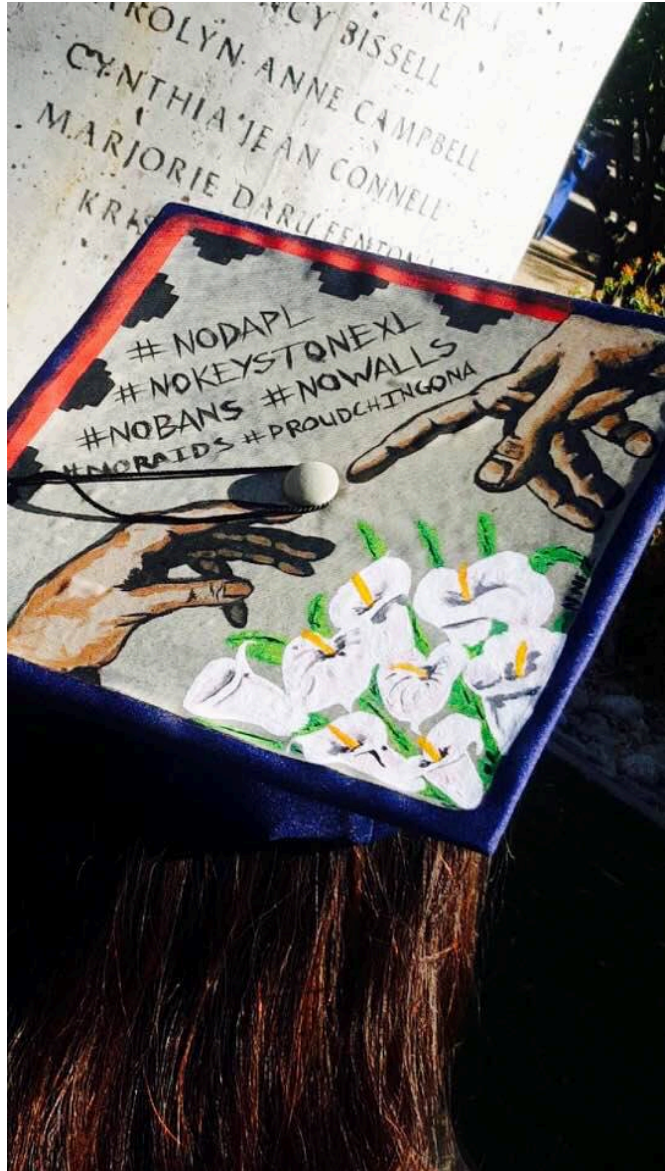


INDIGENOUS
KNOWLEDGE,
DECOLONIZATION,
&
HEALTH
SOVEREIGNTY

GLOBAL AND LOCAL
CONTEXT

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FOUNDATION FUTURE OF
NURSING SCHOLAR



INTRO & POSITIONALITY

OBJECTIVES

1.

To discuss concepts foundational to and associated with Indigenous Knowledge



2.

To gain familiarity with the role of decolonization in Indigenous wellness



3.

To discuss Indigenous health sovereignty in local and global contexts

RELEVANCE, OR THE “WHY?”



Local and global healthy inequity



Relevance of professional ethics



Personal & professional
involvement/investment in
systems

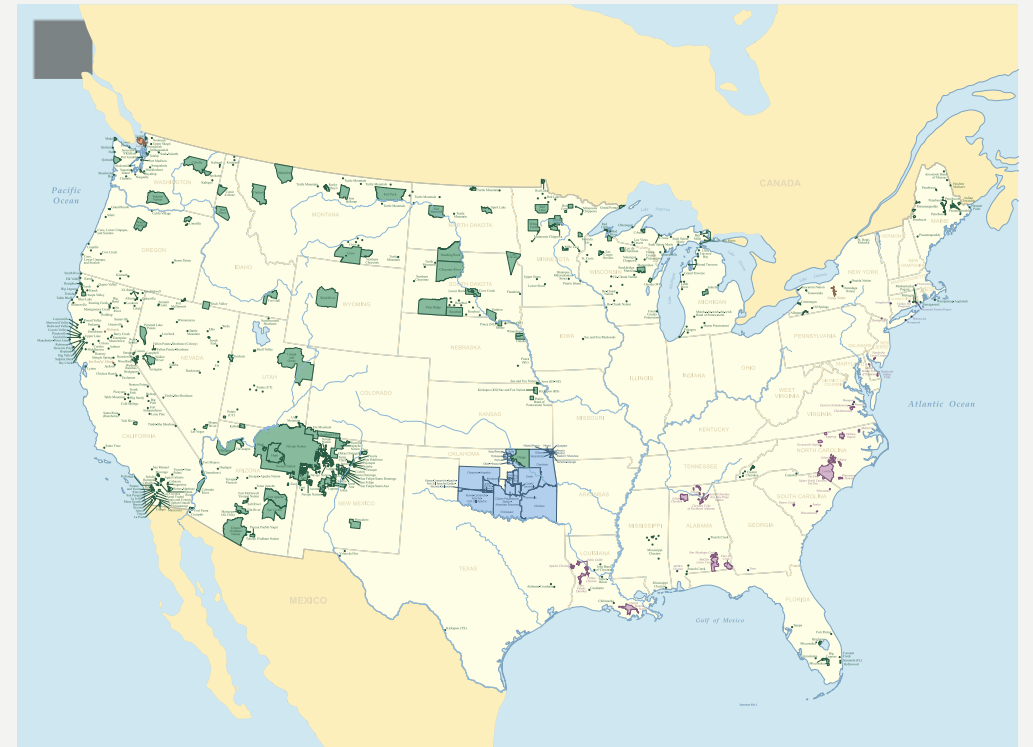
INDIGENOUS PEOPLES

- Local
- Global
- Native American, American Indian or Alaskan Native, specific Tribal or band names
- Indigenous
 - Descendants of original inhabitants of the Americas prior to European colonization (Burnette & Figley, 2016)
 - Collective term
- Growing population & cultural resurgence/revitalization
 - Not “still” (Gonzalez, 2016)



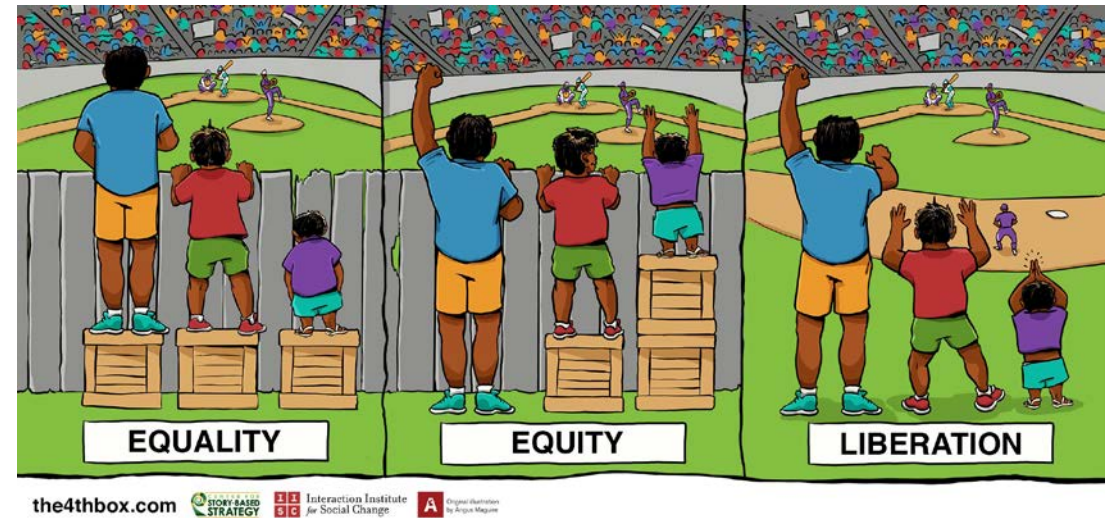
INDIGENOUS PEOPLES

- Within the United States
 - Non-homogenous
 - >5.2 million individuals
 - 573 federally recognized tribes
 - Approx. 100 state-recognized tribes
 - Urban > rural (Office of Minority Health, 2018)
 - Does not account for all IP
 - Continued role of colonization in defining population
 - Prevailing principles of IK within diverse cultures



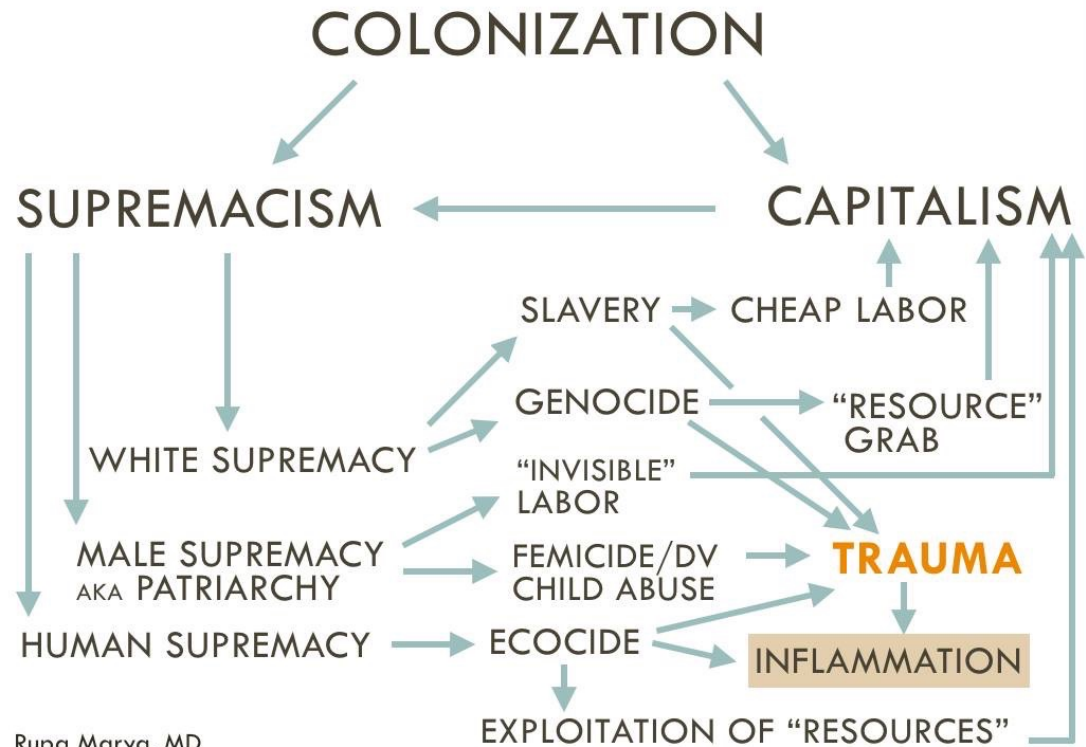
HEALTH INEQUITY

- Extant inequity
 - Higher than those experienced by any other racial or ethnic group in the US
 - Variable
- Local and global
- Socioeconomic, sociopolitical and health-related
- Inequities are not unintentional consequences of past policy and practice but planned approached with the goal of assimilation, removal, and termination (Lucero, 2011)



PATHWAYS

- Multiple & complex roots
- Social determinants of health
- Historical trauma & loss
 - Causal factor
 - Imperialism
 - Colonialism
 - Ongoing oppression and racism
- Intergenerational trauma
 - Intentionally, federal policy & practice



DEFICIT VS STRENGTHS & ASSETS

Historically, health inequities among IP have been addressed via deficit-based approaches (Rogoff et al, 2017), potentiating paternalistic intervention & may cause further harm (Fast & Collin-Vezina, 2010)

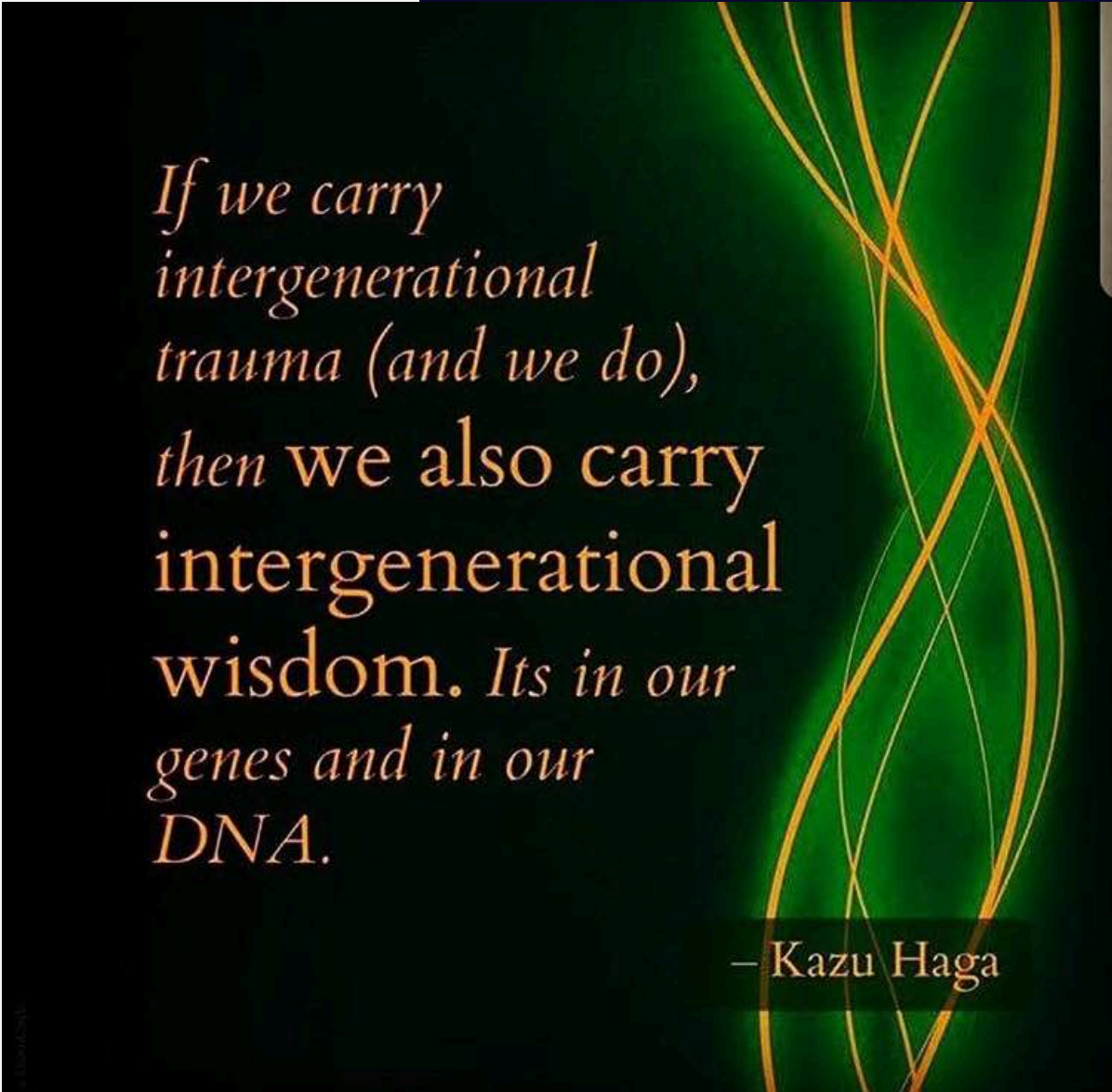
It is important to recognize disparity, but deficit-based approaches overlook inherent strengths and prevailing assets

This approach may even unintentionally, shame or focus on what one has done “wrong” (Linklater, 2014)

Often presented without context

Strength-based cultural determinants of health (CDH) (Ngiare Brown, 2013) (Lowitja Institute, 2018)

A story...



*If we carry
intergenerational
trauma (and we do),
then we also carry
intergenerational
wisdom. Its in our
genes and in our
DNA.*

— Kazu Haga

EXAMPLE



CDH & ASSET BASED APPROACHES

- Indigenous culture is health/wellness-protective, health/wellness-promotive, and inclusive of Indigenous Knowledge (IK) as a science and as evidence-based
- Pre-existing strengths and resources
- Challenges the traditional medical model (Swartz, 2017)
- What keeps people healthy (Marshall & Easton, 2018)
- Respectful
- Avoids paternalism & continued colonialism where only outside entities bring solutions
- Draw on and support resilience
- Center on Indigenous value systems, norms and standards
 - Humor, family networks, intergenerational relationships, shared collective histories, spiritual & cultural resources, and community-based support systems (Linklater, 2014)

HEALTH VS WELLNESS

YOUR THOUGHTS?



WESTERN CONCEPT OF HEALTH

- Evolving concept of health (Pender & Murdaugh, 2015)
- Western model
 - Biomedical
 - Dualistic (Saylor, 2004)
 - Reductionist (Lawrence et al, 2016)
- Individual focus
- Direct and indirect

ON THE ONE HAND I HAVE A CLEAR AND DISTINCT
IDEA OF MYSELF, IN SO FAR AS I AM A THINKING,
NON-EXTENDED THING; AND ON THE OTHER HAND I
HAVE A DISTINCT IDEA OF BODY, IN SO FAR A THIS IS
SIMPLY AN EXTENDED, NON-THINKING THING. AND,
ACCORDINGLY, IT IS CERTAIN THAT I AM REALLY
DISTINCT FROM MY BODY, AND EXIST WITHOUT IT.

- RENÉ DESCARTES -

LIBQUOTES.COM

DIVERGENCE OF WORLDVIEWS

- Western worldview: Health model
 - Separation/fragmentation
 - Separate entities
 - Body and mind
 - Self from living world
 - Cartesian bifurcation
 - remains (Saylor, 2004)
 - World as inert object rather than living entity (Deloria, 1997)
 - Evolution of modern medicine from these tenets, and resultant application in practice
- Indigenous worldview: Wellness model
 - Did not experience the Cartesian split
 - Self as complex (w)holistic being
 - Balance
 - Self
 - Self and others (Linklater, 2014)
 - Self and others and the living world (Cajete, 2000)
 - Individual, collective, community-centered and reciprocal
 - One who has achieved wellness or experienced healing may then assist community (Bassett, Tsosie, & Nannauk, 2012)

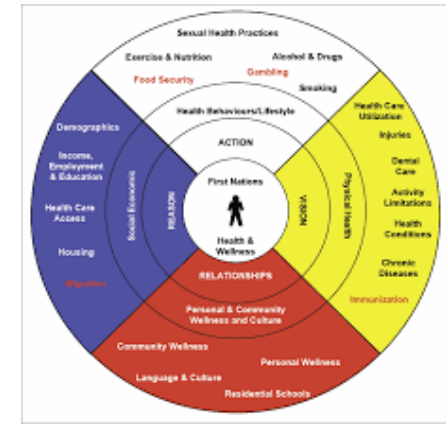
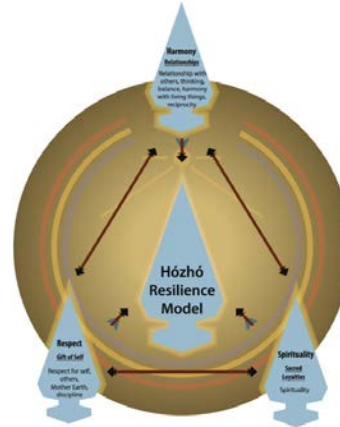
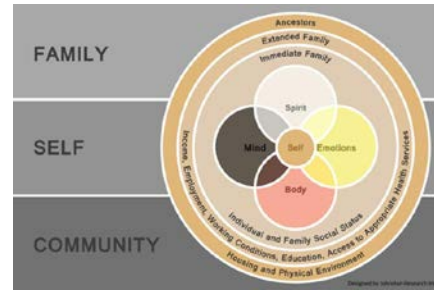
WELLNESS DEFINED

- A measure of well-being
- Exists as relational construct (Rountree & Smith, 2016)
- Has impact on an individuals place within community (Linklater, 2014)



IMPOSITION OF THE WESTERN HEALTH-RELATED WORLDVIEW

- Separation of mind and matter had led to multiple harms
 - Purporting to be only legitimate truth
 - Labeling as “other” and inferior
 - Exclusion
 - Extends to the health professions
- Ex. Academia and research
 - Provides basis (evidence) for evidence-based practice (EBP)
 - Determines “acceptable” practice and recommendations for practice
- Perpetuation of colonization and further harm (Linklater, 2014)
- Ex. Use of traditional medicine and healthcare discrimination (Moghaddam, 2013)
- A story...



INDIGENOUS WELLNESS MODELS

WELLNESS & INDIGENOUS KNOWLEDGE

- Wellness as a relational construct (Rountree & Smith, 2016)
 - Rather than ownership of health or a lack thereof
- Balance
 - Self
 - Others
 - Living world
- Reciprocity
- Resilience
- Integrated



INDIGENOUS KNOWLEDGE

- Multiple definitions
 - Hart
 - Gonzales
 - Cajete
 - Cintli Rodriguez
- Concepts > delineation
- Local (shared global)
- Generational
- Similar terms
 - Cultural wisdom
 - Traditional knowledge, wisdom
 - Local or folk knowledge





By nature local, holistic, oral (Hart, 2010), and relational (Wilson, 2008).

Indigenous intelligence, encoded knowledge, multiple dimensions of knowledge, place, correspondence/co-respondent, origin and orientation, sacred formulas, ceremony as medicine, unity, embodiment, explanation, and memory (Gonzales, 2012)

Long excluded from mainstream scientific discourse

Not “alternative therapy”

Myth and story

Evidence-based

INDIGENOUS KNOWLEDGE

CULTURE AND IK AS FOUNDATIONAL TO WELLNESS

- Embeddedness/connectedness
- Relationality
- Connectedness or connectivity?
- Cultural connectivity
 - Being within or connected to (Hill, 2006)
 - Positive association
 - Dynamic
- Centering IK as foundational to wellness
 - Cultural reclamation & revitalization
- Cultural markers as indicators of wellness



THE ROLE OF EVIDENCE

EVIDENCE-BASED PRACTICE

- Necessary – at times
- Hierarchy
- Scientific testing and proof
- Treatment external to recipient
- Health system as reservoir
- Exclusion of IK

CHALLENGES

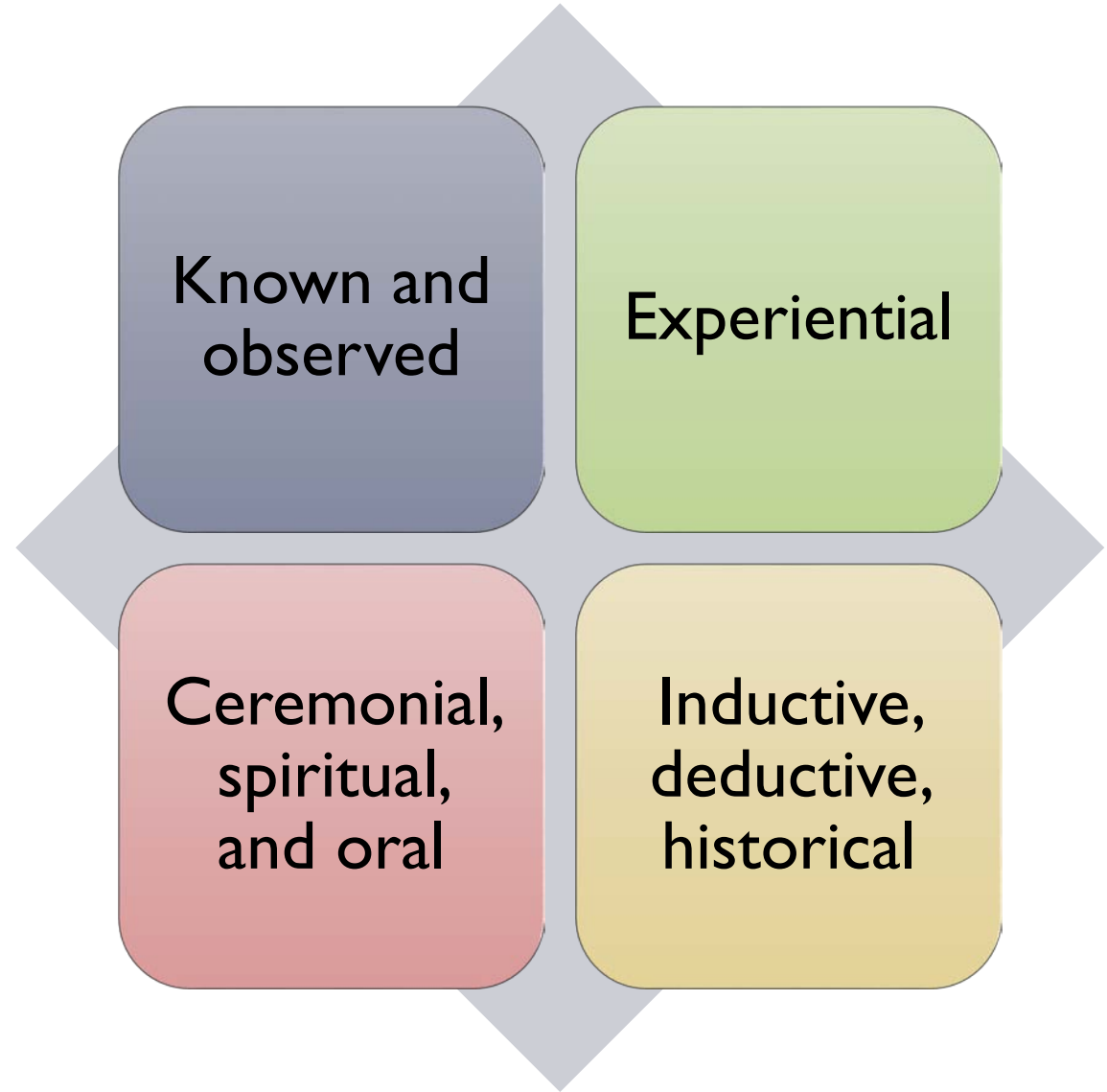
- Testing among non-diverse populations
- Cultural context and proven efficacy
- Under-representation
- May increase disparity
 - Cultural consideration
 - Adaptation & fidelity (NIHB, 2010)
- Cultural heterogeneity

INDIGENOUS KNOWLEDGE AS EVIDENCE BASED

- Scientific
- Native Science (Cajete, 2000)
- Data, research & evidence
- Living scientific processes
- Complex & adaptive (Barnhart & Kawagely, 2005)



EVIDENCE



DECOLONIZATION

- Multiple definitions in the literature
- Decolonization work includes what decolonization means to a population
- IK foundational and necessary
- Ethics
- Decolonization of science, practice, global health
- Centering/re-centering IK



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DECOLONIZATION, is the intelligent, calculated and active resistance to the forces of colonialism that perpetuate the subjugation and/or exploitation of our minds, bodies and lands, and it is engaged for the ultimate purpose of overturning the colonial structure and realizing Indigenous liberation.

DECOLONIZATION OF WELLNESS AND HEALTHCARE

- Alignment with worldviews and value systems
- Equitable relationships
- Health protective
- Reciprocity
- Wellness and sovereignty
- Cultural reclamation & revitalization
- Connectedness/connectivity



HEALTH SOVEREIGNTY

- Extends beyond systems
- Medicines, practices, plants, animals, minerals
- Agency
- Autonomy (ethnobiology.net, 2019)
- Wellness not defined by disease
- Pursuit of wellness.... Not “health”
 - Wellness as public good
 - Information and tools to make decisions
 - Appropriate mitigation of environment
 - Accept autonomy of choice... even/especially when this differs
 - Freedom to abandon biomedical model (Kuarte, N.D.)
- Where does this fit in our practice? Locally? Globally?

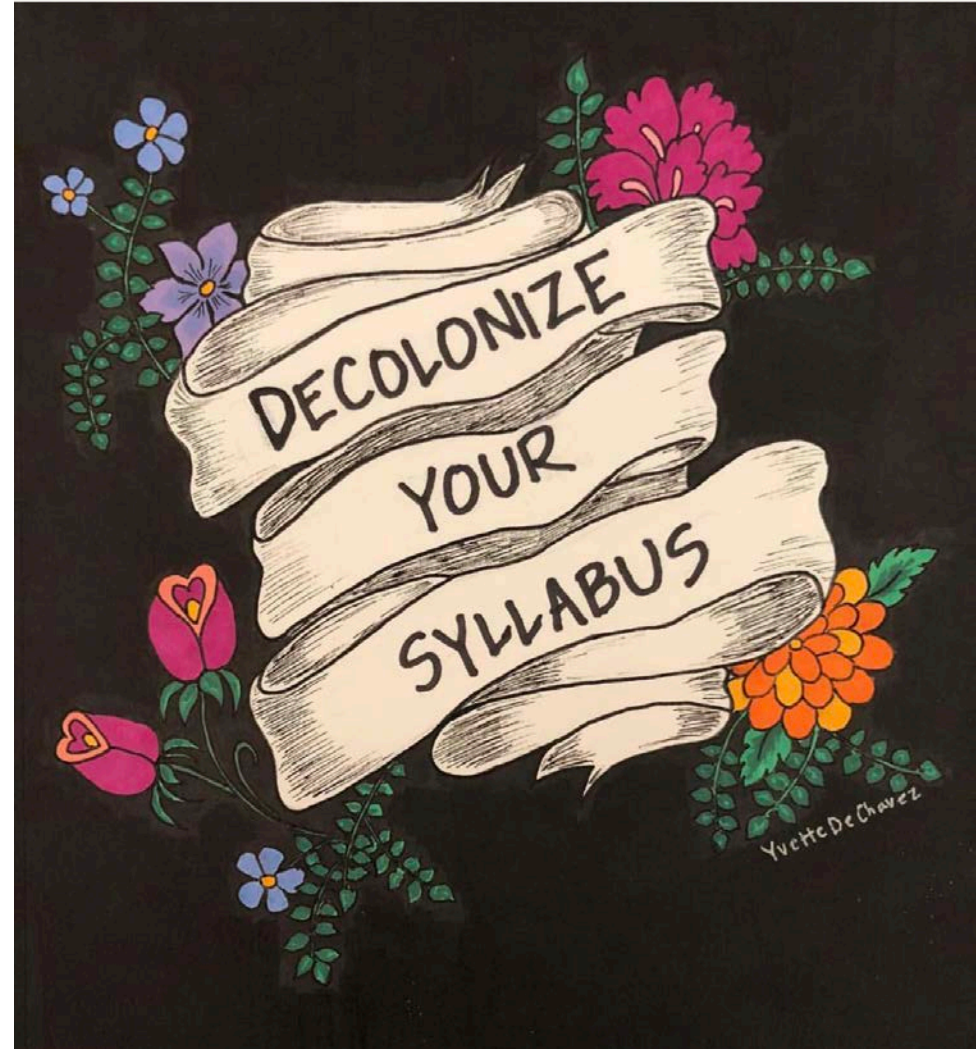
DECOLONIZATION AND HEALTH SOVEREIGNTY

- Multiple areas
- Decolonization is necessary for health sovereignty
- Addresses health disparity
- More sovereignty = greater wellness
 - Cultural practices
 - Culture (applied IK)
 - Language (Linklater, 2014)



yvettedontlie


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RELEVANCE AND APPLICATION

- Indigenous healing practices
 - Applied IK
 - Promote prevention & wellness (Struthers, Eschiti, & Patchell, 2004)
 - Inherent integrated wellness applications (Kahn John, 2010)
 - Culture as healing modality
- Research & impacts on wellness
- The downside of good intentions
- Application
 - Potential to address inequities
 - Promote wellness
 - Support sovereignty and self-determination
 - Acknowledge strengths
 - Support incorporating cultural understanding into practice (Bearskin, 2011)
 - Educational and practice-based interventions
- Extension of benefits
- What does this look like?

CAUTIONS

 meztliprojects
Shape House





n urban sweat lodge

Shape House
Sweat Session

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@shapehouse #urbansweatlodge #culturalappropriation
#sweatlodge #indigenous #yt



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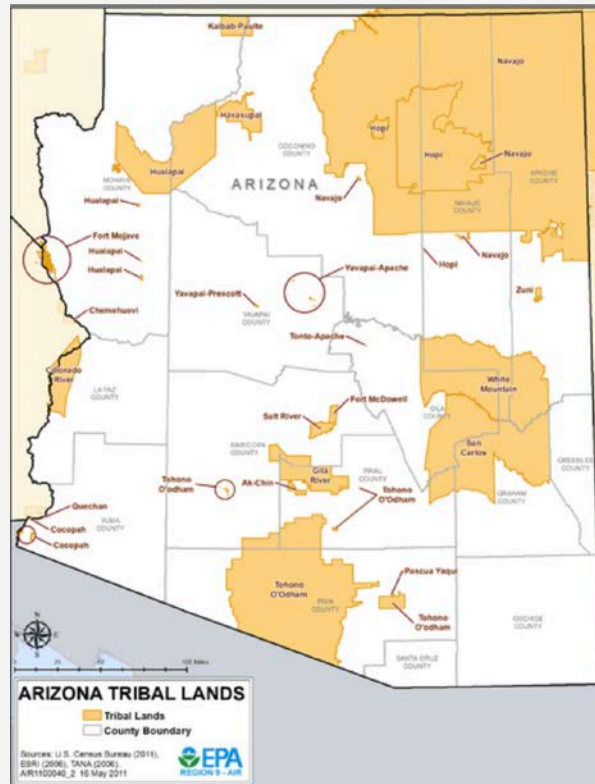
SHOP NOW THROUGH
NOVEMBER 30TH!

Contact the Consultant:

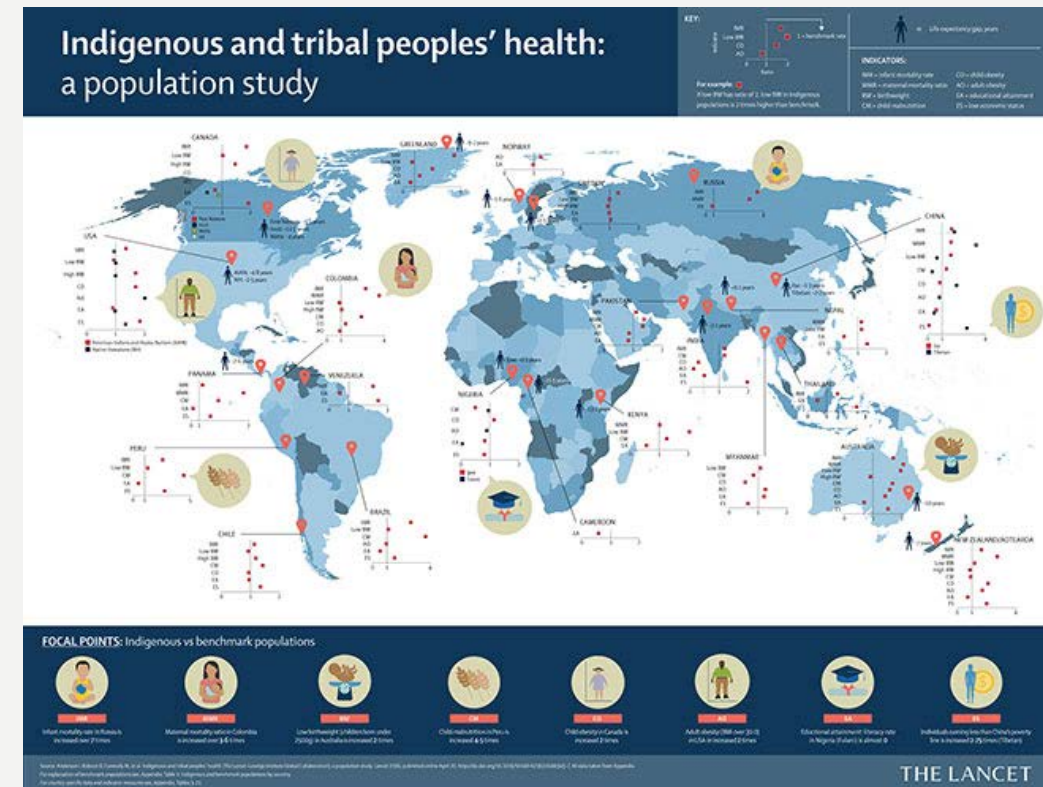


CONTEXTS

LOCAL



GLOBAL





SOLIDARITY & ALLYSHIP



IN CLOSING...



QUESTIONS?

REFERENCES