



Development of Indigenous Knowledge in Public Health: Epistemic Diversity as an Essential Component of Health Equity

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Dr. Bonnie Duran:

So, thank you all very much and huge thanks to Dr. Bullock for inviting me. I've been working on and off with IHS for many, many, many, many years and I'm delighted to be here and I have to tell you most of what I know, I've learned from native communities across the country. And now I am going to put some thoughts up here. It's nothing written in stone, it's just a way of thinking about things, which is true of all science but that's not exactly the way they teach it. Oh, here is what I was looking for, okay.

So, I am going to talk today about -- what I am going to say today is a little bit egg heady. And so I think, I have an hour; I have got like 60 slides, which is like way too many slides for an hour. So, I am going to try to skip through the ones that I think maybe are less important but I do want to get across a couple of points about really what's going on in academia and in Western philosophy about where is Western knowledge within, a whole lexicon of knowledge production.

We all know that -- we've heard the myths, about there is some huge change happening in 2012. You know that the big change that's coming around is that people are realizing that Western knowledge and Western ways of knowing are only one way of knowing. That really is one of the biggest paradigm shifts that's happening in the academy right now, and I just want to talk about a little bit about that.

I think indigenous people and I think medical providers probably even know that too because they have seen so other worldly things, right. They have been so close to life and death, they realize that there's something way beyond clinical knowledge. And so, I just want to go there with you guys.

Of course, we all have a context, this is my context, nobody's knowledge is just their own, so when people try to copyright their knowledge, I am always pretty suspect of that because our knowledge is all created in a web of meaning and understanding with many, many people. So, like I said I didn't really come up with any of the stuff and if you want to claim it, go for it, you can. I'm happy to have you have any of my slides. If you e-mail me, you can have them and use them anyway that you would like.

I just wanted to put a note out. I actually was at the University of New Mexico for 12 years here in New Mexico and had a wonderful start of my career and then I actually got recruited over to the University of Washington and we have a research center there at the University of

Washington. It's called IWRI, the Indigenous Wellness Research Institute and we are all about making space within the academy for indigenous knowledge development. And so that's what we're really trying to do over there.

So, what I am going to talk today? I am going to talk about, there is new scholarship coming out particularly critical scholarship about what the Western knowledge production and how now western knowledge production itself has contributed to health and equities among indigenous people here and worldwide, it really has kind of an edge to it, there's some really excellent things about it, in many ways it's emancipatory but there's a dark underside of it that we really need to look at or we are never going to achieve the health equity that public health is trying to achieve.

And I am going to talk a little bit about what scholars are saying now about this Western power knowledge episteme and to talk about how it might be replicating some colonial relationships that in and of themselves are really what produce ill health in indigenous communities and other, you know, marginalized communities.

And then I am going to talk a little bit, if I can get to it about some of the research that we are doing at IWRI, and also here with colleagues at the University of Washington, research that we hope is breaking down some of these old ideas about what valid knowledge is and working in real partnership with native organizations and communities to create something a little bit different.

And so I am going to talk about Western scholarship about pre-colonial America. I am going to define this modernity, coloniality, episteme. I am going to talk about some examples of how research has really contributed to health and equity and then to tell you about a little bit of our practice. And I am going to get kind of egg heady, so I don't know how you should tell me that I should ratchet it down.

Oh, really, go for it. Okay, I am going to go for it. Okay, so you guys probably know that there's a lot of scholarship probably, actually out in the last 10 years, 15 years that show that the whole story of what was going on before colonization here was really wrong.

You know, one thing that they say about they say about the story of the colonization of the Americas was that the one reason that it was so easy to colonize the Americas is because that indigenous people here didn't have any technology and had no advanced knowledge and that was absolutely wrong. They have actually compiled books right now that show that indigenous people in the Americas, and you when you think about it other communities of color around the world that were colonized actually part of the colonization project was to, process was to erase the science of indigenous people in order for Western ways of knowing to come in and really take over.

And now there's really excellent new compilation of evidence about really just how advanced Western indigenous life was here in the Americas in 1491. And here is one particular book that everybody has read and you know if they got to this person compiled with what the indigenous knowledge was.

So, one thing they talk about, the North America and South America was that this was like virgin land that it wasn't cultivated land. What they're finding out now that all the rain forests

are cultivated land. These are places that people actually came in and they were developed by the indigenous people that lived there in order to support their communities.

One excellent book I read actual when I was in graduate school pointed out that the indigenous people of South America had a pretty luxurious life, really never went out, never had food deprivation and they worked like -- in order for -- they had actually really developed really wonderful art and wonderful cultural art and cultural systems and they've worked like in order to maintain this system, they've worked like three hours a day.

I mean, come on. I mean and we think that that's primitive and we are somehow more advanced. I mean, I think if we could maintain our life working three hours a day that we would probably try to go for that.

Anyway here are some of examples of some of the pre-Columbian advances or technologies that we are really erased when the colonization came. For example, pre-Columbian Indians in Mexico developed corn by a breeding system so sophisticated that an author described it as man or humans, first and perhaps the greatest feat of genetic engineering and this is all really new scholarship.

The Aztec capital before colonization had huge populations and one of our sciences of demography tell us that the more advanced a civilization is, is partly is due to it's population density and some of the population densities of our pre-colonial, pre-Columbian cities were actually pretty big cities. Here in North America as well, I'm a mixed-race person, I am part Opelousas Coushatta from Louisiana and some of our settlements in the Southeast were actually really big, bigger than some of the cities in Europe. And so here we have a documentation of Aztec capital that had, unlike in European capital had running water, botanical gardens, public health measures and immaculately clean streets; this is pre-colonial public-health.

So, one of the questions is we have all been taught what the human species gained by the European invasion of the Americas, now we have to consider what we all of us have lost. What did we lose with the colonization? It wasn't like nothing was here and everything was built, it was things here were replaced by that effort. So, some of the new scholarship here is where it's going to get kind of egg heady.

If anybody wants this literature, there is a new, a whole edition of -- I think it was critical social, critical sociology or critical -- I think it was new critical theory or something like that, a whole edition that was just like two or three months ago. It had a beautiful special edition on the new thinking of Western rationality and just the, it was like a history of science edition about how Western rationality developed and how Western rationality, particularly the Enlightenment thought, we are all taught to think that the Enlightenment was the pinnacle of scientific evolution and it was the thing that pushed human civilization into a new era.

Now we're seeing that the enlightenment, though it had some really wonderful stuff to what I mean, it wasn't that important, it also had a dark underbelly and a lot of the principles of the enlightenment actually served for colonialism, because they actually arose pretty much at the same time.

So this is the episteme kind of like the knowledge system of what the enlightenment western rationality, coloniality, coloniality is about. So it actually started the genealogy of it, or the

history of it is that it started in the 17th Century in Northern Europe in reformation thought and the enlightenment thought. It crystallized in the French Revolution and crystallized in the 18th Century into Modernity coloniality and consolidated with the Industrial Revolution and motivated in part by colonization.

A lot of the knowledge systems and philosophical principles were developed specifically to rationalize colonization of North and South America and the rest of the world. Philosophically it emerged as the notion of man or as humans as the foundation of all knowledge in order separate from the natural and the divine. They had something, they adopted something called teleological action. And this is, I wish I could explain it well but teleological action says that you can't do anything that doesn't have a -- you shouldn't do anything that doesn't have a material product outcome. Nothing without a material product outcome is worth doing is essentially what the foundation of teleological action is.

Culturally our life world or a cultural world or social world is assumed under forms of expert knowledge linked to capital and state administration. In this sense, this whole notion of instrumental action it's like what we did was we decided that the most important things for humans to do was to have control over material existence and control over our material environment, control over mother earth; so all the knowledge's would developed towards that end.

And if you think that what other knowledge's could you, I mean how would -- could you think about that? Did you guys hear just what happened in Bolivia a couple weeks ago? I am going to show you, it's incredible. So one of the foundational principles of this western episteme was that culturally our social life, our cultural life, our artistic life was subsumed under instrumental action. And sociologically, it was the rise of the nation states and knowledge's and science for material reproduction.

And there is a pretty wonderful body of research about this. If anybody would like some background material on this, e-mail me and I'll send you a thousand articles, may not me a thousand but I'll send you a lot of articles. Another characteristic of this episteme is that, it had an understated and you know please -- it really was emancipatory, what it did was it tried to give each individual person in principle the right to have a good life and to reason for themselves. But back in this day was invalid and developed many of the people in this room weren't considered fully human. I mean that was one of the undersides of it, is that you know now as progress has advanced; now we are realizing the forms of life that are actually equal. And actually we've even got a ways to go in that regard don't we?

I mean there is lot of forms of life that we live with our, you know two legged and four legged that are still just relegated to you know the trashy; but well let's go -- So there was an underside, mainly the imputation of the superiority of European civilization. That was one of it was that, European civilization, the whole notion of a social evolution and there's a pinnacle of social evolution and then there's all of us that are trying to catch up to that. That was one of the foundations of it.

And we still see this now and you know working with globalization in developing countries, some of our most prolific foundations doing global health still think that modernization needs to happen on a western model and that's why there's a lot of conflict with the developing world; because a lot of people say yeah we want modernization, but it doesn't necessarily look like

westernization. And I think we're seeing that right now with the wonderful democracy movements in Northern Africa and in the Middle East.

You know they are definitely democracy movements, but if you listened to the pundits, their democracy looks pretty different than what we see it here. We see it what it looks like in the US.

We tend to look at their democracy movements and say, well those are very parochial. They are very locally specific, you know they are really informed by a long legacy of their own culture and spiritual beliefs. But we think that our democracy is universal. I mean how can we think that? I mean our democracy is just as provincial. We love it. We embrace it. But it is not any more universal than what's happening in anyplace else in the world.

So anyway that's one of the points of this episteme, the episteme put out this western way of knowing as the only way of knowing. Another point was that, human development is a master narrative determined by the West and all of the other cultures have to come under it. The West determined the fitness for world citizenship. Yeah, I mean that's it. When indigenous people decided to be citizens of the United States? I think during the Congress they decided that indigenous people of North America were worth like two thirds of White men in the US.

And then globalization all real cultures in the societies are reduced to be in a manifestation of European history and culture. Here is just different ways of looking at the history of philosophy and the history of science. There is coloniality, modernity roots, you could look at the genealogy and history of that. There is a post colonial approach which I've written some about. And then there's an indigenous episteme that I think is a rising up in Indian country. It's actually rising up in Indian health service, it really is.

I think some of the people in this world are trying to make space for this alternative episteme to be developed and to be circulated. I talked to somebody just now who is trying to do that. So this episteme is really arising and I'll say a something else about what an indigenous episteme looks like.

You know some more about the science and philosophy of the Western rationality as a tool of power, when someone, some other of the defining characteristics of it, is that it's an apparatus which authorizes separating out among all the statements; statements which are possible those that will be accepted in the field of scientificity and which is meaningful to say true or false or meaningful or meaningless.

So there is a lot of things that we might say that our ways of knowing, you know ways that we grew up, with ceremony that we're in, even ways of knowing within our families, in our intimate relationships in our community, that people don't even count as ways of knowing, which is really one of the you know one of the paradigms that really is going to be changing right now and is changing.

There is a wonderful book out by this new Sami scholar ironic Rauna Kuokkanen is called *The Logic of the Gift* and if anybody wants to read about how epistemes are changing and about indigenous episteme, she really does an excellent job of that.

So some of the other assumptions in Western episteme or that Western values and culture are universal and the pinnacle of social of illusion, that science is neutral, its subjectivity is universal. What I mean by this is, I am even going to mention a name but I even had this

conversation with one of my academic colleagues yesterday. I was complaining to her that we're developing a national survey instrument. And it's done by all of us, you know beloved egg heads in the university. But the communities that we are surveying, no one from the committee has looked at the instrument. And I said I know right? And I told her, I said you know we are going to have some translation issues when people start taking this and she said oh no! We don't always have to have the community involved.

Well, you know why because the assumption is that, and this has been going on for 300 years. The assumption is that you can sit in the academy and figure out like, my subjectivity is universal, so if I place myself in these indigenous communities and in these communities that do CBPR, in these communities based organizations I can figure out how they think and how the world works.

And that's what science has been doing for a long time. Isn't it right? But anyway, that people are beginning to see the limitations of that. Thank gosh! And then as you can see, you know this whole notion of science as Western, now they're looking at the genealogy of when science became Western. I mean all the people had science.

They just had science by another name and another -- it looked differently. But all people, all civilizations that lasted had ways to produce knowledge and to verify knowledge.

So I'm going to just give you, this is a part I'm going to skip through, just an examples of really terrible ways in which Western science and Western medicine and Western public health has contributed to health inequity, has contributed to health disparities. It's not, it has done great stuff but it's not neutral.

I got this slide actually from -- I got this slide actually from The National Congress of American Indians. We're partnering with them on a research project, a national project, and this is a good slide, they are right. So this is what you know -- it's the most august native institution in the country and this is their particular stance on research.

So again, so research is an apparatus in colonization, and what is colonization? It's a geographic incursion, it creates ideologies, and these ideologies about stories, about race and skin color, and ethnic actually. There's some really wonderful new scholarship on this. If you want to see any these articles, let me know. It's a socio-cultural dislocation, not just a physical geographic dislocation, it dislocates people's ways of knowing, people's culture, people's understanding of their life. It's external political control and is provision of low-level social services.

I hate to say it but we're the legacy of that. We are the legacy of that, and probably one of the most important milestones in Indian Health Service was the Indian Healthcare Improvement Act would actually had provisions in it for a native control of IHS, right. IHS has its own institutional karma, but I do believe that there are policies in place that really can drive it forward in a good way. Let's keep our fingers crossed and pray really hard.

So its governance upfront here by a central authority, and its main governing institutions of the Church, medicine, public health, education, research, and business and industry. And it's very similar but different than what happened in other places that were colonized in the world. As you know, all the colonial powers and national powers borrowed from each other when they set up the internment systems in New Zealand and Australia, Hitler borrowed from Jackson

when it was setting up the concentration camps. I mean the history of how these things are similar are just really shocking.

Okay, and one way to think about it, this is one story to tell about the history of research in Indian policy. It's not the only story, but it's one way to think about it. And as I say that, I hope that you realize that everything we hear that science, the truth, is one way to tell a story about anything. So please, that's a --

So this is an example of stuff, this is an 1873 article that talks about -- it's actually in Clinic of the Month; it's a medical article, it was actually by a physician who worked for Indian Health Service, the precursor to Indian Health Service, and they were publishing about what they were seeing in Indian country, and this is what they were saying in those articles.

People would produce this type of medical literature research, anecdotal accounts in order to justify federal policy that was a really anti-culture and anti-indigenous people. And I don't even want to read that out loud because it makes me sad.

Here's combination, and actually these systems there's something called rationalization where systems of religion and industry and business and particularly the sciences are kind of teased out from each other and get more specialized. This is before rationalization happened, so there's actually a combined rhetoric of religion and of science in this. So I'm going to tell you from an anthropological and a Christian viewpoint what's going, what's wrong with these people.

So medicine and disciplinary power; this is a story actually of a physician who worked at Navajo. All of these articles are from Navajo. And just to tell you, I actually compiled this research when I was working with the Navajo Human Research Review Board, and they were really interested in the history of research there as a justification for their very stringent review policies. And we came up with this which is really kind of excellent justification of why the tribe wanted to take control.

Anyway, here's a story of a physician who went to a sacred ceremony, and he tells a story about going to the ceremony. He probably got invited, right; I mean in my experience, Navajo people are very generous, yeah, come to our gatherings or -- but after the gathering, he actually got up and went over to where all sacred objects of the Altar, and he took them home for his own private museum.

So, and this pretty much tells you what the intent was of the Western medical, Western public health coming in. And you think to yourself well, maybe that needed to happen; maybe back in the day, we can't really judge, we can't really judge what happened in 1922 by current standards. But when you look at, right now, alternative medicine is a huge industry like \$8 billion in the United States. And when you think about the use of alternative medicine and Western medicine, the latest statistic, I saw that 99% of the people who use alternative medicine used Western medicine. So it's not like alternative medical systems can't exist together without any problem.

Here's just more examples. There's a particular type of power that's theorized a new Continental philosophy, particularly Michel Foucault, this incredibly wonderful scholar who actually died of HIV I think in 1984. But he uncovered this or theorized about this form of power called Biopower. And what he says is that public health and medicine are actually new forms of

controlling populations, and it really is true when you think about it. We go in and figure out exactly what people's life patterns are, and based on our public health knowledge, we implement evidence-based interventions to try to make people pretty much do the same thing, right. Not that those are bad, I'm giving one critical aspect of it, and please don't think that I'm just condemning them all because I am not. I absolutely realize that there's a lot of positive things to say about Western knowledge and about evidence-based interventions particularly in medicine.

But that's not the only way to think about things is what I'm saying. And Biopower, one of the fundamental conceptual innovations about Biopower is that people think power suppresses people, it keeps you down, it prevents you from doing things, Biopower actually creates people. What it does is it creates images of who indigenous people should be, who women should be, who kid should be, who Southerners should be. It creates these images and then people are born into that life and then are raised and grown up in order to become those people. It's power as productive rather than power as oppressive. And it really is a conceptual innovation to see, to think about how identity is constructed.

This is an example of a colonial episteme. This was in the 1940s, this is what people were writing; this was about Navajo and the role of Indian Health Service or its precursor in maintaining colonization. I think, I hope this is one of my last ones. This is a story about this 1961, this man named Sam who obviously Navajo man, who worked with the HIS, and what if he knew how to do. He was bilingual in English and Navajo, he -- so he is a an interpreter, he was a health educator, he was a health systems navigator both the Western health system and the Navajo traditional medicine system which we all know is one of the richest in the world. And he was a medicine person, he had a certain few ceremonies that he was able to do, and what was his position within the IHS framework; he was the driver of a health educator. So there was no space for people of his incredible knowledge, no places of respect within that system at this time.

I'm going to go over; okay, so here is a really important -- I love this, I love this saying, "Science and the Sacred". The intuitive mind is a sacred gift; our intuitive mind, let's just think about what. What is our intuitive mind? It's precognitive. It's not based on thinking, it's some other place in us that has knowledge. And I think a lot of us know this.

The intuitive mind is a sacred gift and the rational mind is a faithful servant. Our cognitive thinking process should be a servant to that. We have created a society that honors the servant and has forgotten the gift. Who do you think said that?

Just so, if you know, do you know who said it?

Audience Member:

Einstein.

Dr. Bonnie M. Duran:

Exactly, Einstein said it. And he was kind of a smart guy. That's how he came up with all of his brilliant insights; it was through his intuitive awareness. It was that he could tap into some huger place to know things than his thoughts running through his mind all the time, that drive us crazy.

Okay now what we're trying to do, what are research centers trying to do, what indigenous people are leading the way in across the world is something called the Decolonizing research and Indigenized research. And right here is, is this a pointer, right here is Linda Smith. To get to know Linda Smith, she's the one with the next between me and Karina Walters there.

She wrote the book, what's the name of her book, *Decolonizing Methodologies*. She's a brilliant scholar and she's like one of our you know most -- you know, we all love her, she's a groovier in many ways. And so we're all trying to do decolonizing research and its purpose -- a purposive approach to transforming the institutions of research, the deep underlying structures and taken for granted ways of organizing, conducting, and disseminating research knowledge So we're really trying to do something different.

Decolonizing research enables indigenous communities to theorize their own lives connecting with past and future generations. So there's a lot of indigenous theory out there that's emerging out of people's lived experience that speaks to what's going on with people in their everyday life. So indigenous knowledge as an ancient communal holistic, spiritual and systematic knowledge about every aspect of human existence. Local communities through accumulated indigenous knowledge gained from generation to generation, new things like social order to culturally based sanctions and rewards for appropriate behavior.

Why do we have so many social problems in Indian country? It's because where is it and anybody's culture where the sanctions for where you'll learn, what appropriate behavior is and the un-appropriate behavior is. It's in your cultural system; it's in your spiritual system. When there was a concerted effort for cultural genocide, what happened to people's understanding about what appropriate behavior was? It was, you know it was inappropriately and unfortunately wiped out from some very misguided federal policies. So that's where social order exists in our social and cultural -- passed on from generation to generation spheres.

Local communities' indigenous knowledge knew about longevity to indigenous public health. In 1491 the life expectancy of people in North America was the same life expectancy of the European aristocracy. So, you know we had pretty good health status until you know we were exposed to a lot of the diseases that you know were not endemic to hear.

Healthy physical environments through stewardship, I'm so proud to say, I live in the State of Washington and every year we have a Tribal Leader Summit with the President of the University of Washington and one of the biggest things that's come out in the last few years that in the State of Washington which is a hugely beautiful, you know a natural resource state, the tribes have taken over like 65% of the resource and natural resource stewardship of the state. They've taken it over from the State Department of Health, because there's so much indigenous knowledge about taking care of that, indigenous scientific knowledge about that. Indigenous scientific knowledge that is restoring the salmon runs that have been totally obliterated by too much development.

Now this is what I wanted to tell you about this incredible thing that just happened a couple weeks ago in Bolivia. The Bolivian parliament just decided that they were going to give mother Earth and the natural environment that same rights as humans in the in the country of Bolivia. Isn't that incredible? Look at this.

So it says here that they gave, they gave them like 11 rights, so they -- so they gave them the natural environment the right to be free from human alteration, of the right to pure water and clear air-- clean air, the right to balance, the right not to be polluted, and the right not to have cellular structures modified or genetically altered. So it just you know if you want this, you know, I'm sure you can Google this and find exactly what the legislation said, but this is a huge advancement in indigenous core values been adopted at a national level, and Bolivians are really at the forefront.

Probably I really do think, this is the wave of the future, and this is an alternative episteme that is gaining; it's finding its way within international government and national policy. It's really incredible.

So I wanted to talk a little bit about evidence-based public health versus indigenous knowledge. And I don't think this is always true but in a lot of places in the State of Washington, we have something called the Affiliated Tribes of Northwest Indians, which is really wonderful, regional political group for Washington and Oregon and Idaho, and I'm not exactly sure all of the states but they actually passed a resolution against –

The State of Washington had mandated the only way you need the tribes could get any of the substance abuse money and domestic violence money was to adopt evidence-based, evidence-based interventions which the federal government does that. And actually ATNI passed a resolution, a political resolution that said in a very gentle way, they were very skillful, it was not harsh speech at all, it's a very gentle way that said, while we agree that there's something to be had here we have a history of forced acculturation and cultural genocide and we really feel like this is another stage in that. And then you know, we really think that you need to really consult with us before you mandate what you know you're going to pay for in our communities or not. So they actually took a political stance against that.

And then you know I wanted to talk a little bit about our local indigenous theory, theories of ideology or of the causes of ill health. One of our biggest and most popular on theories has been the theory of Historical Trauma, and there has been some, there has been some controversy about whether, is it true does historical Trauma really contribute to current date ill health? And people have said well, it really doesn't matter because there is so much social dysfunction and current day discrimination against indigenous people that it doesn't matter what happened in the past, we have enough going on right now to account for our ill health, but then what came out epigenetics.

I had a great talk with actually Dr. Bullock, I guess, it was last year about epigenetics, and it shows that in one generation you can -- because of things like epidemic diseases, forced removal warfare, starvation, cultural hegemony, you can actually change your DNA structure in one generation to be more susceptible to chronic and infectious diseases, in one generation you can do that. So the question is, has the historical trauma affected health status? I think the empirical answer is, yes, it has, and there's evidence for that.

We all know that there's wonderful indigenous approaches to health to prevention and treatment, I was so fortunate to be able to work with the Na'nizhoozhi Center in Gallup, which is one of really wonderful places for the development and circulation of indigenous knowledge. I really learnt so much working from all the people that work there. And these are some of ways our interventions are based on, indigenous, cultural and social forms of communicating.

And this is what -- now I wanted to say little bit about our research center over there at the University of Washington.

What we're trying to do is decolonizing research and training, we partnered with the TUI system, which is really the IHS system, right. We try to do indigenous knowledge reclamation and production. So, you know one of the questions is, you know with all this indigenous knowledge stuff, are you just trying to reclaim some romanticized past that's gone forever? No, that's not what's happening. What's happening is people are trying to figure out what the core values are of indigenous ways of life, just as they did in Bolivia, and then develop current day right now knowledge, right now interventions that are based on those core values. But interventions that fit within our social conditioning right now, they're not anything about -- we're going to do the ghost dance for everybody out. It's about looking at those core values and have them fit within, what's happening right now and basing our treatment, interventions and prevention on that. And then what we're trying to do is harness the resources of a big huge academic institution in the UW.

Now that I've been there for four years, I will say it's you know kind of a Public Ivy, you know it's a pretty good institution that has huge amount of resources. Our job, we feel like our job is to create space for a native and other students, indigenous students to come there and get some education and wonderful allies too, and also to harness the resources of this institution for the development of indigenous knowledge.

I want to invite you, anybody who wants to send students to look at the University of Washington for education. We have a killer Ph.D. and Masters Program in social work, that's where our institute is. I'm in the School of Public Health, we're trying to get there and we're working hard at it. But please do look at University of Washington, if you're thinking about advanced education.

We have partnerships with the American-Indian Higher Education Consortium, NCAI, the National Indian Health Board, our local organizations.

Okay, I wanted to show you about one research projects that we are doing right now actually in partnership with the University of Washington; I mean the University of New Mexico and the National Congress of American Indians. This is the team we've got; it's sort of multiracial team, primarily indigenous; we've got some excellent white allies. Actually me and two of my Anglo students we're writing a paper right now about how to be an ally. You know, you could be an ally.

I went before the Navajo nation, IRB for 12 years when I lived in New Mexico, and there are some White members of that IRB that the chairwoman and other members would take a bullet for. Just because you're not a native person doesn't mean you can't be right in there and be an ally and work with people in a way that's going to make everybody feel really good about it. So please don't think that the accident of the ethnicity of your birth makes you not a part of this paradigm shift. Anyway.

So the NCAI actually has taken research as one of their primary targets of intervention, it's PRC, our research center is really excellent. They just lost their Director Sarah Hicks who went to NICWA, NICWA the National Indian Child Welfare Association in Portland. We've got a great Advisory Board of key people actually -- Shelly Frasier and Chris Percy, and they're here. They are relieved.

They were here yeah. We have learned so much from them. They were in the National IHS health promotion and training program which is really excellent. It's a partnership between, and I wanted to just give a nod out to IHS to about their NARCH program. I think it's one of the most innovative things that has ever happened to research. Somebody needs to do some research to just on the effects of NARCH.

It hasn't always run smoothly but it's not going to run smoothly when you have two competing paradigms existing in the same place at the same time. Thomas Kuhn, a philosopher of science said that, paradigm shifts don't happen when the old guard adopt the new stuff and the old guard learn about the new paradigm. The paradigm shifts happen when the old guard died out, and the people who are schooled in the new paradigm actually take over. And that's really kind of what's happening with I think the NARCH initiative within IHS and also within NIH.

So I just want commend it, you know I've got two NARCH guests right now, and they're not easy, I'm telling you they are not easy but they really are very, very rewarding and I think are blazing the trail for new things to emerge. Our project is looking at CBPR, you guys probably know about Community-Based Participatory Research, it's where a lot of indigenous knowledge development is, is being created and that's why, that's how it ties into my talk.

CBPR is a Community-Based Participatory Research, it is a great place for indigenous knowledge development to really emerge, and what we're doing is we're looking at -- our projects to look at the NIH-Funded CBPR Projects right now.

We actually have 321; big multiyear CBPR projects that were funded by the National Institutes of Health, and by NARCH. This is actually a NARCH funded project, and we're looking at the promoters and barriers of CBPR, and we have a model for that I'll show two in a second. But you know this is a very -- our model is pretty quantitative and pretty western, and I just wanted to remind us about models. Any models are incredibly reductionistic and they never capture the entirety of what's going on with any phenomena, whether it be medical, public health, or social. But that being said we do have a model and this is what our model looks like.

Huh, I am going to apologize for everything I say, aren't I? So any way what we think is that -- we think that CBPR is determined, successful CBPR is determined in part by the context. So for example, in indigenous communities because of the history and the mistrust, as documented in the NARCH mission and goal, because there is so much mistrust. That mistrust really flavors the ability of people to work together. And it's true of other communities of color.

African American, Latino, Asian-American, also have pretty kind of dubious histories of science there. Other communities don't necessarily have similar historical conditions that influence how people work together. And then historical context national and local policies and trends -- who the leadership in IHS and the leadership in NIH, has an impact on whether there is going to be monies available for authentic CBPR, the community readiness. Some committees are incredibly sophisticated and can speak truth to power and say no, we're not going to do it that way. Some universities are humble and or some parts of universities have cultural humility and scientific humility and realize that they have one way of looking at things but maybe not the only way and then the health issue.

If you live next to someone who is -- if you live next to a toxic waste dump, I bet you-- people could get you out at organizing meeting the next day, versus if you're try -- if your project is

centered around something like cardiovascular disease that might affect you in 10 years from now. So that kind of thing really affects people coming together, the context.

Group dynamics, we all know there is, really healthy peaceful people, really emotionally intelligent people out there, and then there's other people who've been so wounded or whatever that they might have some issues as being able to really work with other people, and these group dynamics issues really do have an impact on whether people can do CBPR. And we think one of the most important outcomes of this type of research is indigenous knowledge development. Our interventions, and treatments, and cultural responsiveness, that fits within the episteme and the cultural context and the social context of the communities in which they're based.

Those are our hypotheses. And this is a preliminary look, we've actually based on our -- Advisory Board have thrown out some of our cases and this is how the CBPR money from NIH is distributed right now, what populations are getting them.

So I wanted to go -- I have another wonderful study with the tribal colleges, we're looking actually we're doing a national survey of 30 tribal colleges to look at their needs and capacities around mental health and substance abuse. And now I want to talk very briefly, I can't believe I got through this. I want to talk briefly about what can we do, how can we prepare, potential approaches to support epistemic diversity because that's we're talking about here. What can we do as clinicians and potential partners in CBPR?

First, think of yourself as potential researchers in your community and your clinical settings, wherever you are, as potential spaces for the development of indigenous knowledge development. Allies right now, are not necessarily you know trying to lead any oppressed people through you know through their oppression, they are creating space for people to speak for themselves. It's about creating space for people to speak up and to figure stuff out. People need space to figure stuff out into advance.

Anyway, so how can we prepare in the practice world. We can reflect on our social location. And again, we don't have to be embarrassed if we were you know born a rich White man. We don't, we just have to realize what that means for our position and who we work with, and how we can use that advantage to everybody's advantage. Is that lights going up, because the time is over?.

So please just understand what it means and what your gender, race, class, ethnicity, sexual orientation, SES means. And have a discussion about with the people that you work with, we don't have to be embarrassed. It's not a secret; it can be a very incredibly rich source of intimacy with the people that you work with. What does this mean? I'm working in this institution that has this history with these people that -- you got to love the people that you work with; it's an opportunity for your own self reflection and for your own growth. So that's one point of advice as to reflect on your social location and where it means for where you are. That social changes of goal.

We know that health disparities and health inequities have huge social determinants. I'd heard Carol just told me she just did like a national policy around sexual assault treatment and prevention in Indian country. That's social change, when things like that are adapted at the national level, and that's what we all trying to do is figure out what policies of the national level

are really going to contribute to help the equity. And in some way all of our work can be in that direction.

So research plays a role in furthering social change and social justice. It's the ability and duty to recognize asymmetrical power relationships and to challenge systems and mechanisms of inequality and injustice, in the hope of dismantling them and in the hope of your own enrichment. We know that this is also one of the places that for our own spiritual progress, our own other ways of knowing this is a place for that work to get done.

Reflect on ethnocentrism and cultural humility. Humility is a really -- I just started a teacher training program with -- okay, I am going to be self-disclosing here, a Buddhist teacher training program. I threw myself on the ground in humility to the teachers that I'm working with, and it really is helpful. People like humility, it's an excellent way to interact with the people is to acknowledge people.

Culture is central to the research process. None of the research anybody's doing is culturally neutral. And please do think about ways to decolonize and indigenize.

What is the role of the academic researcher? The role is not to awaken consciousness, not to speak on behalf of any of oppressed people but to weaken the power of discourses and create the space for competing discourses to be formulated and disbursed, and this is one of my favorite researchers.

What can allies do and what she's saying essentially is if you make it your task not only to learn what's going on there through language, through specific programs of study, do a little bit homework to historical critique of your own position as the investigating person. When you take the position of not doing your homework, I will not criticize because of the accident of my birth, the historical accident, this is a pernicious position. That really is a position we need to get beyond. So, thank you.