



## **Strengthening Our Roots: One Region's Experience with Traditional Medicine and Healthcare Settings**

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Good morning relatives and my apologies for my time mishap this morning. I want to acknowledge the traditional owners of this land, this beautiful state of New Mexico. There I just saw on this slide, there are many of our attendees are from the state and I thank you for allowing us to be on your land today.

I thought we talk about core stuff, roots and this looks like a lot of roots here. But just to give -- that my talk is really to give some examples about what's happening just in one region, which is where I currently, I am in the Pacific Northwest for how certain concepts of traditional medicine are being used within communities and to give just some food for thought about what we as healthcare professionals can do to support community efforts in this regard.

There are the objectives. So the first one I know for some of you have heard other talks here before we've gone over certain elements related to traditional medicine, but I was asked to go over that very briefly first.

But I would like to spend the bulk of the time focusing on a little bit again of a potpourri of different programs that I've been involved with or had been aware of that are happening in our area that I think will illustrate some of these points.

Many of you are familiar with the definition of Traditional Medicine worldwide as defined by the World Health Organization. I think that one of the important concepts here and something that I see in teaching interns and residents and medical students is that for some -- especially some of my non-indigenous colleague, some of them struggled with the issues of how do we know that -- kind of going back to the scientific method about whether it's explicable in terms of Western logic.

I think the WHO statement really is very clear that, that there is indigenous logic as well as Western logic and those two things are not always mutually opposed and that are traditional systems are used to be able to treat certainly mind-body issues along the spectrum of prevention to treatment.

If we were to change this a bit and think about it from what is native medicine here perhaps in North America, we would still -- I think I would still use those same concepts in terms of wellness, prevention and illness or diagnostic care. But with the goal being certainly holistic balance, particularly issues involving emotions and spirit, I think many of us are pretty well-versed in terms of Western training for issues of dealing with physical issues and issues that maybe related to certain mental health pieces.

But the part that I think is a bit different and certainly as a family physician, and again teaching some of this is, how do we really promote the work that's really being done in community and

what is the connection with traditional medicine with the natural world, because again, we work so much with one-on-one, except for those of you perhaps who work in public health concepts.

But I think that from my perspective just in this area, it has a lot more to do just with individuals, the broader family, the broader community and the broader world and melded in with our culture, which was very beautifully illustrated in the talks this morning.

Certainly components vary by tribe and region and yet I think that there maybe some similarities within our regions in terms of thinking of our -- whether it's seasonal cycles, circle cycles of the life and issues of respect and honor, which again were well illustrated this morning.

But I think we are also looking for an ultimate result of harmonious relationships, just restoring balance. You know why these practices are important, many of you have been in our communities for quite some time and so I think you see the value of this. But for those who may be new to the Indian Health System, almost two decades ago this has come up with a traditional cultural advocacy program that Dr. Trujillo was involved with and he was the Director of IHS.

And it's basically a part of our -- it's part of our mandate within the Indian Health Service system, whether you are working in urban setting or in a tribal entity, as being policy, but it's not for Indian Health Service to dictate what any community does with those particular concepts.

In terms of what some of the elements are which is our first objective, this is a hard thing to do justice to, and so again forgive me, I know there are many elders in this room and people who have other experiences with this.

To me just as an indigenous person, the core issue to me is land, its relationship to a place. I belong to a place, that place is Kahnawake, in Mohawk means the place of the rapids. It's the last set of rapids on the St. Lawrence River before that goes to the sea.

And so that land is me, I am part of that land, there is relationship to that. There is also relationship to season in traditional medicine concepts in terms of certain things that can happen at certain times based on where we are in that cycle.

A core concept relates to our language, our indigenous languages and those are very much at risk in some of our communities. We hear this all the time and with elders being really fearful about the next generation not being able to speak our languages.

Traditional medicine has a lot to do with traditional food. And also what we -- other things we put into our bodies, especially the health of our water, which is the first medicine. It may have to do with issues of other physical medicine such as medicines that come from the animal world or the plant world.

And we are going to talk too much about the specifics of that today. It also has to do with spiritual practices and those spiritual practices again have tremendous variation and may not be things that -- that again in the context of clinical settings that our patients are going to be necessarily forthcoming about until there is some relationship of trust with us.

But some of those might include issues of fasting for a specific purpose or for certain health of the body. It may involve different forms of purification, whether that purification is Sweat Lodge or other purification ceremonies. It may involve the issue of offerings, for a specific purpose to set intention for the work you're doing or for an endeavor, and certainly involves prayer which most of you again are aware of.

It involves our attitude. Traditional medicine has to do with sometimes reforming our attitude about what's important in life and how we can think about the challenges that we face. We've heard this morning some terrific stories and saw a beautiful digital story related to what's happening in the community that was shared, but storytelling is a really important piece of our medicine ways.

Songs or maybe involved issues of specific dances, not unnecessarily social dances, but what we call sacred dances, and clearly issues of who are our healers in the communities, who are our counselors, who are the elders who help to support us, and certainly the issue of ceremony in all of its many forms; whether again that be small ceremony or whether it's being done on a community wide basis.

Those some of you maybe familiar with a textbook that was written by Mim Dixon and Pam Iron, and if you haven't seen this from the -- from the American Public Health Association especially those of you who are working to manage programs this is a really excellent small book as well as its accompanying DVD.

And they ask a really important question which is again in the concepts of healthcare how do we make any kind of tying or give the important respects that's needed to acknowledge our culture within the context of healthcare and the context of the history that we heard our relatives speak of this morning, some of these very difficult things, but also some of our profound joy and resilience within our indigenous communities.

I would like to switch gears with you and take you to the lovely Pacific Northwest, which is raining of course right now, so I am really appreciative of the sun. And share with you some examples about what some of our communities are doing related to their definition of traditional medicine.

And within the context I would like to focus on these areas, with one of them being again, just core relationship to land, which again as a family physician is something I think about all the time and maybe I think about that because I work with plants, but it has to do with what do we do with the safety of our place and the safety of our water.

I would like to talk a bit about traditional foods and access to traditional foods, because I think this also impacts our urban communities who are struggling mightily with this not being able to be on their home territory. I would like to talk a bit about access to traditional medicine specifically and about how our healers are acting as mentors to health professionals in certain situations.

And then lastly, a little bit about a gathering that's going on that is a really terrific example of what I called intertribal healing. This quote is actually from a European physician from many centuries ago who actually apparently has been considered to be the founder of modern

chemistry. So I think it's really interesting that he had a turnaround in terms of his view of molecules or whatever was known about molecules 400 years ago to understanding that really the art of healing really comes from the natural world.

I also think that, that there are elders in our region in the Pacific Northwest who said that very eloquently as well including Vi Hilbert who some of you may have known from Upper Skagit, when she basically said in Lushootseed the earth is our first teacher.

And so this interdependence of health again not just the one-on-one with individuals but it has to do with the what is the health of where we live and again, as an indigenous person I have specific teachings related to that and all of you in this room who are you understand what I'm talking about that, all of our communities I think are teaching us that we have a place and we need to stay connected to that place somehow and to take care of that place.

And I think this has a lot to do with what we're capable of doing in terms of reversing the impact of colonization, is to remember those original teachings, and this requires a variety of different approaches to be able to do that very thing. This is what I tell my students, we need to be out of our offices, and just medicine and health have a lot to do with that.

Some of you may have recognized this place, this is in Washington State, this is Snoqualmie Falls. This is a sacred site for the tribe that I work for, and the reason I put this slide up is again in terms of returning to our roots. Many of you -- again this is a very small community of less than a thousand people. This is a community that was terminated back in the 50s when we were through the termination era for many of our tribes who the Federal Government saw fit to think that they didn't exist anymore.

And so this is a community that less than a decade ago had its rights restored and one of the places they went, when once that very special event happened to them to heal was this place was back to Snoqualmie Falls.

Some of you may not know unless you have been here that -- you cannot see in the river above is that there is a water, an electric plant that's there and the tribe does not actually own that, it does not have jurisdiction over that part of its traditional territory, which is still a wound in their heart. Why is this important to me as a healthcare provider, because I actually take care of the people of this community some of whom are still fighting to be able to get that back.

And I see the impact on their chronic disease; I see the impact on their emotional health and every June they gather together there along with other peoples around the world to pray for sacred sites.

Now this is an open invitation in our community verbally, it doesn't -- nobody puts it out online or maybe -- there are no newsletters, there is no engraved invitations, but the community is basically telling -- asking those who feel like they need to be there, it's like be there with us -- do you see that this is important for healing.

And again, I'm surprised sometimes in terms of just the small numbers from other employees who are there for health, but to me that's vital, I mean that's part of what we're doing in our communities is to support their work to get their land back and support the people who are doing the hard work.

There are other tribes who are not as fortunate in terms of having the termination reversed, such as the Duwamish, which is the home territory of the city of Seattle, and so again, as a native physician, I still feel it's important when those communities ask for help and ask for support that we need to show up and help them to get their land back.

Land and water restoration is really big in our area, again even though it's wealthy in terms of rain in certain areas of our zone we still have some trouble in terms of issues of water access and purity and again, in terms of land. The tribe that I work for Snoqualmie that has a variety of different programs, one of which is just protecting the watershed and some of its pragmatic, because they live in a floodplain.

And so sometimes I can't get to clinic because the river is flooding and that's a challenge. So what they have done is again to offer to the entire community including the medical staff opportunities to help them restore that watershed, which means getting down the mud, because this happens rain or shine, these plants will not wait and floods will not wait.

So we do that. Some of us will go out and actually participate in that work in terms of putting in plants that are appropriate to that area. We also see this with other communities in our area, our neighbor to the North, Swinomish is actually working specifically on estuary management, because they're interested in protecting that waterway to be able to keep their salmon coming home, because salmon is so vital to the life of the people and to the physical and spiritual health of the people.

Our area has a couple of examples of tribal enterprises that actually helped communities to do exactly that in terms of restoration and Stillaguamish is one of them. What's interesting there is that they have gone through great effort to actually propagate certain traditional medicines, plants that are indigenous into our region, that also have medicinal value.

And again, communities who need access to those plants can actually -- if they are unable to get them from other sources this community has been able to provide them for the people.

Again, I love plants so I always enjoy looking at a nice garden, but anyway, there are lots of resources available there. I have been very impressed with the work of Confederated Tribes of the Umatilla, who gave a terrific presentation less than a month ago in Seattle. And this community has a very broad way of looking at health in terms of just the whole ecology of their zone, which covers a tremendous variation of kind of higher drier desert into their waterways.

And again, what was important in terms of health and health professionals is their very core concept of going back to traditional law, what they call their original instructions because that's how they are going to protect their resources, their cultural resources, their land resources, their water resources and protecting the foods which what they -- what that community calls their men's food and women's food which have something to do with again the animals as opposed to the roots and berries which are the women's foods. And what they were working on, there is -- apparently they don't really like the USDA's food pyramid.

They said, who is eating a pyramid, we are not eating pyramid, but we eat landscapes and so we're working on eating a landscape and we are working to protect that landscape. And so what they're trying to do with their Department of Ecology is to train the health professionals to

say -- you need to really rethink that, because this is what we want, this is what our community needs and this is cross-cutting.

And you may need to rethink that pyramid and to be working with us in terms of examples that are really specific for our landscape and to be able to help the community to understand that we need their support to be able to make this a reality for us to protect these places.

There has been some interesting access -- as I think about this access to traditional foods, there has been an interesting Consortium in Puget Sound, which essentially is the inland waterway in between the land and going out to the Pacific Ocean, kind of near the Seattle area.

And so several tribes, both Tulalip and Muckleshoot have done a bit of arrangement with the local county as well as the Burke Museum in Seattle. And what they're working on is using some research that I will tell you about in a moment to actually look at the therapeutic value of traditional food diets -- could this prevent diabetes, could this treat diabetes? And they have an interesting way of thinking about it, it's not just health professionals, they actually most -- a good part of that group is actually elders within the tribe that have step forward to be involved in this with archaeologists -- I mean when was the last time you -- I don't know if you've worked with an archeologist, it's kind of fascinating what they're doing.

And one of the things that they had actually published was work that was done again with tribal consent to actually look at middens, and middens are basically the refuse pile as you could say, within a region. And what they were really curious about was that -- what was in those middens, what did people actually eat in pre-contact times? And they found out that people ate quite a few things, and they're using this work to inform what they're doing now as what I would -- I guess you could call it translational research in terms of what can we do today practically within our diabetes programs and health centers to promote traditional foods within the community.

And so when you think about this, think of what you just ate in the last month in terms of if you're -- if you do eat meat or fish. How many types of animals gave their life for you and for many of us it might just be a few, and I could ask the same thing in terms of what your plant intake like. And so we have found through this combination of some Western science and informed by indigenous knowledge of the communities that there was tremendous variety, far more than what we see here and that some of those resources still exists and again need to be protected.

Accessing traditional foods -- some of the tribes are very interested again in just the -- in the political component of this because again, it's a Treaty right. Certainly in Western Washington with a treaty or 1855.

So the communities are really interested in preserving their hunting rights, their fishing rights, and their rights to gather. And there are actually some combinations of consortia involving our places related to the Feds. For example, the Bureau of Land Management, state related areas, tribal entities including health clinics that actually have had several conferences related to how are we going to get better access to some of the areas for protection and there are also links to urban communities.

Because again the urban communities have been somewhat left out of this, although they may have traditional territories in the very same zone, but without the legal protection. Duwamish is one example.

There was again just a recent conference, just last month related strictly to this issue of accessing and preserving traditional foods in Seattle; that was standing room only. I was completely amazed at the work that's being done around our region.

Oh! By the way, that's the picture of one of our former chief residents in Seattle in pediatrics or even health professionals who especially are indigenous health professionals. When they are training, they need to be grounded. They need a place to go and that place to go isn't necessarily home or the gym. They need to get out. So she was so happy when we said we're going to help a Huckleberry Camp. She couldn't get her -- pack fast to come on up with us. So that's a happy person.

Again, how do we keep our health professionals happy? How do we keep our indigenous professionals connected? And the interesting thing about that young woman is that, just with her responsibility as a chief resident in a regional referral center for children she was coming in contact with a lot of families particularly from the Montana and Alaska who would ask her for help with getting food that was appropriate for them, because they were not familiar with what was being served within the context of Seattle Children's Hospital.

And she was very diligent about this in terms of trying to find people in the community who could help her link to food resources to help these very sick children and also help their families who were suffering within these hospitals. The tribal colleges; we actually -- Washington State just has a representing college and which is fantastic.

They have done some really interesting work of that I've been involved with, with their traditional plans for diabetes prevention. They have a very small workgroup with this, but what they've been doing, and this project actually technically just finished and has morphed into another. So this has been work that they've been doing over the past four or five years.

They've had monthly meetings in the tribal communities that offered to be the hosts and who actually decide who their speakers are, what the community wants to share. It has nothing to do with what the academic center wants them to share. What has been very clear is that what the community wants done is again protection of the knowledge, but also sharing the knowledge with people who have the heart to do this work.

So they have actually extended consistently invitations for people working with anywhere within the Indian health systems to come and join them and I think there if there is any sadness with this successful program is that, very a few health providers show up.

The only reason I know that is because they'll come to me as someone involved in both of these ways and say, you know, we wish we could get our doctors to do this. We wish we could get our nurse practitioners to do this or to come listen. That's really what we want. We don't necessarily want them to do what you're doing, Terry Maresca. We just want them to listen to us.

It's actually quite a lot of fun. The workshops are very based on how the community puts them together, but they always involve some degree of hands-on work, which again is our traditional way of teaching has nothing to do with the piece of paper or a book or a website. It has to do with a live human being who has a relationship to these plants and has this knowledge and is offering the gift of their time for you and that's what's being done on. This month is seaweeds, which I know nothing about totally.

This is just again examples of some of the harvesting. Actually, this woman is actually harvesting blue camas, blue camas, which is a traditional food in the drier sections of Eastern Washington. But one of the texts that I found useful for some of our clinicians is one that Northwest Indian College helped to publish, which is very practical.

And again, that's what my patients are wanting too when they're asking about these ways of going back to their roots, so speak is literally, Terry, I don't remember a lot of that or I was never taught that. But I'm interested in treating myself with some of these ways and I need some help or reminders sometimes and they've created a beautiful book.

Again, that's very unique to the plants of our region, but it's very, very well-done. It has been very well accepted within the tribal communities. They are moving into a different project now. We're talking about access of traditional foods for tribal cooks since there are many feasts and gatherings and again I guess it's just a movement away from fried bread is really what I am talking about.

But again some of the cooks they would like to learn about some of these foods, but they may not have actually gathered them or be consistently using them. So that's what their-- that's their current direction.

We see access to plant medicine in our area even in treatment centers. In the Northwest Indian Treatment Center, which is run by Squaxin Island has a unique program that they've presented on many times and that I've toured which is really terrific.

They have combined both plant medicine as well as food within their garden. Now this is a garden that's actually cared for by the clients. That's nice. That's part of their treatment. And it's also an option for them, because they are eating from the garden. They are literally eating the seasons of that garden as that garden becomes available.

But within the context of the curriculum, the cultural curriculum they're also talking about how to provide people with safer alternatives to deal with the issues that they're dealing with. And of course, they're dealing with some pretty serious issues in terms of addiction treatment or underlying PTSD or so many things.

But the clients have consistently reported their tremendous empowerment with this for the reconnection that it allows them to have to help heal from the issues that they are facing.

Well, the small clinic that I work at in Snoqualmie also has a medicinal garden. It's a tiny one that's actually -- and what's interesting here is that it's actually on the clinic site. It's in our backyard. So I know many of you have garden projects and we see a lot of those in our area too, but we see very few that are actually linked to specific Western system, if you will.



This was community driven. Their elders wanted this and actually went after a grant to get it, but they had the money and were at the crossroads in terms of how they wanted to proceed. But what I found with this very small garden is that it has worked to promote discussion of traditional medicine with my patience.

I think the other clinicians feel the same way that it allows just a slow building of trust, but it also is very pragmatic because in some cases it allows dispensing, because I do make medicine from that garden and again just with the way tribe has set this up, this is considered within the spectrum of services that we are able to offer. So it's not that it goes through again USP, you know formulary related to this. There is no charge. We operate on traditional principles here.

So, if someone needs the medicine, and if I have that available, I must give that to you. That's what I was taught. That's why those plants survive. And our teaching is that we have to give that away. So, there's no copays. There is none of this, but there is again traditional teaching of this in terms of how you use this medicine.

What we've also found is that -- this again as I mentioned the tribe is very small. So we have healers visiting from different areas to be able to provide perhaps one-on-one healing services for people. Sometimes, one of the healers in particular from Canada has a way of thinking about this that if a client comes to him that client maybe prescribed medicine that they actually have to go gather and again some of our people have just not been trained in terms of identification of what that is or knowing where they can go get that plant. So the healer will tell them, why don't you go to Terry? Look at the garden. Terry will show you what it looks like.

So part of my job is to tell them where they can go get that medicine and make sure that they understand how to collect that safely, because that's not my role. That's part of their healing. They have to do the work themselves.

We have kids who help. Our young people are really helpful. Again, we are trying to use this tiny little garden tool to be able to work with some of the health professions pipeline training in our area that's linked to University of Washington. Many of them are young people who are in high school, who are from a variety of different urban and tribal communities, and they want to be of service. This is where the community is grateful for their service to help maintain this garden.

There are other gardens and I won't go into the details of that other than to say again that communities are deciding what's important to them. So for example Nisqually has chosen a lot of plants related to basketry since that was a really vital piece of their culture.

In terms of other cultural resource preservation, I just want to point out that again some of the knowledge that could be known perhaps should not be known. Some communities have been very cautious with that in terms of the offering classes, but offering classes that are somewhat restricted so that they want to know who's in the class before they're going to provide any kind of materials or written materials.

So it's not -- this isn't something that you can buy in the store. You maybe able to access some of these resources, but you will have to actually be there so you understand the context and that the community can protect what it needs to protect.

We are shifting gears to our access to our elders as mentors. Some of you from Seattle or who have ever lived in Seattle or have ever worked at Seattle Indian Health Board will probably recognize Grandma Helen Sage who is a beautiful a beautiful grandmother who is well-known to our community.

This access is not just for our students, but is also for those of us who are in the field. I am reminded about a quote that I heard an Elder from Alaska talk about Peter Jacob, who is a ... who said in a large conference that I'll share with you in a moment, you know, don't leave your elders behind. As we were looking around the room at that conference, they had again as their cultural teaching had set it up in such a way that there were many elders in that room in a medical meeting, because that was their job, was to support the people and to be able to also educate health professionals.

So I have not forgotten those of those words and we see some examples of what he was trying to teach. Actually, Peter Jacob worked in Alaska. So I will digress and go a little farther in the Pacific Northwest for a moment. Some of you maybe familiar with the University of Alaska has several campuses; one of which is in Fairbanks.

Their Behavioral Health Program is very specific about having indigenous elders on faculty. This is not a diploma. You don't need a certificate that you had an Associates or a Bachelors. You are who you are. You are someone who carry indigenous knowledge and is respected.

Those elders are in the classroom. They are in the classroom in Fairbanks. They are in the classroom in the various campuses. They are online with teleconferencing. The elders have learned how to do this and are supporting the people in the fields with students who are unable to come to Fairbanks.

These elders also travel with the other, what I call the diploma faculty. So when they go out of the region the elders come with them. In fact, the elders I think are chaperoning the other faculty there. But I think that's so important in terms of teaching about -- again, who knows better about these very sensitive areas of mental health and culture related to healing our people, but the elders there? So they have a terrific example.

The meeting that I was referring to that Peter Jacobs was involved in pathways into health and I mention that not because it's Northwest specific, although they've had several of their meetings in Alaska and Montana in recent years, but more of that this consortium is trying to built an interdisciplinary way of sharing what's working for us to keep our pipeline going, everything from how do we get entry-level health professionals involved, people involved in medical records, people involved in lab, people involved in X-Ray technology. How do we get people into health care management in our communities? How do we get them into nursing school? How do we get them to be pharmacist and beyond?

One of their core issues is how do we do this in a culturally appropriate way in terms of training them in certain areas of traditional medicine that's appropriate for them. So this group is still struggling with that, but that's one of their core concepts.

We see traditional healers being willing to work with our young trainees at University of Washington. At the medical school we serve a five state area with what we call WWAMI, which

is Washington, Wyoming, Alaska, Idaho, and Montana. Since 1992 when Dr. Walt Hollow who some of you may know founded the Indian Health Pathway program, it's essentially a curriculum at the medical school that is trying to promote our graduates both native and non-native to be able to serve our communities and one of the core clerkships that they need to do for is specifically on traditional medicine.

Now this doesn't make them a traditional healer. That's not what I'm saying. These are communities that were specifically chosen, because they had indigenous MDs or non-indigenous MDs who are very well accepted in the community who were willing to work in partnership with indigenous healers that the tribal healers who are willing to work with them and to show them what they thought was appropriate.

So again the community is deciding what it's going to share with these people and what our track record is showing is that many of those graduates have indeed gone on to serve our communities in urban or reservation settings.

This one still in our region with the University of British Columbia. The Family Medicine Residency at Victoria has a really interesting way of talking again in primary care settings and family medicine in particular, teaching clinicians on how to work their SOAP format. We all know SOAP. We all write SOAP notes.

But most of us don't put down spiritual or cultural factors in our SOAP note or ask about it. So their faculty is really working hard to work with interns and residents to get them to think about that. Now again if someone has a strep throat you're probably not be going along those lines in an acute care setting, but for a large number of the diagnoses that we see they are trained in terms of being able to diplomatically and appropriately bring up these issues in terms of what can we do to support you in this given whatever that a diagnosis maybe, whatever those needs maybe.

So it's something that I was really glad when -- we are sharing that, because I think that those are important concepts that we need to be able to work with our trainees on. There are examples of on-the-job mentoring. I know many of you also do this in your areas.

Puyallup Tribal Health Authority is in the Tacoma area in Washington. They have required orientation related to traditional medicine there and it's also a part of their performance evaluation. So they're putting their money where their mouth is. They want to make sure that their clinicians and essentially all staff. It isn't just their healthcare providers have some competency in terms of what the tribe wants them to know.

They also have ongoing staff quarterly in services that are consistent. It's built into their cycle of their year that relates to traditional medicine topics with different visiting healers that come to the clinic and this is mandatory. You must come just like you need to show up for whatever your shift is. Everyone in the clinic is there who's employed by the community.

There are other examples of the Seattle Indian Health Board has a traditional health liaison and what I think is interesting here is that especially our urban clinics struggle a bit in terms of issues of credentialing and issues of -- the real issue of legitimacy with our traditional healers in terms of making sure that it's someone who was accepted by the community.

So SIHB has actually gone to the extra step of having to create its own credentialing, if you will in order to bring you healers into urban setting and allow the various funding agencies that we have to deal with to be able to keep the services available our patients. That's a little different than what the capabilities of what a tribe can do. So the urban do struggle with this, but we've met -- and actually there are kind of...type reviews going on as I speak. So I hope that will all go well.

They have also offered monthly, what they call intercultural gatherings for the healthcare community. It isn't just the clinic. It's anyone in our region. So we have people from the major trauma center at Harborview who attend, we have people from Children's Hospital in Seattle and actually what's been pretty fun is that we also have folks from Bicester which is the naturopathic college in the area coming to learn from the elders who have chosen to share there.

And the Bicester -- it's been a good relationship. The other thing that we are seeing there are some work related to preserving our traditional medicines related to traditional tobacco and just using the cultural tool of having powwows in the urban community, but having teachings available and actual plant medicine available for people that is traditional tobacco as a way of kind of counteracting the impact of commercial tobacco.

Montana has a terrific example of mentoring as well, and those of you who are here I would love to hear how that's going right now with what's called the advocates program. This is something I wish I had when I had my first job in Rosebud, because I was less familiar with the culture there and I wish that I had had someone had a program there that essentially paired me with an elder, which is what this program does when a new staff member is hired; someone who's a clinician. So again right now it sounds like they're focusing on mid levels and physicians right now, as their starting point.

But this is really community driven and they ask a new hire to be paired with an elder in the community and that person has been chosen for their respect within the community and their job is to build relationships with that one person.

So for that clinician who again may not be from Montana and may not be familiar with the Culture of Crow, that's the Elders job is to help them orient in an appropriate way. So they're not, again, they're not just been given a booklet, or watching a DVD, it's actually relationship which is a core teaching. It allows the clinicians to actually ask questions that might be kind of awkward to ask or that might come up with their colleagues for example. Again just knowing what the appropriate processes are for birth, are there certain things that need to -- if you're doing births within a hospital setting, are there certain things I should know culturally? How does that work with end of life issues etcetera? And so sometimes these Elders actually serve to be the sounding board for them in addition to inviting them to different cultural gatherings which we heard our previous speaker talk about how important that was.

I'm shifting gears to what I think of as just one of the important gatherings that's been happening in our area for about the last 20 years which is called the Canoe Journey and some of you may have actually been a part of Canoe Journey in terms of being part of the host communities or being on the beach when the canoes come or the canoes go.

This is a gathering that's been going on for about 22 years. There are few years where they didn't have consistent journeys. But, there are well over 10,000 people who come for this. It's a cultural renaissance if you will especially for the Western Washington or the Lushootseed speaking communities to bring culture back, bring healing back to the communities. It crosses the border since the border is artificial and also something that severs our communities. And what is happening is for the communities, the tribes who choose to participate that in this, they may have one or more what are called canoe families, and these may literally be blood-related families, but may not be that gather together to be able to prepare to go on what will be ultimately a three-week journey from wherever they live to wherever the host community is and this is all by water.

So some of our committees have to travel through rivers in order to get to -- essentially get to the salt water. This has been building over the course of the last two decades. Every community decides a bit differently how it wants to hit, what its priorities are, but what seems very consistent is that it's -- they are doing this for their youth, they are doing this so that their children will be able to hear the language again, hear those songs again, learn the dances and learn the protocol that is appropriate to greet another tribe, to ask permission to be on their lands, and to be able to learn the skill set and the physical endurance of how do you prepare your body and your mind to do this kind of work? What do you eat, what don't you eat? Maintaining sobriety is a core tenet for anyone who is on canoe journey, there can be no drugs or alcohol related to this. So our communities are doing a lot of work in this area in terms of building to be able to participate in canoe journey. It's the power of community. It goes beyond again what can we do on a one-to-one setting with individuals, this really goes to what can we do to heal our communities? The community is doing it for itself, and there is a role with, there are a variety of ceremonies that occur within the context of this and when the community finally ends at the final host nation, it is open to everyone.

There is a role for medical support with this and so we have seen our healthcare teams being involved related to everything from again preparing traditional first-aid kits i.e. a Western-based kit to actually helping the communities, work with herbal first-aid, physical bodywork therapies, because again many people really want to stay as drug-free as possible during this and also being able to travel as clinician helpers. So if a community asks you to join them on the canoe it's a great honor and I think that was one of my happiest days when I got to be on as one of the pullers for Snoqualmie with mostly young kids that were less than 18 years old. So my life is in their hands literally. We're all together in this boat.

I think Connie McCloud said it best, it's situations like this, these intercultural healings that lift us up, and it's all about the spirit. The interesting sidebar to the canoe journey that I just learned about is through this Coast Salish Gathering which is really more of a policy connection with tribal leaders on the US side of the border and tribal leaders in Canada. Again, these things are all linked. They're very concerned about the health of the water and health of land and they are worried about access to traditional foods especially seafood and so they're still planning a potential Western science related project to actually do monitoring samples along the entire route of the canoe journey which is a really interesting concept when you think about it because again you've got the US EPA and how many water samples do they take I really don't know, and then you've got the Canadian equivalent. But, then you've got maybe I don't know 100 or more canoes that are traveling along, indigenous territories in terms of sampling along what's going on in our tribes and actually being able to use that data to

support the work on either side of the border I think is really -- it's a brilliant, indigenous, and Western combined project, so I wish them well with that.

We heard about stories earlier. There are a couple of projects in Oregon that are going on, some of you maybe familiar with that in terms of again of just preserving oral tradition as part of our medicine and there's actually a storyteller's association which I think is really terrific also that has an annual meeting and they are very frequent speakers to healthcare conferences, they get invited all the time to share stories because those stories they want us to know as health professionals especially who are not originally from those areas because some of those stories are healing and are familiar to people in the community in terms of reminding them about our core values.

There's a new project that is going on related to this Wisdom of the Elders, which is focusing on some of the tougher areas that we have to deal with, with domestic violence, addictions, diabetes, and again they're using contemporary modes of storytelling, which go beyond digital storytelling. So we're pretty excited about that. This mentoring has to happen with our young people to -- and there is a very small project that University of Washington is working on just with Urban Youth who again can be more disenfranchised on many levels. What they're trying to do is to give them, empower them using digital stories and other techniques to actually interview elders, different traditional healers, other people in the community with the focus again on either medicines or food, and that project will be finishing up sometime later this year and those stories will be available on their website. Right now, they just have a few stories from last year that are there.

I won't go into this too much other than to maybe overstate the obvious that with again, for traditional medicine to survive our language has to survive and our region is in a bit of trouble with this. Just this past weekend I missed this, but they had a gathering that they called Lifting the Language and just as a consortium to be able to promote Lushootseed in our area which at least the tribe I work for has a consistent language class that has always been opened to healthcare professionals. That's not at the tribal college or community college, it is just in the community and they kind of want you to be there.

So how do we do this? How do we make the space for our culture for this traditional medicine in the context of our health settings? I think, I can't tell you what to do. Again, as I said before, this is really just to put out some ideas about what's happening in our region, not because this is the best way or the way, but just to stimulate what resources you may have in your area and see if there's any commonality.

I think the important thing again especially with my students is that we really have to broaden our idea of what health is, and again, not in the four walls of our clinics, and I also want them to kind of buff up their SOAP assessments to them. We've got to show up, we have to show up at community events, we have to show up and be creative with that and again and when the community asks us to do something, we need to be there for learning more about what's going on in terms of culture and the area is important. But, again the twist for me again is this issue of environmental health and what goes on with traditional food resources.

So if that's not happening in your area I am just asking you to think about what's going on with that as well as again just whatever your resources are related to plant medicine. I know some of you struggle with the issue of finding healers in your area, but those people do exist, our

elders can travel, those who are in good enough health to do that, and Peter Jacob's words still ring, where are your elders? Where are they in the context of the decisions we make as committees? Again, I had to bring elders into the classroom at University of Washington. Boy! That took a lot of work just in terms of tweaking the protocols within an academic center. But, I felt it was really important for students to be exposed to that and again connecting to your tribal college if you happen to have one that's in your area.

I think we need to support those who are doing the work of cultural and natural resources. Again, I see the health impact when people speak privately in clinic about how hard it is in terms of the struggles that they face even within some of our tribes are not as balanced as we might want them to be, and there can be internal struggles and so it's really important for those of us to be able to hold that energy for them while they're doing the work at home.

They know how to do this best and what we can do is support. But I also wonder about what we -- some of these, again, our traditional foods, and what do we serve at our potlucks? I've always been interested in looking at the potluck table. And I'm really careful about that in terms of what I choose to bring to potlucks because again I think that's an honor to bring that food and if we have the gifts of food that we've grown that's from our old seeds or gathered, I think that's really vital.

I also think it's important that, that we as clinicians think about how we're going to reinforce traditional medicine concepts that you may have learned in some other arena because all of you had a life before you went into healthcare, and so whether that's this concept of again eating the landscape or these issues of storytelling, I just ask you to think about that. Perhaps, again your in-services may need a little bit of adjustment, but maybe not, maybe you're doing a good job with that.

But, I wonder what the input is, how do you even give input to the community you work for that you might want something like this? Could the community do that but they're not getting clear direction from you that this is something that is important. And just again just thinking about what our resources are that are just not in what I consider the typical medical box. Yeah, we need to go back there, returning to our roots because it improves outcomes for our communities and again I can only speak for myself but if I didn't do that work with land, these other things, I couldn't be in this line of work for 25 years. I don't think I could have done it, just I have to be able to keep that same teaching even though I work for a tribe that's different than my own and I'm grateful to those communities who have similar worldviews and who understand that these ways of being need to continue on. But, we really need to get out there, get it out of our offices.

Again, I think Isadore Tom had something to share. He is an Elder from the Tulalip Tribes talking with some of my health professional students in a class, and he just looked at them and he said, oh! You are so young. But, I hope we can get this connection going as you on this academic side and us here because I think together we can really save lives and I think Mr. Tom is right. So I hope you will just give a little thought to what approaches you might take to support what the community wants out of you rather than necessarily you have gifts, but let the community figure out what those gifts are, and be ready to accept the call when they ask you to step forward because that's a hard thing to do sometimes too. So with that, I'll finish and say, la shukran ala wajib and I thank you for inviting me.