traditional medicines have been adopted as pharmaceuticals or have pointed the way to synthesizing drugs for treatment. Investigation of other such herbal remedies continues. Many Aboriginal people attest as well to the efficacy of non-pharmaceutical treatments and prescriptions.

Care System Reorientation

Traditional practices and healing philosophies, such as those relating to holism and balance in personal and social life, can help create health and social services that Aboriginal people feel more comfortable consulting.

Bridging the Cultures

Traditional healers may be able to serve as a bridge between Aboriginal clients and mainstream health and social service facilities, and thus assist in cross-cultural communication.

Cost Savings

A more active role for traditional healing could lower the cost of bio-medical care, thus freeing resources to improve other determinants of health such as economic status, environmental conditions, child and maternal health, and so on.

Traditional Healing and Commission Recommendations on Health Care

An extended role for traditional medicine and healing practices (where this is wanted by Aboriginal nations and their communities) can contribute to the four cornerstones of Aboriginal health and social service reform advocated by the Commission:

- The practices of traditional medicine and healing are rooted in holism as a fundamental value.
- The appropriate use of traditional medicine and healing techniques will assist in improving outcomes in a variety of ill health and social conditions, ranging from the physical to the spiritual. It will thus contribute to equity in health status for and between Aboriginal peoples.
- The recognition of traditional healing and healers by Canadian authorities will respect the diversity of approaches to health and social services taken by Aboriginal people.

- The application of traditional practices to contemporary health and social problems is a manifestation of Aboriginal control and self-determination and will lead to a care system shaped more fully by Aboriginal cultures, beliefs and values.

The call to re-establish traditional healing is part of the drive to recover indigenous ways of solving problems that have been suppressed and devalued by the dominant culture. Re-traditionalization, in all its forms, is part of a general ferment of ideas now contributing to the renewal of Aboriginal cultures.⁸ As such, it is valid and valuable in its own right. It will help Aboriginal cultures retain their integrity in the face of severe pressures to yield to Euro-Canadian culture and will help individuals develop strong, proud identities as Aboriginal people.

The possibility of an enhanced role for traditional medicine and healing has special significance in relation to Aboriginal self-determination. The Aboriginal right of self-determination implies the right of First Peoples to manage their own needs and affairs, including those now met by mainstream health and social service systems. Commitment to full self-determination and self-government requires the federal and provincial governments to allow for — indeed to encourage — institutional development in Aboriginal nations and communities that differs from mainstream practice. Thus, Aboriginal governments and health agencies must have the authority to decide what place traditional health and healing will have in their care services.

Arguments based on Aboriginal rights and preferences are a powerful basis for recommending an enhanced role for traditional medicine and healing practices. An equally powerful basis is found in scientific research on the determinants of health, which shows that western bio-medicine is not the only valid or effective system of preventing and treating disease. Indeed, the greatest strengths of bio-medicine appear to lie in its treatment of acute illness and injury. Other approaches offer complementary strengths in health promotion, disease prevention and the management of chronic illness — not to mention social, mental and spiritual ‘dis-ease’. Western practitioners’ suspicion of and hostility to traditional approaches might be waning. Recent ground-breaking discoveries, particularly in the field of psycho-neuroimmunology, lend credence to the insights of eastern and traditional medicine. Complex bio-chemical links among body, mind, emotions and spirit, for example, can now be demonstrated.

After more than a century of well-funded dominance by bio-medicine of the institutions of health and healing in our societies, the western world is now beginning to evaluate the potential contributions of other approaches. The World Health Organization’s goal of health for all is still far out of reach. Traditional medicine and healing practices are a source of ideas that may ultimately benefit not just Aboriginal peoples, but all peoples.

Commissioners understand that not all Aboriginal people share this view of the potential of traditional values and practices. Some are simply not interested. Others, who see a conflict with either Christianity or modernity, are actively opposed. Proponents of traditional healing are not advocating the imposition of traditional healers or practices where they are not wanted. Nor are they proposing to reduce Aboriginal people’s access

to nurses, doctors, hospitals and necessary medical services. Proponents advocate choice in medical and social services and the adaptation of health and healing systems to reflect Aboriginal preferences. This is not a simple matter of recognizing a fully developed alternative to existing services. Traditions must be thoroughly assessed and adapted to modern conditions. No one who spoke to the Commission proposed a nostalgic or uncritical approach to traditional healing. Rather, they sought an open exploration of its rich possibilities.

Policy Issues

If traditional healing and medicine are to make a larger contribution to the well-being of Aboriginal people, the following policy issues will have to be addressed:

- access to existing services;
- protection and promotion of existing skills and knowledge;
- regulation of traditional healing practices and services; and
- co-operation between traditional Aboriginal and mainstream western practitioners.

Access to Services

Current federal health policy does not reliably cover the costs incurred by those who wish to consult or work with a traditional healer.⁹ First, as the Peguis case study indicates,¹⁰ the medical services branch of Health Canada does provide some support, but that support is problematic.¹¹ At present, it is arbitrary, unsystematic and controlled (through the referral process) by doctors who may be unsympathetic or ignorant. The possibility of support may at any time be restricted or eliminated. Second, costs recognized by medical services branch are reimbursed under the Non-Insured Health Benefits (NIHB) program, which is fundamentally inequitable, open only to registered Indians and Inuit. Third, given the small number of traditional healers now practising, and their degree of specialization, NIHB is underfunded to pay the full cost of consultation with traditional healers. Federal support must be clarified and systematized until traditional healers become self-regulating and access to their services is controlled by Aboriginal health authorities.

There are no guidelines or systematic measures in place to support the costs incurred by traditional healers themselves, including the cost of living while practising the healing arts. Indeed, the norms of Aboriginal cultures generally forbid the payment of healers. In general, it is an obligation on the Aboriginal healer to exercise his or her gifts freely for the benefit of the community. The healer's good practice creates a reciprocal obligation on the part of the healed (and his or her family) to protect and support the healer. This obligation cannot be discharged through payment, but only through continuing respect and spontaneous material aid (such as gifts of food). Thus, healers are discouraged from acting out of narrow self-interest, and at the same time, provided with sustenance by the community so they can do their work.

Travel expenses in relation to services provided outside the home community (for example in an urban setting, or a community without its own traditional healer) may be covered by medical services branch. If so, they fall under the same inadequate NIHB program. Even when travel costs are covered, the larger problem of fees (or the equivalent) remains. Since traditional healers have not lobbied to make their income a matter of public policy, it might seem as if the Commission should be silent on the subject. However, if traditional healers are to offer their services more widely, participate in the redesign of Aboriginal health and social services, and attract apprentices, the matter of ensuring adequate income becomes a public policy concern.¹² Similarly, if traditional services are to be developed and extended, the means of traditional practice, such as the ceremonial uses of tobacco, other plants and animal parts, must be protected.

Protection and Promotion of Existing Skills and Knowledge

It is neither possible nor appropriate for non-Aboriginal people or governments to speculate on the amount of effective knowledge that has survived the years of denunciation and criminalization of traditional practices. Aboriginal communities have hidden their practices and practitioners from non-Aboriginal eyes in order to protect them. Indeed, some Aboriginal people may themselves be untutored in the possibilities offered by traditional healing skills and unaware of continuing practice in

their own communities. Still, the knowledge and skills base was undeniably undermined in the course of Canada's colonial and post-colonial history. It is thus important that surviving practices be protected from further loss and misrepresentation and that they be strengthened and adapted to contemporary conditions.

As discussed in this chapter, these matters are primarily the business and responsibility of Aboriginal healers, communities and nations. As authority for the planning and delivery of health and social services is taken on by Aboriginal nations, it will fall to them to decide the place of traditional healing. The role for governments in the short term will be to provide funds to help Aboriginal people begin to take the steps described. In the long term, governments must establish financing frameworks for Aboriginal health and social services that include an allowance for the development of traditional healing.

Regulation of Traditional Healing Practices and Services

Many traditional healers are strongly opposed to formal regulation. Yet there are good arguments in favour of it. In times past, customary practice and informal norms were enough to safeguard Aboriginal people against fraudulent practitioners and to provide acknowledged healers with a livelihood through gifts and community support. But times have changed. Forms of self-regulation and community control that once operated through religious, spiritual or medicine societies or simply through local reputation are, in some places, weakened or non-existent. Clients are more vulnerable to fraudulent claims and practices — and perhaps to abuse (including sexual abuse) by people who claim healing abilities. Traditional controls that operated in the context of stable kin-based

communities are unsuitable in the context of the increasing urbanization of Aboriginal people.

Issues of client protection, healer protection, healer payment and/or support and the protection of traditional medicines and ceremonial substances must be addressed in a more formal way if traditional healers, midwives and elder-counsellors are to play a significant role in Aboriginal health and social services. For traditional healing to come out of the shadows, issues of professional accountability and public trust must be addressed.

In the wider society, regulation of health professionals is achieved through a combination of provincial and federal law and self-regulation by the professions. It is, in fact, the mark of an established profession to be self-regulating. Traditional healers who accept the need for some means of control and accountability would consider only a self-managed form.¹³

Provincial and federal laws designed to regulate bio-medical practitioners and protect their clients do not serve the interests of traditional midwives and healers. Indeed, quite the reverse is true: these laws render traditional practitioners vulnerable to a number of civil and criminal charges. The *Food and Drugs Act* makes it an offence to advertise any substance as a treatment for a disease or illness unless it has been approved by Health Canada. In all provinces, the statutes governing the medical professions make it an offence to practise medicine, broadly and inclusively defined, except under licence from the self-governing body of physicians and surgeons. Provincial and municipal laws and regulations prohibit the use of tobacco in public places, generally with no exemptions for ceremonial use. Under the *Indian Act*, First Nations on-reserve might pass their own by-laws permitting and regulating traditional practice, but they would run the risk of challenge.¹⁴ We prefer a more systematic approach.

The approach taken by other alternative health practitioners (such as midwives and chiropractors) has been, first, to develop their own codes of conduct and self-management, then to negotiate with provincial and territorial governments for recognition and a defined scope of practice. The first of these steps is a requirement that must apply to all health practitioners, including traditional healers, in order to reassure and protect the public. As to the second, it is desirable that provincial authorities immediately exempt traditional midwives, healers and healing practices from legal restriction, as Ontario has recently done. Further regulation is a matter for negotiation by regional and provincial associations of healers or their appointed spokespeople in provincial-territorial Aboriginal organizations.

The new policy in Ontario is to make clear exemptions in law for the practice of traditional Aboriginal medicine. The *Regulated Health Professions Act, 1991* contains a section excepting “aboriginal healers providing traditional healing services to aboriginal persons” and “aboriginal midwives providing traditional midwifery services to aboriginal persons” from prosecution under the act.¹⁵ The *Midwifery Act, 1991* declines to regulate Aboriginal midwives, in effect giving them leave to practise without interference or legal sanction.¹⁶ The *Tobacco Control Act, 1994* acknowledges the use of tobacco as part of

Aboriginal culture and spirituality, permits Aboriginal youth under 19 to use tobacco for ceremonial purposes, allows the ceremonial use of tobacco in otherwise smoke-free areas, and requires health facilities to provide space where traditional uses of tobacco are possible.¹⁷

It is usual (though not guaranteed) for bio-medical practices to be subject to peer review and other forms of evaluation. It is also normal for governments to require the evaluation of health and social service programs to which they contribute funds. Traditional medicine and healing practices are therefore likely to come under pressure to accept external review. This will be problematic, because traditional healers generally object to the application of external controls.

Kaufert reports that, at a recent conference, the question of how to document and evaluate traditional practices, when raised by bio-medically trained people, provoked a furious reaction among traditionalists. These speakers argued that it would be utterly inappropriate to measure traditional, holistic healing and its results using reductionist bio-medical methods. They proposed standards of evaluation that would be generated, monitored and controlled within Aboriginal communities.¹⁸

Co-operation Between Traditional and Mainstream Practitioners

A policy of enhancing the role of traditional healing practices in Aboriginally controlled and mainstream health and social service facilities will require increased co-operation between conventionally trained personnel and traditional practitioners. Some people who testified at Commission hearings, and some international health policy experts, have gone so far as to advocate integration of the two healing systems.

Support for traditional medicine as an integrated part of the health care system has been a feature of international health policy for more than two decades. The World Health Organization (WHO) has recognized that traditional medicine and healing resources are the main means of providing care to the majority (80 to 90 per cent) of the world's population.¹⁹ However, WHO and Pan American Health Organization policy documents tend to treat such services as a stop-gap or transitional measure for developing countries and disadvantaged sub-populations until such time as adequate bio-medical services can be provided.²⁰ This approach assumes the superiority of western bio-medicine and the gradual eclipse of traditional health and healing.

This approach is rejected by proponents of traditional health and healing in Canada, who regard it as an expression of colonial assumptions.²¹ Further, this view is not supported by the Commission's analysis of the literature on the new determinants of health, which suggests that bio-medicine and illness care are over-valued and that a more inclusive approach to health and wellness is preferable. It supports many of the practices and approaches of traditional medicine, including the holistic inclusion of mental, emotional and spiritual aspects in the overall design of health and healing services.

In fact, there are a number of possible relationships between traditional and mainstream practitioners. They vary by type and degree of co-operation. We present four approaches that have been suggested.

Hub-spoke integration

In hub-spoke integration, traditional healers (the spokes) are trained to deliver primary health care under the supervision of a medically trained doctor or nurse (the hub). Traditional practitioners are viewed as auxiliaries in an under-funded health system. Their expertise is minimized, and their scope for independent practice is quite limited. In this model, the long-term goal of the care system is to increase the availability of bio-medical and tertiary health and illness care services.

Support service provision

Traditional healers work with bio-medical personnel and social workers, providing specific support services. Their services might be limited to interpretive assistance,²² or widened to include psycho-therapeutic and/or ceremonial functions. Within a narrow range of secondary functions, this model gives traditional healers an independent role in the care system. It posits that this role will be lasting (except in so far as traditional practices lose value for Aboriginal people), but it does not protect or promote traditional practices for their own sake.

Respectful independence

In a respectful independence model, traditional and bio-medical health and healing services are developed and offered separately, in parallel systems whose practitioners have respect for one another, make referrals to one another, and may occasionally co-operate in treating clients or responding to community problems (for example, a cluster of suicides).²³ Each system is considered to have value, and traditional healing is thought of as one specialty field among many others in health care. In this model, the choice to consult one or the other of the two systems — or both simultaneously — rests with the client.²⁴

New paradigm collaboration

In the new paradigm collaboration model, traditional and bio-medical practitioners would work together to develop techniques and practices to promote and restore health, using the best elements from both systems or recombining those elements into wholly new ways of approaching health and healing. This model does not advocate melding or synthesizing the two traditions into a single, integrated alternative. Rather, it imagines that both systems would be changed irrevocably by co-operation with the other, while continuing to maintain spheres of independent practice. It also imagines the possibility that new methods of healing, new treatments and new therapies could emerge from cross-fertilization.

The last model is attractive to many analysts, Aboriginal and non-Aboriginal alike. Indeed, some traditional healers support new paradigm collaboration as an immediate strategy to achieve human health and well-being, on the grounds that Aboriginal philosophies of health and healing have so much to offer a sick and de-spiritualized world.²⁵

There [should be] no doubt by any individual in the world that a drastic transformation must be developed if humanity is to reverse the course of its own destruction. Recent authorities predict that if the present course of consumption and destruction is not reversed widespread human and environmental collapse will occur....Those interested in the environment seek Native philosophy and wisdom about how to live in relation to the natural world. Indigenous people are increasingly being called upon to assist others in understanding spirituality. There is a huge emptiness within most individuals within Western civilization.

Dave Courchene, Jr.
Mother Earth Spiritual Camp
Fort Alexander, Manitoba, 30 October 1992

Not all practitioners agree. The Aboriginal Nurses Association of Canada was given funds through the Commission's Intervener Participation Program to formulate a "strategic plan for the integration of traditional medicine within a primary health care framework".²⁶ Group participants were unable to reach consensus on controversial aspects of the assignment. There was a polarization of views, not only between traditional and bio-medical practitioners, but also among traditionalists. Of the latter, some were positively disposed to explore and expand areas of commonality and potential collaboration, while others were sceptical, opposed to regulation and preferring to remain independent of mainstream medicine.

Thus, the potential for co-operation between health and healing systems can be exaggerated. Traditional medicine and orthodox bio-medicine differ in profound ways. The idea of increased co-operation has strong opponents among current practitioners of traditional medicine. Concern about the possibly negative results of integrating traditional and conventional health care systems too quickly or too rigidly was expressed at Commission hearings at Orillia, Ontario, by Yvon Lamarche, whom we quoted earlier in the chapter.

Historically, practitioners of bio-medicine have argued the general superiority of their methods, showing little regard for alternatives or complementary practice. It is not surprising, then, that many traditional healers see co-operation as code for co-optation and domination.²⁷ As bio-medicine changes in response to pressure for reform, the grounds for two-way, respectful co-operation may widen. The Canadian Medical Association (CMA), for example, has called on members to show "openness and respect for traditional medicine and traditional healing practices such as sweat lodges and healing circles".²⁸ It will take an active program of professional education by organizations such as CMA to achieve this goal.

Based on these considerations, the appropriate goal for public policy in the short and medium term appears to be the third approach: respectful independence. To achieve this goal, traditional healing will require a period of internal development and self-regulation by its practitioners. Bio-medicine will require strong professional leadership to encourage respect for and develop codes of co-operation with Aboriginal healers, midwives and elder-advisers. In the long term, it will be up to future governments, to practitioners in both healing systems, and to the clients who have the greatest stake in an effective wellness system, to negotiate the terms of co-operation between traditional and bio-medical practitioners.

Conclusion

If traditional healing and healers are to assume a respected place in health-promoting systems of the future, a period of internal development and planning is needed. During this time, the four critical issues we have identified should be addressed by the parties concerned: access to the services of traditional healers, protection and extension of the existing skills and knowledge base, self-regulation by existing practitioners, and the need for dialogue between traditional healers and bio-medical (and related) personnel.

Access to the services of traditional healers, midwives and other practitioners should be assured for Aboriginal people who choose to consult them. This will require, in the short term, clarification of the provisions of the Non-Insured Health Benefits program, including guidelines for Aboriginally controlled referral. In the longer term, it will require consideration in the self-government agreements that will ultimately cover all Aboriginal nations and their communities. Both now and in the future, it will require action by mainstream health and social service providers to ensure that Aboriginal clients have the opportunity to consult a traditional practitioner, if they so desire.

Health authorities, traditional practitioners and other concerned parties should co-operate to protect and extend the practices of traditional health and healing and explore their application to contemporary health and healing problems. This will require that governments, health and education authorities, and traditional healers co-operate in taking steps to safeguard existing traditional health and healing knowledge, skills and practices. Such steps will probably centre on protecting the oral tradition by compiling written records, through apprenticeships and other means. The extension of traditional healing practices will require that governments, health and education authorities, and traditional healers co-operate in exploring the history, current role and future contribution of traditional health and healing practices in their care services and systems. In the future, they may wish to study and assess traditional cures and publicize the results of their investigations.

Traditional healers and related practitioners need to develop their existing means of self-regulation and discuss the need to develop and publish codes of conduct to govern their relations with Aboriginal clients, health authorities and governments, and with mainstream health practitioners and institutions. This will require financial assistance from Aboriginal, federal, provincial and territorial governments so that traditional healers

can form national (or several regional) associations to encourage the exchange of information and build toward more formalized self-regulation. In the long term, these organizations should become self-financed and operate under the authority of Aboriginal governments.

Finally, traditional and bio-medical practitioners should continue to engage in dialogue with two objectives in mind: to enhance mutual respect and to discuss areas of possible collaboration. This will require active outreach by mainstream health professionals and their associations to initiate contact, demonstrate their respect for traditional practitioners, and show their willingness to take steps to sensitize their members and prospective members (students in professional training programs) to the value of traditional healing practices.

Notes:

1 Velimirovic quotes a more formal definition, which is often cited in World Health Organization and related literature:

“[Traditional medicine is] the sum of all the knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental or social imbalance, and relying on practical experience and observation handed down from generation to generation, whether verbally or in writing”. AFRO Technical Report Series 1976, 3-4, cited in B. Velimirovic, “Is Integration of Traditional and Western Medicine Really Possible?”, in J. Coreil and J.D. Mull, eds., *Anthropology and Primary Health Care*, (Boulder, Colorado: Westview Press, 1990). RCAP uses the term ‘healer’ to include a wide range of people whose skills, wisdom and understanding can play a part in restoring personal well-being and social balance, from specialists in the use of healing herbs, to traditional midwives, to elders whose life experience makes them effective as counsellors, to ceremonialists who treat physical, social, emotional and mental disorders by spiritual means.

2 Traditional approaches to health and well-being are many and various, albeit containing some consistent principles and values. Historically, there were many differences between the medicine societies of the Kwakwa ka’wakw of coastal British Columbia and the Anishnabe (Ojibwa) of woodland Ontario. The family-based Inuit *angatquq* (shamans) were different again. Although specific ceremonies and practices have survived, at least in some places, the general principles and values of traditional healing are more important in today’s movement toward ‘re-traditionalization’. Cohen’s research on the role of traditional healing in the Peguis First Nations community includes a brief discussion of its contemporary meanings. Benita Cohen, “Health Services Development in an Aboriginal Community: The Case of Peguis First Nation,” research study prepared for RCAP (1994).

3 It is not surprising that extended presentations were rare; traditional healers have had good reason to be secretive about their practices. Many have gone underground in order to keep working. Sometimes their presence is unknown even in their own communities. See Jesse Leahy, “Kenora’s Native Healer Program: By Anishnaabee, for Anishnaabee”, term paper, University of Manitoba, Department of Community Medicine, Winnipeg, 1993.

4 The Inuit of Povungnituk have demonstrated the contemporary value of integrating traditional and ‘western’ approaches to midwifery. See Christopher Fletcher, “The Innuulisivik Maternity Centre: Issues Around the Return of Inuit Midwifery and Birth to Povungnituk, Quebec”, research study prepared for RCAP (1994).

5 Diane Kinnon, “Health is the Whole Person: A background paper on health and the Métis People”, research study prepared for RCAP (1994).

6 Joseph M. Kaufert, “Health Status, Service Use and Program Models Among the Aboriginal Population of Canadian Cities”, research study prepared for RCAP (1994).

7 Kaufert, “Health Status, Program Use and Service Models”.

8 See the discussion of re-traditionalization offered by David Newhouse, RCAP transcripts, Toronto, 3 November 1992.

9 Kaufert, “Health Status, Service Use and Program Models” (cited in note 6).

10 Cohen, “Health Services Development in an Aboriginal Community” (cited in note 2).

11 As of the mid-1980s, referral to a traditional healer became a service available ‘on request’ at Peguis. Costs are met under the non-insured health benefits program. There has been a growing number of referrals and requests for service since that time, especially in relation to the management of emotional problems. Requests for information about traditional healing, especially from young people, have also increased. The situation came about as a result of pressure from local health administrators, who feel vulnerable to the possibility that the interpretation of MSB policy that has permitted it may change. See Cohen, “Health Services Development in an Aboriginal Community”.

12 Shestowsky indicates that the historical practice of unpaid service may be changing. Some informants in her study indicated willingness to accept remuneration, and some practitioners are already charging for services rendered. Aboriginal Nurses Association of Canada, “Traditional Aboriginal Medicine and Primary Health Care”, brief submitted to RCAP (1993).

13 McCormick, a health care consultant in Calgary, notes that self-regulation is the goal of all alternative practitioners, not only to protect the public, but also to protect themselves against attempts to discredit them by the bio-medical professions. When traditional healing becomes more visible and/or more self-promoting, it seems likely that

its practitioners will want protection as well. See James S. McCormick, "To Wear the White Coat: Options for Traditional Healers in a Canadian Medical Future", in D.E. Young, ed., *Health Care Issues in the Canadian North* (Edmonton: University of Alberta, Boreal Institute for Northern Studies, 1988), p. 8.

14 James C. Robb, "Legal Impediments to Traditional Indian Medicine", in Young, *Health Care Issues*, p. 134.

15 *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, s. 35.

16 *Midwifery Act, 1991*, S.O. 1991, c. 31, s. 8(3).

17 *Tobacco Control Act, 1994*, S.O. 1994, c. 10, s. 13.

18 Kaufert, "Health Status, Service Use and Program Models" (cited in note 6).

19 Kaufert, "Health Status, Service Use and Program Models".

20 M. Dion Stout and C. Coloma, "Indigenous Peoples and Health", background document for the Winnipeg workshop on indigenous peoples and health (Winnipeg: Canadian Society for International Health, 1993).

21 IDRC (1994) as discussed in Kaufert, "Health Status, Service Use and Program Models" (cited in note 6).

22 Interpretive services are a more inclusive concept than translation services. See John D. O'Neil, "Referrals to Traditional Healers: The Role of Medical Interpreters", in Young, ed., *Health Care Issues* (cited in note 13), p. 29; and Joseph M. Kaufert, John D. O'Neil and William W. Koolage, "Culture Brokerage and Advocacy in Urban Hospitals: The Impact of Native Language Interpreters", *Santé Culture Health* 3/2 (1985), p. 3.

23 This is the model practised in Nepal, where the national government has formally recognized both western medicine and traditional healing. Both are funded by the state and offer parallel services through parallel institutions. See Chief Ron Wakegijig, Alan W. Roy and Carrie Hayward, "Traditional Medicine: An Anishinabek Nation Perspective", *Environments* 19/3 (1988), p. 122.

24 There is evidence that a considerable number of Aboriginal people in Canada do consult practitioners in both systems concurrently even now. See O'Neil, "Referrals to Traditional Healers" (cited in note 22); James B. Waldram, "Access to Traditional Medicine in a Western Canadian City", *Medical Anthropology* 12/1 (1990), pp. 325-348; James B. Waldram, "The Persistence of Traditional Medicine in Urban Areas: The Case of Canada's Indians", *American Indian and Alaska Native Health Research* 4/1 (Fall 1990), pp. 9-29; and David Gregory and Pat Stewart, "Nurses and Traditional Healers: Now is the Time to Speak", *The Canadian Nurse* 83/8 (September 1987), p. 25.

25 Young, *Health Care Issues in the Canadian North* (cited in note 13). See also the complete testimony of Dave Courchene, Jr., RCAP transcripts, Fort Alexander, Manitoba, 30 October 1992.

26 Aboriginal Nurses Association of Canada, “Traditional Medicine and Primary Health Care” (cited in note 12).

27 See Aboriginal Nurses Association of Canada, “Traditional Medicine and Primary Health Care”; and Kaufert, “Health Status, Service Use and Program Models” (cited in note 6).

28 Dr. Richard Kennedy, Canadian Medical Association, RCAP transcripts, Ottawa, Ontario, 17 November 1993.