

## TRADITIONAL INDIAN HEALERS IN NORTHERN MANITOBA: AN EMERGING RELATIONSHIP WITH THE HEALTH CARE SYSTEM

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### INTRODUCTION

A resurgence and revitalization of traditional Indian health care practices is taking place on reserves in Canada (Canada 1983). Traditional Indian healers<sup>1</sup> in northern Manitoba are at the center of a cultural renaissance in health care. Historically, these medicine men and women were forced to cease their healing practices completely, or maintain a clandestine presence because of punitive sanctions from the non-Native medico-legal systems. Recently, an overt recognition and demand for traditional Indian medicine by the Indian people has contributed to an increased public profile for traditional healers, and the public presence of the traditional healer has necessitated interaction with the Western health care system. This paper explores the emerging relationship between traditional healers in northern Manitoba and the Western health care system.

### TRADITIONAL HEALERS AND MEDICAL SERVICES BRANCH NURSES: DEFINING THE RELATIONSHIP

The author conducted a study in 1986 which examined the extent of contact and collaboration between Medical Services Branch (MSB) nurses and elders and traditional healers within Manitoba (Gregory 1988).<sup>2</sup> Phase I of the study consisted of semi-structured, face-to-face interviews with ten nurses, seven elders and six traditional healers on three reserves in northern Manitoba which were identified by a key informant as being active in traditional Indian healing. A census mail survey of MSB nurses

in the province of Manitoba, with 52 responses, constituted Phase II of the study, in which interaction between MSB nurses and traditional healers was documented. This study will serve as one measure of the relationship between the traditional Indian healers and the Western health care system.

#### FIELD INTERVIEWS: MSB NURSES, ELDERS AND TRADITIONAL HEALERS

Contact between MSB nurses and traditional healers was recorded in this phase of the study. Although situations occurred where nurses and traditional healers interacted positively, a truly collaborative relationship was the exception, rather than the norm. Analysis of the data indicated that MSB nurses became involved with traditional healers when patients experienced a health problem which the nurses could not resolve, or when the patient and/or family experienced frustration with the treatments offered by the Western health care system. The following case study provides such an example:<sup>3</sup>

##### Case I

The child, he's 15, was brought in unconscious and unresponsive, although he would react to extremely painful stimuli. He was unconscious for about two hours and the family kept phoning us and saying, "Has he got a pink ribbon on his arm?" and "Has he got a red ribbon around his neck?" I began to twitch that there was something going on that wasn't supposed to be. It took about an hour for the family to get in. And they wouldn't really talk about it, but one brother told me that there was nothing we could do for him. He said it was out of our hands. I said, "Is he in the hands of the medicine lady or the medicine man?" We eventually got the medicine lady who came in to talk to him.

In this case the nurses recognized their limitations as health care providers when dealing with the cultural aspects of illness and disease. Consequently, they invited the medicine woman to the nursing station to treat the patient. In the following case, the nurse was unable to attend to the patient successfully, and therefore referred the patient to a traditional healer. This nurse

recognized the traditional healer's abilities and skills, and assessed that the patient would benefit from Indian medicine.

### Case II

There was a kid who was not responding to our standard treatment for infected impetigo. And you know, we had done clox [cloxacillin, an antibiotic] and the whole bit and it seemed to get worse. I was aware of [traditional healer] and I said to the mother, maybe [traditional healer] could help you with this. Maybe he's got something that we don't have. And, do you know, he did. I went there two days later. This healer had taken the child's hair off and covered his head in what I thought was axle grease and just left the kid. And whatever it was, after about a week, the impetigo had gone. It had cleared up completely. His skin was absolutely clear and his hair was growing again. I never had the presence of mind then, because I didn't know him well enough to ask him what he used.

Elders and traditional healers interviewed in the study suggested that nurses should know the identities of the medicine men and women in the Native communities. There were a number of reasons why the nurses should be informed. One important reason, simply put, is that many Indian people have faith in and are actively utilizing the traditional healing system. This theme emerged repeatedly from the interviews with the elders and traditional healers. The following are two excerpts from these interviews:

If a person is really sick, he can try the nurse . . . the white man medicine with the nurse first, and if the nurse don't cure him, he can go to the Indian medicine.

Some people believe more in the Indian medicine rather than the white man medicine, especially the elderly.

Another reason relates to cross referrals. If a patient's condition did not improve, then the nurse could make a referral to a traditional healer for treatment. This view was articulated by several of the traditional healers and two examples are noted:

Sometimes you send a person to a nursing station and they try their best to cure that person. But there is something wrong in there . . . in the human person. If they [nurses] can't do nothin, they'll send that person

back to the medicine man and that medicine man may help somehow.

If one type of medicine didn't work then the person could be referred to the other healer. I refer people to the nurses. I give roots and if it doesn't work, go to the nurses.

The data obtained in this exploratory study would suggest that traditional Indian healers and MSB nurses operate in parallel. That is, nurses referred their patients to traditional healers or contacted these medicine people only when conventional treatment modalities proved to be ineffective. It would appear that the nurses and traditional healers operate relatively independently, with clients making the decision as to which type of healer should be accessed. The patient referral patterns of the traditional healers were not explored in this study.

Those nurses who understood and respected traditional Indian healing were interacting positively with traditional healers in Native communities. Acceptance and recognition of Indian healers by MSB field staff is deemed a major factor in determining the nature of this contact. Unfortunately, in the Canadian north, the philosophy of transcultural nursing (that is, providing culture specific nursing care) is applied mostly on an individual initiative, and nurses acquire knowledge about Indian culture largely through trial and error (Hodgson 1980). Additionally, the cultural orientation provided to MSB nurses has been identified as inadequate (Gregory 1987; O'Neil 1981), and consequently does not foster an understanding and respect for Indian culture or the role of traditional Indian medicine. In effect, this situation maintains the marginality of traditional Indian medicine vis-a-vis the Western health care system.

#### CENSUS SURVEY: THE ROLE OF TRADITIONAL HEALERS AS DEFINED BY MSB NURSES

An excellent return rate of the mail questionnaire was achieved, with 52, or 81% of the MSB nurses responding. Nurses were active in the referral of clients to elders for counselling purposes. Of the nurses surveyed, 52% reported client referrals to

Indian elders. The majority of nurses (67%) were aware of traditional healing practices in their communities, and 39% reported they had initiated patient referrals to traditional healers. More significantly, Indian patients requested a referral to a traditional healer from 40% of the nurses surveyed. Some nurses (19%) also reported that traditional healers were incorporated into public health programs. Table 1 provides a summary of the interaction between MSB nurses, elders and traditional healers.

Based on the findings of the survey, traditional Indian healers appear to have substantial interaction with MSB nurses, and are providing Indian people with alternative health care treatment throughout the province of Manitoba. The exact nature and dynamics of this interaction remains unexplored at this time; however, the exploratory phase of the study suggests that while the frequency of interaction may be surprisingly high, the quality of this contact remains less than satisfactory to both nurses and healers.

#### TRANSPORTATION SUBSIDIZATIONS: THE LEGITIMIZATION OF THE TRADITIONAL INDIAN HEALER BY MEDICAL SERVICES BRANCH

There is a general consensus that the health demands of Canada's Indian population are not being met by western medicine (Kennedy 1984). Indian people are voicing their concerns about the western health care system. Central to these concerns is the claim that this system is not adequate in coping effectively with the ills of Indian society.

In Manitoba, the northern chiefs have requested that traditional Indian medicine be included in the Health and Welfare services offered on their reserves. A resolution passed by the Chiefs and representatives of 25 bands in the Manitoba Keewatinowi Okimakanak Incorporated (MKO) stated that since "the department's [Medical Services] normal services do not cure all the ills of the Indian people, traditional medicines should be made available" (Winnipeg Free Press 1984). While Indian people augment the health services offered by the Western health care

TABLE 1\*

SUMMARY OF NURSE-ELDER/HEALER INTERACTION<sup>4</sup>

	Yes	No
1. Nurse initiated client referral to Elders.	52% (27)	48% (25)
2. Nurse initiated client referral to traditional healer	39% (20)	61% (32)
3. Aware of traditional healing in the community?	67% (35)	33% (17)
4. Patient requests for traditional healer?	40% (21)	60% (31)
5. Inclusion of Elders in health programs?	42% (22)	58% (30)
6. Inclusion of healers in health programs?	19% (10)	81% (42)

\*Percentages have been rounded off, n = 52

system with traditional healing resources available to them (Kennedy 1984), many of the traditional healing practices have been lost and in some instances Indian healers have been imported into areas to resurrect traditional practices. For example, in the Kenora region of northwestern Ontario, traditional healing practices were not formally available and the local Indian people identified a need for these services. Medicine men were brought to this area to initiate traditional health care practices and to provide ongoing educational assistance (University of Manitoba Medical Journal 1982).

Recently, Medical Services Branch, Manitoba Region, issued a directive which provides transportation subsidization to patients who wish to consult a traditional Indian healer about a health problem. Alternatively, the policy facilitates the transportation of traditional healers to Native communities. Both North and South Zones within Manitoba Region provide this service to their patients. The significance of this directive is notable: MSB has added another non-insured service for patients, and has formally acknowledged the role of the traditional healer in the provision of culturally relevant health care services to Indian people.

The regional directive provides broad parameters within which to work, and consequently the process associated with policy implementation varies somewhat between the North and South Zone officers. With respect to the North Zone, the chief and council, on behalf of the patient, must submit a written request for travel to the Zone Director for approval. The band usually provides direct funding to the patient and then submits a travel claim to the MSB zone office for reimbursement. Medical Services has designated the chief and council as the body in Native communities which is responsible for initiating patient referrals.

According to the Referral Supervisor in the North Zone (Thompson, Manitoba),<sup>5</sup> patients are usually referred to traditional healers nearest the patient's community. Since certain traditional healers possess areas of treatment expertise (such as diabetes, cancer, and so on) patients have been referred to these healers

within Manitoba, or to traditional healers in other provinces. Traditional healers in northern Manitoba have gained recent notoriety with the Native and non-Native population in Canada as a result of an article on traditional Indian medicine which appeared in the national edition of The Globe and Mail (York 1987). For example, Medical Services Branch, Alberta Zone has referred patients to a traditional healer in Nelson House who is known for his treatment of diabetes and hypertension. Referrals to traditional healers outside of Canada are approved by the Regional Director in Winnipeg, and patients have been flown to the United States. Partial data for 1987 indicates the extent of patient referrals to traditional healers in the North Zone:<sup>6</sup>

April	8
May	24
June	0
July	0
August	17
September	12
October	3
November	0
December	1

Traditional healers have also been flown into Native communities at the request of the bands. During the fall of 1987, a traditional healer was flown into Tadoule, Lac Brochet and Brochet where approximately 60 patients received treatment. From a financial perspective, it makes economic sense to transport the traditional healer to the Native community, the supposition being the willingness of the traditional healer to travel, and the acceptance of the healer by the Native community. Additionally, Native communities are provided with access to the healer and those residents who would not ordinarily request a referral are afforded the opportunity to consult a traditional healer.

Meketon (1983) noted that patient referrals between mental health workers with the Indian Health Service and traditional healers in the United States resulted in a variety of problems. Included in these problems were: certification of traditional



healers for recognition and payment; the issue of whether or not to offer financial compensation for services rendered; and the actual identification of traditional healers. MSB has largely avoided these problems, firstly by considering patient referrals to traditional healers in the same category as all other band initiated referrals; and secondly, by allowing the bands to assume responsibility for initiating the referrals. Recompense for services rendered by the traditional healer is at the discretion of the patient and the bands. MSB does not offer financial compensation to the traditional healers.

Medical Services Branch, Manitoba Region, has developed and implemented a policy which recognizes the traditional Indian healer as a legitimate provider of health care to Native people. This policy reflects a positive movement on the part of the federal government in providing culturally relevant health care services to Native clients. As identified by McCormick (1988), the policy also illustrates a trend where the government rather than the Colleges of Physicians and Surgeons appears to be taking steps to establish a setting for "peaceful coexistence" of diverse medical theories and practices. The development and implementation of this policy during the current trend of fiscal constraint is also noteworthy. Medical Services Branch has assumed another non-insured service when governmental departments in general are advocating and practicing economic restraint and cutbacks.

#### TRADITIONAL HEALERS CONFERENCE IN THE PAS

The Swampy Cree Tribal Council (SCTC) based in The Pas, Manitoba, and the School of Nursing at the University of Manitoba are engaged in a collaborative plan to develop a Northern Baccalaureate Nursing Program (NBNP) for off-campus delivery in northern Manitoba (Gregory 1987). The program is tailored to provide nursing students with the knowledge base and clinical skills needed to provide effective health care in isolated and semi-isolated areas of the province, including Native communities. One of the assumptions of the program is the

recognition of and respect for traditional Indian healing. In consultation with various Native people, the curriculum planners were advised to seek direction and counsel from the northern traditional Indian healers in terms of actualizing this program assumption. The curriculum planners sought guidance from the healers with respect to curriculum planning and program delivery of this content.

A workshop sponsored by the SCTC was held in The Pas, Manitoba in October 1986. Four traditional healers from three Native communities were invited to share information about traditional healing with educators and health care professionals. The traditional healers openly discussed their healing activities with the conference participants. Included in the workshop was a field experience where the healers guided participants into the forest and identified various plants, trees and roots, and their inherent healing powers. Frank discussions were held in which the healers shared the nature of their work and answered questions posed by the conference participants.

When asked for guidance from the curriculum planners, the healers suggested the following:

1. They identified their willingness to participate in a traditional camp for the nursing students. Traditional camps were therefore planned at the commencement and conclusion of the NBNP.
2. The healers agreed that they would come to the education facility and participate formally in teaching the nursing students about traditional Indian healing. Having the students spend time with the healers on their reserves was suggested as an alternative strategy.

As future health care practitioners, the nursing students would be exposed to the healing skills and treatment abilities of the traditional Indian healers. A sensitivity and appreciation for the traditional healers and an understanding of Indian healing would be fostered in the students.

The healers at this conference indicated a willingness to formally interact with the education system. Attending the conference enabled the healers to promote an understanding of their role as healers in Native communities amongst the various

health care professionals (MSB nurses and doctors) who attended. The presence and active role of the traditional healer in northern Manitoba was confirmed at this conference.

## CONCLUSION

This paper has explored the emergence of the traditional Indian healer in northern Manitoba based on three sources: an exploratory study which examined the extent of contact and collaboration between MSB nurses, elders and traditional healers; an MSB policy which offers transportation subsidies to Indian people who wish to consult a traditional healer; and, the traditional healers' conference hosted by the Swampy Cree Tribal Council in The Pas, Manitoba. These sources collectively support the public re-emergence of the traditional healer in northern Manitoba and assist to define their current relationship with the Western health care system.

## NOTES

<sup>1</sup>The phrase "traditional Indian healers" encompasses those recognized and respected Indian men and women in Native communities who offer therapeutic health interventions outside of the Western health care system. For the purposes of this paper, traditional Indian healers include medicine men and women who practice a variety of treatment methodologies; these include herbalists, dream interpreters, spiritual healers and so on.

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<sup>3</sup>Case studies I and II are verbatim excerpts from two of the nurse-informants.

<sup>4</sup>Table has been adapted from Gregory (1988: 42).

<sup>5</sup>Personal communication with Donna Kirkness, April 7, 1988, Thompson, Manitoba.

<sup>6</sup>Statistics courtesy of MSB, Manitoba Region, North Zone.

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