

# Sharing What We Know About Living a Good Life



## SUMMIT REPORT

Indigenous Knowledge Translation Summit  
*First Nations University of Canada*

Regina, SK

March 2–5, 2006

Nili Kaplan-Myrth and Janet Smylie



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Prepared by Nili Kaplan-Myrth and Janet Smylie  
on behalf of the Indigenous KT Summit Steering Committee

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With funding provided by Health Canada, the National Collaborating Centre for Aboriginal Health, and the Saskatchewan Health Research Foundation

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## Thank You

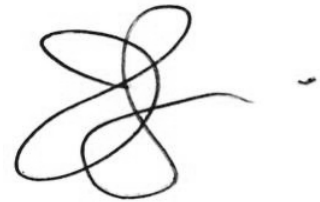
As a Métis woman who spent most of my childhood and youth away from my traditional homelands, I find special comfort and connection on the prairie. As the land speaks to me through the four seasons, I wonder about my ancestors who survived without grocery stores, insulated houses, running water, gas powered vehicles, hospitals, and information technology. I understand that many of the values passed on to me by my mother, my aunties, my grandmother and my extended kin are rooted deeply in this land and what it took to survive on it. Hard work, reciprocity, respect, kindness, humility, courage and strong kinship ties. At times during my day-to-day work, I worry that these values are moving beyond my grasp, overshadowed by modern conveniences, the screen of my laptop, big box stores, interpersonal conflicts and academic bureaucracy.

The experience of working with others to host the Indigenous Knowledge Translation Summit demonstrated to me that, in fact, these values are alive and well. Hard work, reciprocity, respect, kindness, humility, courage, and strong kinship ties. As part of a group of Indigenous people working together for the common purpose of organizing the KT summit, I was able to witness all of these values being modeled into action over and over again. For me this is reassuring, for it is evidence that as Indigenous peoples we can come together, share what we know and live a good life.

Thank you to all of the individuals who helped bring this event to life – from the first organizing committee meetings, to participation in the event itself, to the production of the meeting report, DVD, and KT Toolkit. I am honored and humbled by your willingness to share and relate. In particular I would like to acknowledge Raven Sinclair and Tania Lafontaine, the summit coordinators; Conrad Prince, KTIK research coordinator; all of the IPHRC staff, students, and faculty who supported the event; the members of the summit organizing committee; Maria Campbell and her lodge members, who taught us how to learn by eating together; the speakers and participants, who came from many directions, geographically and relationally; and Gaye Hanson and Sylvia Maracle for facilitating the policy workshops and deliverables. We have been gifted with Nili Kaplan-Myrth, who took on the daunting task of producing this summit report, and created a document that skillfully archives the abundance of knowledge that emerged throughout the four day event.

Finally, I need to acknowledge that this report and the accompanying DVD reflect the best efforts of the authors and the organizing committee to describe the proceedings of the Indigenous Knowledge Translation Summit. The information and opinions contained herein do not represent

official policy of the contributing and supporting organizations. We have done our best to ensure that all of the named and unnamed contributors to the report and DVD have had an opportunity to voluntarily consent to the inclusion of their words and/or images. Modern copyright law and corporate practice make collective ownership and protection of knowledge difficult. As the named authors, Nili and I very much consider ourselves caretakers of the information that was shared, and in this spirit have licensed this document under the creative commons so that it can be freely shared as long as the source of the information is acknowledged and the purpose is noncommercial.

A handwritten signature in black ink, consisting of several overlapping loops and a trailing line to the right.

**Janet Smylie**

*Director, Indigenous Peoples Health Research Centre*  
*Chair, Indigenous KT Summit Organizing Committee*



## Message from the Organizing Committee

First and most importantly, the organizing committee would like to thank all of the participants at the KT Summit for their participation and sharing of knowledge.

Over the course of the four days of the KT Summit, we witnessed not only discussions of the highest caliber, but a passion for Aboriginal health and healing. It is through witnessing events like this that we are all recharged and ready to face each new day's challenges with energy and creativity.

Special thanks go to the Elders who were able to share their extensive knowledge with us. We hope your valuable contributions are reflected in this report.

We would also like to acknowledge those that provided financial support for the KT Summit. Their financial support and interest in this work is greatly appreciated.

Thank you,

*The Organizing Committee*

**Organizers:**

Indigenous Peoples' Health Research Centre, Knowledge Translation and Indigenous Knowledge Research Project

CIHR – Institute of Aboriginal Peoples' Health

CIHR – Canadian Institutes of Health Research

National Aboriginal Health Organization

Health Canada

**Supporters:**

Such a large meeting would not have been possible without the financial and in-kind support of the following organizations:

Health Canada

National Collaborating Centre for Aboriginal Health

CIHR – Institute for Aboriginal Peoples' Health

CIHR – Knowledge Translation Branch

Saskatchewan Health Research Foundation

ACADRE Network

Indigenous Peoples' Health Research Centre

National Aboriginal Health Organization

**Information about this publication:**

This meeting report was prepared by Nili Kaplan-Myrth and Janet Smylie and published with the signed consent of all summit participants.

Copies of the report have been distributed to the summit participants. For additional copies, please contact the Indigenous Peoples' Health Research Centre, First Nations University of Canada, Saskatchewan.

Additional summit materials include an interactive CD-ROM, using professional video footage from the summit, and a policy framework document.

## Purpose of the Summit

Knowledge translation has become an international public health and medical research priority over the past decade. Research institutes emphasize knowledge translation as a key link between academic health sciences research and improved health outcomes.<sup>1</sup> The Canadian Institutes of Health Research (CIHR) defines knowledge translation as “the exchange, synthesis and ethically-sound application of knowledge within a complex system of interactions among researchers and users.”<sup>2</sup> The CIHR challenges researchers to employ knowledge translation theory in an effort to make health research more useful to policy makers, health practitioners, and the public.

The Report of the Royal Commission on Aboriginal Peoples (RCAP) called in 1996 for a commitment to respect for cultural difference and recognition of the moral, historical, and legal rights of Aboriginal peoples to self-determination.<sup>3</sup> In keeping with RCAP, Aboriginal scholars strongly advocate that successful health research in Aboriginal communities requires community relevance and community control.<sup>4</sup>

Our summit arose out of widespread interest in the relevance of KT in Aboriginal community contexts.

### Objectives:

Led by Aboriginal people, the summit brought together community Elders, primary health care providers, academic and community-based health researchers, health policy makers and others to explore the concept of KT and address the following objectives:

1. Provide Indigenous peoples from across Canada and invited guests from the United States, New Zealand and Peru with the opportunity to define the concept of knowledge translation in their own terms and contexts.

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<sup>1</sup> Davis, D, Evans, M, Jadad, A, Perrier, L, Rath, D, Ryan, D, et al. (2003). The case for knowledge translation: Shortening the journey from evidence to effect. *British Medical Journal*, 327(7405), 33-35.

<sup>2</sup> CIHR (2004). *Knowledge Translation Strategy 2004—2009: Innovation in Action*. Ottawa, ON: Canadian Institutes of Health Research.

<sup>3</sup> RCAP (1996). *Highlights from the Report of the Royal Commission on Aboriginal Peoples*. Ottawa: Ministry of Supply and Services.

<sup>4</sup> Reading J, Nowgesic E (2000). Improving the Health of Future Generations: The Canadian Institutes of Health Research Institute of Aboriginal Peoples' Health. *American Journal of Public Health* 92(9):1396-1400.

2. Provide Indigenous and non-Indigenous people in leadership and research roles with an opportunity to discuss the theory, politics and practice of knowledge translation.
3. Discuss practical tools required to engage in knowledge translation activities at the community, regional and national levels.
4. Link the concept of Indigenous knowledge translation to discussions of literacy, culture and health.

## **Critical debates:**

Over the course of the four busy days, a set of critical, insightful questions emerged through plenary panel discussions, research project presentations, story telling, music, meals and personal reflections over cups of tea and coffee. These questions built upon, broadened and challenged the summit's original objectives. Although the following list is not exhaustive and does not capture the dynamic process that evolved as we grappled with the concept of knowledge translation, here are some of the fundamental questions that shaped our debates:

*What is Indigenous knowledge?*

*Where is Indigenous knowledge?*

*Who are the teachers of Indigenous knowledge?*

*What is Indigenous knowledge translation?*

*How does gender shape Indigenous knowledge and knowledge translation?*

*What is an Indigenous research methodology?*

*What do we mean when we talk about ethics?*

*Are we living life in a good way?*

## Executive Summary

In keeping with the stated objectives of the summit, the discussions centered around definitions of knowledge translation; desired outcomes of knowledge translation activities for Indigenous communities; best practice examples of knowledge translation by/for/with Indigenous communities; partnerships and processes for knowledge translation; and future directions for knowledge translation.

Through Elders' stories, keynote speeches, plenary panels, research presentations, facilitated workshops and a key stakeholder meeting, summit participants touched upon topics ranging from traditional Inuit midwifery practices, to urban community development and healing through a storyteller's blanket, to health systems management.

Synthesis of the discussions elicited the following set of themes:

- **Diversity and ethical spaces:** Recognition of the inherent diversity within and between Indigenous communities; the spectrum of values and practices of the non-Indigenous research partners, institutions, bureaucracies; and the “ethical spaces” where these Indigenous and non-Indigenous diversities meet.
- **Where is Indigenous knowledge?** Knowledge is alive, enfolded in nature, relationships, spirituality and everyday experience.
- **Who are our teachers?** Family members, community members, and leaders who share what they know about living a good life through their actions, through apprenticeship, through their spiritual guidance and through their stories.
- **What is knowledge translation?** Many processes, including: sitting together around the kitchen table; translating/interpreting from western language to community language; involving communities and individuals in shaping research; and putting research into practice.
- **Old lady raised:** Women profoundly shaped what people know about health promotion, ethics, traditional medicines, relationships, responsibility.
- **The political context of knowledge translation:** Post-colonial knowledge translation is about power, control, constitutional rights.
- **Loss of knowledge:** Generational gaps in the chain of knowledge translation pose internal risks; poverty and lack of control of research pose external risks; to counter these risks, it is necessary to bring knowledge out of hiding.

- **Respect, responsibility, survival, endurance:** Collective and individual responsibility to share knowledge.
- **Indigenous health research and policy processes:** Promotion of best practice Indigenous models of research ethics and methodology.
- **Living a good life:** In order to have a good life for yourself, your family, and your community, you cannot do it alone; partnerships are your survival.

In the spirit of action-based research, a smaller group of stakeholders came together on day four to consider options for our “next step.” It was agreed that a sub-committee of stakeholders would work together to draft an Indigenous knowledge translation policy framework.

## In the Words of Our Elders

In describing Indigenous knowledge, Willie Ermine asserts: “It is not abstract. It is right here, with the old people. How they work with the land, work with the family, work with the relationships. The active humanity that they do, that is Indigenous knowledge. Indigenous knowledge is not in a book or somewhere else. It is alive and it has to be practiced.”

Willie Ermine’s comment, above, echoes the message shared with us by the Elders who spoke at the summit. Out of honor and respect to the stories they shared with us, Danny Musqua, Maria Campbell, Qapik Attagutsiak and Joseph Couture’s narratives are retold in the following pages, using their own words:

### Danny Musqua

I grew up as part of a large family. My mother was Catholic. My misfortune was my good fortune – I was born backwards, I came out feet first. According to our traditions, people born breech have special gifts and difficulties. My skull was broken when I was born. We didn’t know until I was three years old. I was fidgety and shaking all the time. It got worse. My mother couldn’t take care of an epileptic child, so my grandmother took me and raised me up.

From time to time, I’d visit my family. My grandfather was Bear Clan, one of the seven clans of the Anishinabe people. He taught us about our clan responsibilities. We help mothers look after their children. We are the teachers of our people. We police the care of our families and our children. The Bear is our symbol, my totem. According to my grandfather, the seven clans of the Anishinabe people have teachings, that they are responsible to the nation. Ours is to the family. It is all about parenting – that’s what we teach. A lot of the teachings come from stories. A lot of the teaching, you have to be there, you have to participate in the story telling. They aren’t stories by themselves; they teach you about the ways of life, the way things are and the ways things will come to be. The family teachings are important. The bear, for us, is an honorable creature – it protects its children, it will die for its children. The animals that we now use for our food were once human beings. They became animals. I watched one being skinned. I cannot eat the bear – we don’t do that in the Bear clan; it is our spiritual totem – but if you look at the animal, it is almost like a human being, the way its body is shaped. It is omnivorous. Human beings are omnivorous; we eat everything. It lives like the human being, it is very protective.

Women are very strong in the Anishinabe world; they are absolutely equal. We don’t govern our women. My father never did anything without the permission of our mother. When it came to the children, our grandmother’s authority and our mother’s authority was absolute; they make

communal law, they make civil law. The queens used to run the communities and there were four of them. When you were talking about health, they took care of it. These grandmothers defined the responsibilities of all the members within the community. They distributed food, the making of clothing. When someone was sick, they knew who the doctors were.

What I know is that our women, our grandmothers and mothers knew all the medicines. I used to go for long walks with our grandmothers and she knew everything. She knew what the plans were and what they did: what was for a headache, for sore eyes, for cramps, for bad dreams. All those plants were there, in nature. Every infirmity, all the sicknesses that we have, all the healing properties are there in nature. You just have to find them. And the old people – the grandmothers and grandfathers – learned all these medicines by association, walking with the old people, by being there. If you wanted to learn, you'd be there. You had to commit yourself to the idea of being at the disposal and discipline of the old persons who would teach you. We learned also through ceremony; our teachings were embedded in our ceremonies. They kept their teachings in the ceremonies. The songs will teach you. The ceremonies and songs taught us.

Until the church and state entered and took away our land and disenfranchised us. Took away all the things. The land was our spouse, our mother, everything. We had to look after her and she looked after us.

In 1930, the world began to burn with gas combustion. It is burning the world. Our brothers and sisters up North, the ice is melting and the animals are changing. They'll tell you that. The old people will tell us.

As the Bear clan, we have to make sure our teachings are intact. We have to teach our children to respect and fear the land. Fear the misuse of the land. We have to try to keep this world the way that it was. If we don't, there won't be anything left for the future. Technology is supposed to progress us in time. The old people say, maybe you'll reach the moon, maybe you'll reach that star over there, but what is the point if you have nothing left to live on? You have to put back what you put into the earth. You can't just take it and think there'll be no retribution. We are paying for it right now. The end of our existence on this planet is going to come very subtly. It won't come with an explosion. That is what we're so afraid of, these bombs. But that isn't where the destruction is taking place; it is what we're doing to the earth. We are a dying planet, a dying people. We will stop being part of the species of this earth.

We teach the seven stages of life. I can't talk about the other clans, only the Bear clan. You don't speak about other clans. Know your clan, your world responsibility, your responsibility to your



people. Know who you are, the nation you come from. Know the future. Try to direct the future of your children. That discipline is in the care of this world we live on. You have to teach that to your children. The teachings begin in the womb.

## Maria Campbell

I don't belong to a clan; although in our family, we also observed the traditions of Bear and never ate their meat. My grandmother always told me that we were related to the Bear and could use the fat for medicine.

I grew up in northern Saskatchewan. I am Métis. We lived in family groups, with all women – my grandmothers and great grandmother. My father was a hunter and a trapper. All our teachings growing up were related to the land. It wasn't until my mid thirties that I realized that those were traditional teachings; to me they were just common sense lessons.

A teacher asked me one day where I came from. I said Park Valley. He said, "You must be a white woman." I said, "No." it was the first time – I was 30 – that I had ever thought of the place I came from in Cree terms. He told me to go and talk to my father. So I always spent the summer with my dad. I asked him what was the name of the place we came from. He said it is called the "stopping place." As soon as he said that, there was a rush of memories. The land became my mother; it triggered all kinds of memories that, in those 20 years since I had been gone from home, I had forgotten about. I remembered the hill where we picked our berries and our grandmothers picked their medicines. The places where we couldn't go because the men hunted. These are things today that we call traditional knowledge.

We have to be careful about language, especially if we're working outside of the academy in communities with our people.

When I came home, my father cooked me breakfast. As he was cutting up the moose meat I said, "I came home because I want you to tell me about my culture." I said "culture" in English. He stopped and said, "Gee my girl, I don't think we have any." I was devastated because I thought Métis people don't have any culture.

I didn't know how to say "culture" in Cree. My teacher reminded me that I was thinking in English and I had to think in Cree if I wanted to come home. He told me that culture is the way that we lived.

So I tried it again. I asked my father, “How did we live?” Until he died, my father never stopped talking about how we lived. Talking about how we lived instead of talking about our culture made all the difference in the world.

Remembering those old people helped me to remember what I grew up with. I grew up with old ladies, so I was privileged to all kinds of information. I was the first granddaughter in our extended family. I would take my grandmother who was going blind all around – I was her “hand.” I would take her berry picking or to smoke meat or dry fish. It was my job.

Most of us as Aboriginal women – whether we are Métis or Cree – we have more knowledge than we think we have. Homage is paid to men’s knowledge, but we forget about those grandmothers that were taught about how to prepare food. They taught children stories. All of the stories that I heard – the creation stories – were told by the grandmothers during the winter when we were sitting around in the evening sewing. Also in the summer, traveling out on the land, all of the kids our first experience with hunting and skinning and cutting up meat was done with the old ladies. The grandmothers took you out hunting for partridge and rabbits. “Old lady hunting.” You’d set snares. While they did that, they would tell us stories while we were walking on the land. They would tell us stories as we were cleaning the animals and cooking them. When my father was hunting, that meat was brought home and my mothers and grandmothers distributed the meat. The food belonged to the women; it came to the women and they determined who would have the food. All of that is part of what we call traditional knowledge and is really important.

My grandmothers, when they were younger, were midwives who delivered all the babies. They knew all the medicines on the land. I would go with them to dig the medicines. I’ll probably never be good at it because we don’t use them in the same way, but I have a need to do more than recognize them because I want to teach the young women I work with.

For me, knowing the land – the places where the rabbits and partridge live and where the bears dig their roots – knowing how to distribute the food, smoke it and dry it and cook it, is all important knowledge. As important as knowing about the sweat lodge ceremony or the ceremonies that belonged to the women.

I also learned about kinship. To understand our relationship to each other as human beings, we have to understand our relationship to the land and the others around us. When you grow up on the land, that is part of what you know automatically. We were told to go outside and listen to our relatives. That sounds very magical and mysterious, but when you have to live off the land,

you have to know the sounds of the different ducks and all the creatures that live on that land with you. Those are medicines in different ways as well.

Knowing about relationships – our kinship to the land around us – is really important.

I am hosting the dinner tonight. I have many helpers. Most of the young women belong to the First Grandmother's Lodge. Our teaching is how to prepare the food. All of that information is shared with other young women. Those are important – you can't have great ceremonies or story telling if you don't have a comfortable space and beautiful crafts and art around you and you don't have someone preparing your food.

Women's knowledge has been neglected because when Europeans came they didn't value their women's knowledge.

Women weren't forced to go away to residential schools, so we stayed with our grandmothers and continued to learn. It is still practiced in the homes.

## Qapik Attagutsiak

My name is Qapik. I was born in Arctic Bay. I was brought up by my parents, with nine siblings. When I was a young woman, I was given in marriage to a man. When I started living with him, my in-laws took over the responsibility of teaching me. I was given instructions when it came time for me to marry that – in order to survive in the world we live in today, which is harsh and cold – that we need partners. I had the responsibility as a woman to make warm clothes. My husband had the responsibility to provide for the family by hunting and protecting us. We had equal responsibilities for survival. Living a good life meant not having conflict, talking things out, resolving issues before they became problematic. So my responsibility was to provide and sew warm clothes for the men in the community who would go out to hunt for the women and children and family. When I got pregnant, I was given instruction about child rearing and pregnancy. My mother told me my responsibilities when I became pregnant with my first children. It was time for my husband and I to resolve our differences and live together in peace. Children need a father and a mother to be healthy. They need shelter, nutrition and somebody has to teach them how to live and how to survive in the world.

All that time I had the support of my parents and in-laws and they gave me instructions.

I was given instruction on how to bring this new person into the world. I had a responsibility to provide a good, healthy home, where there was peace. If there was no peace, I had the

responsibility to resolve those problems. We had our responsibility to survive: good clothes, nutrition and health.

I have been fortunate that I had good parents who gave me life instructions. When I became an extended family, they continued to provide the teachings. We were very lucky, my husband and I, to have the support systems for the rest of our lives from our family.

I became a good seamstress and learned from other people in the community through instruction.

I said earlier, when the instructions and the teachings were given to me, I realize now that it was very important that I was a willing learner; I had to make that commitment to learn and take instruction. You have to make the commitment, even if it means sacrificing certain personal things. We were fortunate that we had been instructed to listen to our Elders and their teachings.

In life, we all have good teachings. In order to have a good life for yourself, your family, and your community, you cannot do it alone; partnerships are very important, those are your survival; you cannot do things in isolation.

It was important that I had the support of my husband when I became a midwife. I knew that I, in turn, had to support him with his hunting and his other responsibilities. The partnership was a compromise and that was very important for us.

Today, you may have all the good intentions in the world to assist your community, but if you don't have your partners' support, it is very difficult. Partnership is very important – we cannot do things in isolation when we need to survive in a harsh environment. Co-existing in our society, that is our survival.

I would say that today, the same things that we have learned in traditional knowledge – learning good things about humanity – still apply today. Partnership and co-existence were important and are still important today. We can apply that today to the individuals we work with, the associations we work with, our partners, and our family. We don't need domination, we need partnerships.

I had a child in 1939, my first child. It was only then that I became involved in midwifery. I was a young woman when I had my first child. When I was listening to Maria Campbell, I could relate to her going into the fields to look for medicine. I had that responsibility when my parents and in-laws instructed me to gather plants. I could relate to your life story.

In our culture, for medicine, we used to use rabbit droppings: we crushed them and we used them to stop excess bleeding. We used to use the seal fat, prepared in a certain way, to stop bleeding. We also used seal blubber when someone had a bad cold or flu; we'd prepare it and rub it on the back or front.

Yesterday I was talking a little bit about midwifery. I was talking about the complications that could occur during different pregnancies, such as babies coming out feet first or placentas being stuck. Those are the things I had to practice when I was a midwife.

Yesterday there was a question about big babies. Today many women have big babies and there was a question about that. In the past, we did a lot of physical exercise; we weren't allowed to just sit around. We had to exercise. I think that is why we have huge babies today.

When we talked about the size of children being born today, I was struck that babies are born bigger now and women have more difficult labors. We were instructed to stay active and to be mentally alert during pregnancy. We were encouraged to play games and participate in recreation until the eighth month, one month before delivery.

I would like to say thank you for giving us some time today – the Elders here – to address issues to you. Normally it is our experience that we are marginalized, minimalized. You have given us time to talk and address issues with you. It has been my experience that white experts have all the time in the world to talk at you. We are given very little time, but this morning you have given us equal time. Thank you.

## Joseph Couture

In the last 17 years I was invited by Correctional Service Canada to come into their system as a psychologist Elder. I was invited to help change a jail into a healing centre. My days are filled with hurt, fears, anger in varying degrees. I am witness to the miraculous changes that go on daily in this very harsh environment. The old people predict we're on the right track.

All of my waking hours are taken up by the psychology of it all. That, with the transformation of learning/unlearning, releasing at the roots of the causes of the dysfunctional behavior.

I am talking out of my personal experience. It is not that I'm not capable of something more detached, but in the spring of 1971, I made a commitment to getting serious about learning about Elders' healing ways. It was a commitment. I was determined to figure out what was happening.

Seeing people carried into ceremonies and walking out with lights in their eyes. It was indisputably real, authentic, but I didn't know how that could be. I grew up without any exposure to what I saw that spring.

I was starting to see things I had never seen before and to hear things I had never heard before. That is when my journey started.

Because of that, way back then, fresh out of graduate school I made the decision to really explore. I talked with Elders and went to ceremonies every chance I could get. I was alone, in that I was the only academic in a crowd of Indian men. They teased me, which was helpful, with simple jokes. In the course of that loneliness, I started to something that was very scientific: I started to look at my subjectivity. I looked to philosophy for perspectives. I came through that with a study of my personal journey. My subjectivity helped me to become aware of my perceptions and the perceptions of others.

I got a long piece of rope that I tied to the mouth of a cave and I went in there. That was an appropriate metaphor at the time to describe spirituality; you get into it through experience, not through books. Once I got very scared and I rushed back out into the sunlight. Then I went back in and I haven't come out again yet.

My journey was enhanced by studying Einstein and the new physics: How you think about something changes it. That comes in from western science.

There is a real solid meeting point between the west and the Native American world. There is a bridge. I think I'm on that bridge. I'm not sure which side, but I know what that bridge is and I'm walking on it.

This brings up the issue of protocols. That could be translated as "good manners." Actions, stories, teachings, ceremonies. Like my grandfather explained, it is all there in the ceremonies; that is our bible. There is a real thing such as oral tradition and it is possible to become oral literate. That brings us to the world of symbology, metaphor, pictorial thinking. The world of visualizing, intuitive knowing.

What is wrong with the western system of education? They do nothing about becoming an intuitive knower.

Indians have lots to say about both sides of the brain. There is such a thing as Indian English. If you move around the prairie provinces, over time you pick up more than one kind of Indian English. You have to be attentive to that and use it when it is appropriate. And using outrageous humor. There is a sensitivity to perception, to learn about Indian ways of thinking.

It isn't exclusive to Natives, this capacity to think with the heart. The toughest journey in your life, Jimmy, is going to be from the head to the heart.

The presence of Elders in prisons is a success story.

It can be very confusing because there is such variation, from one tribe to another (Blackwood to Cree), but from one reserve to the next and one guy's sweat ceremony to the next guy's. That can be confusing, bewildering. But then you learn to see better. That there is fire, water, air and earth. The four elements. The question is often raised, "Which way is the right way?"

That gets resolved through the words of the Elders here: all the ways are the right way, if you do it the right way. Integrity, clarity of intention. Don't deviate from that right way.

There is an integrity and purity required as you step into Indian ways of knowing. Many beginners tend to be selective. That is across the board – whether you want to learn Judaism, Christianity, or Native American ways. You can tell right away that it is shallow.

The latest buzz word in correctional services is "robust reintegration."

One of my teachers developed a useful therapeutic technique called the intensive journal. He drew in a lot of professionals and he would teach the method to that group. A frequent question was, "What is the organizing metaphysical principle of your system?" He delighted in answering that. "Well, one thing leads to another, and to another, and to another." Great answer: keeps it organic and process focused.

My focus, when it comes to Native people has been almost exclusively with Treaty Indians, traditional people. I have a rationale for that: If we want to appreciate all the kinds of Aboriginals there are in Canada, this is a continuum of Aboriginal people, you have to understand where it begins. Is it possible to reach back to pre-contact days, to when there was relatively little adulteration. My answer is, yes. So my focus is on one end of that continuum. The adult, balanced, healthy, Native person. There are some.

The only way to get inside is to commit to it. To let that change you. That makes some people cringe. In the system, with the Charter of Human Rights, we were told, “you can’t make me change.”

It becomes imperative to arrive at an accurate identification of the process dimension of an enduring or ancient traditional model. You can only do that by getting inside it. You can only get inside it if you allow yourself to be changed.

It is a risk for any group, for any program, no matter how well thought through or how well intentioned, it is a risk that you end up intellectualizing. High risk. It happens frequently, but unwittingly. Natives being co-opted by the system without even knowing it.

How do you know you’re not colonizing? How do you know you’re not doing that? I don’t know I’m not doing that, unless I have someone examine my language and habits. You need help.

I wanted to end with a story. In Alberta in the late sixties and seventies, where I was working at the time, we organized Elder think tanks. It climaxed with the eighteenth workshop on the west coast of Vancouver Island. In a nylon teepee which could seat a hundred people, we watched and listened to Elders for twelve days. They all spoke Cree. At the end, when we finished discussing the theme of education and identity, it fell to the junior Elder to summarize on behalf of the older guys and gals. He said a couple of things: He rose and said, “Go and learn the white man’s technologies and come back and talk to us. This is no longer the era of moccasins. To survive we have to become bicultural.” He sat down and there was real dismay in the teepee. He noticed it and so he rose and said, “I see you’re thinking hard about what I had to say. If you come to my place in the fall, you might find a moose. If you keep going, you’ll find a moose. When you hit that moose, bring it back and show us and we’ll tell you if it is a moose or not.”



## Ways of Knowing and Living

Four plenary panels were held during the summit. Featured speakers included: Danny Musqua, Maria Campbell, Qapik Attagutsiak, Sue Crengle, Ann Macaulay, Amelia MacGregor, Dawn Martin Hill, Mark Plotkin, Rosa Giove, Carolyn Bennett, and Sakej Henderson. Willie Ermine, Gail Valaskakis, Omeasoo Butt, Eber Hampton and Gaye Hanson acted as panel discussants. There were also keynote addresses by Ningwakwe, Marie Battiste and Sylvia Maracle.

In response to the many questions asked, summit participants offered their experiences, interpretations, models and metaphors of Indigenous knowledge and knowledge translation. An analysis of these conversations elucidated the following themes:

### Diversity and Ethical Spaces

Through the colonial lens of Canadian and international mass media, social science and medical literature, government health departments and other institutions, we are presented with homogenizing, two-dimensional, static models of what it is to be Indigenous.

These models take for granted that all Indigenous people are the same, with the same history, the same beliefs and values and practices, the same future (or lack thereof). They obscure the inherent diversity that exists within and between communities, the broad spectrum of knowledge and experiences shaped by age, gender, local geography, economics and politics, the dynamic contestations and affirmations of individual and community identities.

In discussions about how to work across diverse worldviews and knowledge systems, many people referred to “ethical spaces,” a concept coined by Roger Poole in 1972 to describe interactions between entities with different intentions.<sup>5</sup> As Willie Ermine explains:

“Ethical space is acknowledging two different systems and that space between them. This is the space where everybody works together to see how knowledge works. No party becomes dominant and it is a matter of equal relationships.”<sup>6</sup>

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<sup>5</sup> Poole, R. (1972). *Towards deep subjectivity*. London: Allen Lane The Penguin Press.

<sup>6</sup> Ermine, W, Sinclair, R, Jeffery, B (2004). *The Ethics of Research Involving Indigenous Peoples*. Report of the Indigenous Peoples’ Health Research Centre to the Interagency Panel on Research Ethics (PRE). Saskatoon, SK. Available at: [http:// www.iphrc.ca](http://www.iphrc.ca)

Local, national and international diversity was emphasized throughout the summit:

“Why try to translate knowledge translation? Knowledge translation is essential to my survival as an Indigenous woman; the rich plurality of world views cannot be reduced to pharmaceutical products.” [Janet Smylie]

“One of the things that I don’t believe has been talked about much here is that seven out of ten of our people don’t live in these romantic homelands that we’ve been talking about – they live in downtown Regina, Moose Jaw, Halifax, and all points in between. When we’re talking about Indigenous knowledge translation, one of the challenges is that our definition of who we are is not a stagnant concept. As we do some of the work that you talk about doing, it is not always going to be in a nice, controlled environment, inside someone’s territorial homelands. It will not all be about the bush and the land. None of us in this room would suggest that someone urban doesn’t have Indigenous knowledge. We haven’t talked about the challenge of engaging people who have memories.” [Sylvia Maracle]

As several panelists argued, this plurality of world views is paradoxically, passionately held together by shared purposes:

“We talked about the shared meaning, the shared purposes. That is about humanity. Where the diversity settles is where we are able to relate to each other, human being to human being.” [Gaye Hanson]

“My grandmother never met an Ojibwa. But I promise you that she would feed you tea and get out her best jam and bannock for you and she’d treat you well. She wouldn’t say that was “Pan-Aboriginal.” She would say it is “people coming together with a good mind.” [Sylvia Maracle]

In keeping with the objectives of the summit, we grappled with the questions of how to define knowledge translation within local communities and how to define knowledge translation at the intersection of Indigenous and non-Indigenous contexts:

“As Indigenous people we have pluralistic, rich frameworks that can contribute to mainstream initiatives by enriching them.” [Janet Smylie]

“Channels of communication need to handle complex information, the inter-connectedness of the parts.” [Fred Wien]

It was therefore necessary not only to take into consideration the diversity within and between communities, but also to recognize the spectrum of values and practices of the non-Indigenous research partners, academic institutions, bureaucracies and funding agencies.

Joseph Couture used the metaphor of a bridge to describe the meeting point between the Indigenous and non-Indigenous world:

“I think I’m on that bridge. I’m not sure which side, but I know what that bridge is and I’m walking on it.” [Joseph Couture]

There was consensus among the summit participants that knowledge translation should be premised upon recognition of the value gained by “seeing with two eyes,” creating shared meetings out of diversity:

“Traditionally, there has been a one way flow of information from academics to government/private sector. In keeping with this conception, most universities have established technology transfer offices for scientifically based knowledge to be translated and available. CIHR’s definition allows for more players: health professionals, the general public, researchers. Our conceptualization of knowledge translation in an Aboriginal context differs in recognizing the value and importance of two bodies of knowledge: western scientific and Indigenous. It is beneficial (for Aboriginal and non-Aboriginal people) to draw from both traditions; people coming together to learn from each other is *knowledge therapy* (growing, respecting, contributing to each other’s learning).” [Fred Wien]

“When we talk about knowledge translation – almost all of our knowledges are embedded in the important thing that we call languages or talk – but when we talk about knowledge translation we shouldn’t be reducing this to a particular language. Knowledge translation requires meeting somewhere in the middle, where you translate back and forth. The basic beauty of knowledge translation is that you’re creating shared meanings out of diversity. You’re not extinguishing the diversity; you are extending the diversity. That enhances knowledge and languages. It should empower, mediate, reconcile.” [Sakej Henderson]

As Gaye Hanson cautioned, however, these meetings must take place on the foundation of solid relationships:

“It is about relationships. If we don’t have the relationships as the carrying vehicle for the knowledge, we have disembodied knowledge. If we don’t have embodied knowledge, it can be out there doing dangerous things because nobody takes responsibility for how it is used.” [Gaye Hanson]

## **Where is Indigenous knowledge? Living, experiencing, unfolding it**

There is a wealth of scholarship about Indigenous knowledge, again from the limited perspective that “TK” (traditional knowledge, as it is often called) is an archeological relic of pre-colonial Indigenous societies.

In order to tackle the problem of knowledge translation, many summit participants took a step back to review and critique the concepts of knowledge, literacy, culture and health. The themes that emerged attested to the extent to which knowledge is alive, embodied in people’s everyday experiences:

“I’ve rode 3000 miles. That is where indigenous knowledge is.” [Dawn Martin-Hill]

“Traditional knowledge is ours, it is accessible, we have it, it is here. In a lot of the research I do, I just interview my friends. You don’t have to go far; it is here, we all have it.” [Kim Anderson]

“You get knowledge through ceremony, dream, while you’re driving down the road and something comes into your mind. These are Indigenous places. We live on Indigenous land. Our ancestors have lived, experienced, and left behind their imprints in the rocks and the trees and the ideas we get. The imprints are when we walk through a particular place and we say, ‘this is a painful spot.’ You know because there are memories in those particular places. We acknowledge, when we try to bring knowledge to others, that we are bringing multiple layers of knowing and learning.” [Marie Battiste]

“Indigenous languages are experiential languages, not tense-based. It is also about the experiences that people have. I can tell my children about that experience: “This is what I know because I experienced it.” [Marie Battiste]

From a knowledge translation standpoint, it was emphasized that knowledge has to be sought out in order to be shared:

“Often the wisdom you have doesn’t surface until someone comes to seek that knowledge from you.” [Gaye Hanson]

Willie Ermine gave us the metaphor of “enfolding knowledge” as a way to understand the process by which nature, relationships and experiences create knowledge:

“There is knowledge out there. How do we arrive at that knowledge? It is enfolded, hidden. It is an implicit knowledge. Knowledge is enfolded somewhere. The Elders talked about how we arrive at that enfolded knowledge. They made friends with the land. Within the land, the creatures, entities in nature, they studied the energy and how to unfold nature or wherever knowledge could be. How can you unfold knowledge in other human beings? With Elders, their study of life: They talked about children, family, relationships in family, and how within that family structure, within children, within the future, how knowledge is enfolded in there.” [Willie Ermine]

“It is not abstract. It is right here, with the old people. How they work with the land, work with the family, work with the relationships. The active humanity that they do, that is Indigenous knowledge. Indigenous knowledge is not in a book or somewhere else. It is alive and it has to be practiced.” [Willie Ermine]

Marie Battiste talked about the importance, for many people, of the spiritual dimension of knowledge:

“It is that order that exists beyond us, beyond our knowing, beyond our birth, beyond our death. It is something else. It is something else and it is the implicate order. Some of us can touch that implicate order in ceremony, in our dreams, sometimes in inspirational moments when we call on the Creator and ask for help where we are. We get this. We touch that implicate order. And when we do, it gives us an enlightenment, the true enlightenment.” [Marie Battiste]

“Multiple ways of knowing come from our experience and also come from something else. Some of us are able to tap into it and some of us are not. Some of us grow into it and some of us never see it. That is the spiritual way of knowing.” [Marie Battiste]

## **Who are our teachers?**

Qapik Attagutsiak told us that her mother taught her about maternal responsibilities when she became pregnant with her first children. Danny Musqua told us that teachings about how to live in a healthy way were embedded in ceremonies and songs. Educators, in Indigenous contexts, are family members, community members, and leaders who share what they know about living a good life through their actions, through apprenticeship, through their spiritual guidance, and through their words:

“Western knowledge is often transferred through publication, synthesis of documents, whereas Indigenous knowledge is transmitted through stories.” [Ian Potter]

The Western scientific canon – all about empirical, objective, rational truths – does not classify personal experience and spirituality as “knowledge.” Eber Hampton recounted a poignant story of this collision of worldviews:

“In graduate school I was told to specialize and focus. After that, I was at the airport and met my grandfather. He said, if you focus on just that yellow line you’re going to have a wreck; you have to see what is going on all around you. Finally, I said, sometimes what they are teaching me in the university and what I’m learning from you are exact opposites. He said, maybe I should stop teaching you until you get your degree? I said, no, what you are teaching me is keeping me alive. Finally he said, I guess your challenge is to make them work together.” [Eber Hampton]

Elders are the most highly knowledgeable members of communities. Not all old people are Elders, however, and not all Elders are particularly old. The Elders are the members of communities who take on the responsibility of intergenerational knowledge translation:

“All Indigenous people have multiple ways of passing on that knowledge. Sometimes it is in paintings or petroglyphs or pictographs that might be on skins or trees or birch bark scrolls. It might be on the ledger drawings that people had when they were in prison and told their stories. All of those things represent a way of knowing, a knowledge. We look at that and access that and think about what that means. We ask our Elders, what does that mean? They help us, guide us, give us our connections to it.” [Marie Battiste]

## **What is knowledge translation?**

“Knowledge translation” is in vogue. It is a priority of national health research agencies in the United States, Canada, and overseas. The Canadian Institutes of Health Research defines knowledge translation as “the exchange, synthesis and ethically-sound application of knowledge - within a complex system of interactions among researchers and users.” Knowledge translation is heralded as a link between academic health sciences research and improved health outcomes, a means to effectively transfer biomedical knowledge into practice.

Summit participants had difficulty defining knowledge translation:

“How do you translate knowledge translation? It is a trickster word... CIHR defines KT as the exchange, synthesis and ethically-sound application of knowledge within a complex system of interactions among researchers and users... [But it could be defined as] Indigenous-led sharing of culturally relevant and useful health information and practices to

improve Indigenous health status, policy, services and programs... Worldview influences our definitions, our conceptual frameworks.” [Janet Smylie]

“The knowledge translation paradox: Someone has to explain to me what knowledge translation means – there is something wrong with the words we are using. “Sharing what we know about living a good life” makes sense. At the end, we have to make the complex simple. We have to come up with a set of recommendations that will guide the institutions, the politicians. That is what we need out of research.” [Jeff Reading]

“My father grew up on the trap line. He said any damn fool can make the simple complex. It takes true intelligence to make the complex simple.” [Gaye Hanson]

So what might knowledge translation mean? With the Kahnawake Schools Diabetes Prevention Project (refer to page 37 of this report), Ann Macaulay demonstrates that knowledge translation may be as simple as the process of teachers, parents, school committee, grandparents and Elders sitting together around the kitchen table.

Knowledge translation may describe the dialogues and processes that occur every day in Indigenous communities:

“Knowledge translation is not only about working with the existing system, it is about translating, interpreting from western language to community language, to a language that makes sense to our children... Dialogue is the key – not about policy and research methodology – about how we understand each other across cultures.” [Willie Ermine]

“NAHO’s perspective on knowledge translation and health literacy: Knowledge is a community resource, multi-faceted, multi-dimensional, collective memory retained for future generations, a fire for listening and being empathetic...” [Donna Lyons]

“There is no one way of achieving knowledge translation; it is a variety of processes that take many forms. Some of these are: Making research findings accessible; training and education; involving communities and individuals in shaping research; engaging in meaningful dialogues and conversations; seizing opportunities.” [June Bold]

“Knowledge translation has created a lot of confusion in English. It is what we do every day if you speak more than one language.” [Sakej Henderson]

“Coming from two bloods, there is always an internal translation, trying to figure out where you stand. It is about a role and a set of responsibilities that we choose to take on.” [Gaye Hanson]

“Knowledge translation is about putting research into practice.” [Gail Valaskakis]

“How do you make the knowledge useful for people in their lives and their professional/personal behavior? The goal of knowledge translation is to try to affect behaviour in a way that is meaningful for people and culture.” [Ian Potter]

To illustrate how fundamentally necessary knowledge translation is in people’s lives, a summit participant recounted for us his earliest memory of knowledge translation:

“I was taught by one of my uncles that memory comes before knowledge. So one of the things I do sometimes when I’m trying to think around something new, or when I’m trying to understand something, I say, “What is your earliest memory when you think of knowledge translation?” My very first day of school. Specifically, my first image is walking along under these tall trees and there are kids around me. I have my jacket tied around my waist and I’m feeling ashamed, I’m feeling awful. A kid became my best friend. He came up beside me (he’s a year older than me). What happened that first day – remembering what it is like for a kid to go to the first day of school, with a huge change of environment – I remember sitting in a long row of desks. The most important thing was to sit still and be quiet. That’s what I learned the first day of school. Later in the day, I really needed to go to the washroom. I didn’t know what to do. I only knew to sit still and be quiet. It got worse and worse and I wet my pants. I was ashamed, walking along with my jacket tied around my waist to camouflage it. This friend said to me, in a quiet voice, “Lots of kids wet their pants on the first day.” He said, “Tomorrow, you can raise your hand and the teacher will ask you what you want. Tell her you want to go to the washroom. It’s Ok,” he said. From then on, I went to the washroom every recess. He interpreted the system for me. He did an amazing human job of knowledge translation. So, for me, that says something about the kind of knowledge translation I’d like to be involved in.” [anonymous]

## **Old Lady Raised**

Men’s roles often overshadow women’s roles in academic literature on Indigenous societies. In reaction to that biased perspective, several summit participants emphasized the significant ways in which women shaped what they know about living good lives.

Danny Musqua, for example, recounted in his narrative that Indigenous grandmothers and mothers knew all the medicines. Maria Campbell reminded us about the grandmothers who taught younger women to prepare food, the “old lady hunting,” the grandmothers who taught children Creation stories. She cautioned us that homage is paid to men’s knowledge, overlooking the importance of women’s knowledge.



Out of an interest in how gender shapes knowledge translation, Kim Anderson asked:

“Knowledge transfer is a buzz word that we toss around. Do we have, as women, different forms of knowledge transfer?” [Kim Anderson]

She therefore interviewed eight grandmothers about women’s roles in health care, ethics around research. She asked her interview subjects, “What do you remember about your grandmother? Tell me about her work – how did she go about it?” The women responded:

- “Ethics were central to the way my grandmother practiced; everything in her life was integrated into one greater whole. Her community role was her work...”
- Grandmothers also acted as traditional medicine people. There was also a lot of doctoring as mothers and grandmothers in families. Women were instrumental in taking care of people during flu epidemics and other health crises.
- In terms of health promotion, the women kept the people healthy by cleaning the wells in the spring
- When you are out on the land all the time, you know what is harmful and what isn’t...
- Women’s roles managing mental health in their communities: women take those young people or families and do the counseling for them out on the land (while the husbands and sons do the hunting)
- It was the old ladies’ responsibilities to keep track of the kinship systems
- The women were health researchers as well: “When I was a little girl, the women saw, heard, felt, touched, smelled, and constantly dealt with this analysis... based on dreams, trial and error...”
- Women used research techniques of trial and error, conferring with peers, and working with the natural world.
- “Every summer, all the old ladies would get together, ranging in age from their 50s to my grandmother’s age... sharing of information about who is marrying who, who is related to who... Research conferences that provided the knowledge that has been carried through to today. This is how knowledge was transformed and transmitted.”
- Respectful relationships were key in the grandmothers’ research. Maintaining confidentiality and ethics was important. It wasn’t part of their lexicon, but it is what they did. Grandmothers would ensure that people were mindful of ethics by evoking Windigo: Windigo will seal your lips. Windigo knows that people have forgotten how to be good to one another. It is Windigo’s job to fix people up.
- A lot of talk about reciprocity: The healer needing to give something to the person they are working with. You can’t just go to the people who are ill; you have to offer them something (this is what I will give you to help you) to show that you are sincere.
- Old lady raised – that is what we need to do as researchers and as organizations.

## The political context of knowledge translation

Knowledge translation is inherently political:

“Fundamental to the exercise of self-determination is the right of peoples to construct knowledge in accordance with self-determined definitions of what is real and what is valuable.” [Janet Smylie, quoting Marlene Brant Castellano]

For Indigenous people in Canada, New Zealand, Australia and elsewhere, processes of sharing information historically occurred in contexts of colonization. It comes as no surprise, therefore, that contemporary knowledge translation is still about power, control, Indigenous rights:

“Decolonizing critical Indigenous framework: prior to colonization, Indigenous peoples had their own systems of health knowledge and health services. These systems were rooted in local ecosystems and hence as diverse as the local ecosystems in which they were rooted. These systems were epistemologically distinct from modern biomedical scientific tradition, which purposefully decontextualizes knowledge from local contexts in an effort to discover universally relevant and generalizable principles and cures... Part of my worldview is that if I have a dream that is very significant and may influence me more than a prescription that a physician gives. You know that because you are already decolonizing.” [Janet Smylie]

“What are the foundational values and principles? What came to mind was my daughter, who was in French Immersion in grade two. I walked in to pick her up from a birthday party of Francophones. There was one lone Anglophone who didn’t speak any French. My daughter was in the back, translating the French for that Anglophone. Knowledge translation is about inclusion – inclusion of others who would not otherwise participate in the dialogue as equals.” [Gaye Hanson]

“I like talking and thinking about responsibilities as much as or more than rights... If the political system that we are embedded in is willing to admit and entrench in a constitution of Aboriginal Treaty rights, that is a good thing... The entrenchment of those rights gives us an opportunity to exercise what has always been our responsibility: Responsibility for health promotion, responsibility for our food and exercise and the air we breath and to take proper care of our children. Our duty to protect, as knowledge workers, as people who care about health. We have a duty to protect and enter into knowledge translation – the ethical space that Willie talks about – and try to communicate.” [Eber Hampton]

“There’s been a paradigm shift in Canada since 1982 with the introduction of Treaty rights into the Constitution. These rights were only worked out and resolved in the courts because different provinces and territories say we can’t do something and we go back to the Constitution to say that we can.” [Sakej Henderson]

“The Canadian constitution affirms Indigenous knowledge and Aboriginal rights. The Supreme Court of Canada has reaffirmed that those knowledges exist. We must keep that going. It is our responsibility. It is a personal responsibility as well as a collective responsibility. It is our responsibility to learn many languages, to talk to all the people we come into contact with, to find the ways to make that immersion have. We are moving there. We have some ways to go before we get there.” [Marie Battiste]

“We have a mechanism under the grand council, with the Mi’kmaq Ethics Watch, to protect that knowledge. We say that every community has a self-determining right to their knowledge. When they have their own processes, we respect that it is the process that should be followed.” [Marie Battiste]

“We have to be a lot clearer that Aboriginal knowledge translation is a function of Aboriginal rights and treaty rights. We have to be clear that health is many systems, including Aboriginal healing which is a constitutional right. We have to create awareness about the necessity of translation between these knowledge systems. We have to do it as a shared meeting of purposes and identity.” [Sakej Henderson]

## **Loss of Knowledge**

Just as Indigenous languages could gradually disappear without interventions to teach those languages to Indigenous youth, Indigenous knowledge about traditional medicines and traditional healing practices are threatened by the passage of time. There is therefore a sense of urgency as the younger generations seek knowledge from the Elders in their communities.

Rosa Giove, a western-trained physician from Peru who works with traditional medicine in the Pervian Amazon, described this potential loss in terms of inner risks and external risks:

“Inner risks: There is no chain of knowledge translation; the traditional healers die and youth aren’t interested in traditional medicines. Businesses only have financial interests... External risks: loss of resources because of environmental problems; poverty, lack of financial resources for research; and biopiracy.” [Rosa Giove]

Sylvia Maracle and Eber Hampton suggested that the knowledge is not permanently lost – it needs to be brought out of hiding:

“When we are researching we must have lost something – search is to look – we are looking again.” [Sylvia Maracle]

“I can remember going into a sweat lodge one time. Before I went in, my grandpa said to me, “I know you can’t pray in Indian, but when you are in the lodge pray in Indian and English.” I knew what he meant.” [Eber Hampton]

## **Respect, Responsibility, Survival, Endurance**

Many summit participants agreed that Indigenous knowledge is kept alive through respect for Elders.

Danny Musqua reminded us that we have to teach our children to respect the land and to fear the misuse of the land. He asserted that it is important for everyone to know who they are and where they come from, and to know their responsibilities to the world and to other people.

Qapik Attagutsiak was fortunate, she says, because she was instructed to listen to her Elders and their teachings.

Collective and individual responsibility were pivotal themes in people’s discussions of knowledge translation:

“We have collective responsibility and individual responsibility. I have to develop my own knowledge systems as an individual and I have to access those knowledge systems that are here, in the collective. I wouldn’t be able to access it if the collective weren’t here to provide it, and I wouldn’t be able to contribute to it if I lived in my own bubble.” [Omeasoo Butt]

Concerns about loss of languages and loss of land were juxtaposed against strong sentiments of endurance and hope – the reassurance that Indigenous knowledge will not vanish as long as Indigenous people pass on what they know to future generations:

“Elders die and new Elders come up. We keep on going and going. And they say, but they won’t have the same information that the other ones had. And I say, if you remember the early stories – the Fallen Sky Woman stories, how all the animals come out and greet her and put her on top of the turtle and they have babies and one is the trickster... all of that – what do those stories tell us? They tell us that, in us, in the implicate order is a knowledge. The memory of life. The memory of what we need to know, to pass on, is there. We can access it. Some people do. Some wonderful healers.” [Marie Battiste]

## Indigenous Health Research and Policy Processes

Indigenous people are chronically at the margins of research. Qapik Attagutsiak thanked the summit organizers for including her voice, lamenting that Elders' experiences and knowledge are too often marginalized. The solution? "We don't need domination; we need partnerships," she asserts. Other summit participants echoed her sentiment:

"I have been working for Elders since I was very young. I get frustrated with research institutes that fail to see that our Elders are our intellectual contributors, our co-investigators." [Dawn Martin-Hill]

Research findings and insights about research ethics and methodology were presented in the summit's plenary panels and concurrent presentations. Some of those projects are described in the next section of this report.

The concept of evidence-based health policy was questioned by Janet Smylie:

"Knowledge translation based on randomized control trials. We hear that people are working on evidence-based policy. *Whose* evidence? Whose framework? Is this valid for our goals and experiences and ways of understanding the world?" Examples of evidence-based policy include:

- residential schools
- apartheid (evidence of racial superiority)
- Indigenous land claims (court evidence does not include oral history)
- clinical practice guidelines (influencing health policy in our communities)
- cultural protocols (years of living and generations of philosophy)."

[Janet Smylie]

Cultural appropriateness and cultural safety were identified as key concerns: How do we make research processes safe for Indigenous knowledge and Indigenous people?

Gaye Hanson argued that instead of the classic research methodology – the top-down approach in which academic and government researchers establish agendas and then seek evidence to support their hypotheses – people on the ground should control research processes:

"Practice-based evidence: people on the front line have questions that they need people to help them with." [Gaye Hanson]

Although it takes courage to challenge and replace entrenched research models, we agreed that it is insane to continue using models that do not work:

“Insanity is doing the same thing over and over again and expecting different results.”  
[Carolyn Bennett, attributed to Albert Einstein]

“The nerve to stop doing what doesn’t work.” [Sylvia Maracle]

Carolyn Bennett used the metaphor of teepees and dream catchers to describe how community-government partnerships are evolving:

“The governance of this country has to be the difference between the teepee and the dream catcher: Only a few people fit into a teepee, but everyone can sit around the table with the dream catcher – to figure out what is working in some places and move on when there are things that aren’t working.” [Carolyn Bennett]

Eber Hampton countered that this “new” model is only new to governments and academic institutions; Indigenous people have always used the collaborative model:

“We fall too easily into this old idea of knowledge translation as an expert system: the researcher, as an expert, does a literature review, gets their ethics approval, and then goes out and does what their research proposal said they were going to do, then goes back and analyzes the data, writes it up, publishes it in a journal... later on someone reads that journal and wonders how that knowledge in the journal could be translated into expert practice. Something new has come along (ie. Indigenous approaches to knowledge translation ed.) – it isn’t really new, because it is Indigenous practice – as human beings, that notion of sitting in circle and talking to each other to find out what we can learn from each other. That is very old practice. It is tried, tested and true over thousands of years and generations.” [Eber Hampton]

## **Living a Good Life**

At the end of the day, how does one live a good life? This theme came up in several people’s presentations.

Qapik Attagutsiak told us that, for her, “Living a good life meant not having conflict, talking things out, resolving issues before they became problematic.” She also taught us the importance of partnerships: “In order to have a good life for yourself, your family, and your community, you cannot do it alone. Partnerships are your survival; you cannot do things in isolation.”

Gaye Hanson suggested that although at an individual level some people are able to live a good life, the First Nations, Inuit and Métis populations are in crisis:

“There is a cliff. People keep running off the cliff. We are standing at the bottom of the cliff, building bigger and bigger ambulances to drag away all the bodies. We need to move upstream, to create health.” [Gaye Hanson]

Hence, the importance of sharing what we know about living a good life.

## Mapping of Knowledge Translation:

### *Working in the ethical space*

(Willie Ermine)<sup>7</sup>

In order to have ethical and honorable interactions between western and Indigenous communities, engaging in dialogue about our common humanity is a necessary process. The space of meeting and dialogue, referenced as the ethical space, is necessary because two entities with different backgrounds, worldviews, and knowledge systems may have different intentions and understandings regarding issues of mutual concern. Dialogue in the ethical space will create a field of human possibility, a sacred space of knowing where exchanges and understandings between communities take form. Conceptual and practical development of “knowledge translation and transfer” will require voices that speak for disperse human communities, particularly as we try to capture and incubate notions that will impact the health Indigenous populations.

A situation arises when the mindsets of two societies encounter each other. Misunderstanding may occur. On the superficial level where the Indigenous and western worlds meet, the two entities may acknowledge each other, even name each other, and interact on the basis of mutual agreement. However, a deeper level of thought and attitude influences and drives the way that the two will interact with one another. It is this deeper force, the unseen, often unconscious undercurrent formed in each by distinct histories, knowledge traditions, language, cultural interests, and social, economic and political realities that needs to be recognized as the more substantive and cumulative force that determines how the two entities will sustain relationships with one another over time.

There are certain elements in the concept of knowledge translation and transfer that need particular and immediate focus. For example, disparities in worldviews and knowledge contexts. The worldviews that guide the western and Indigenous knowledge traditions are sufficiently different that we not only have to understand and interpret the respective views of life, but we have to also translate the language that is the description of that world. How does one reconcile a nebulous, metaphysical worldview to a scientific based community that does not acknowledge this crucial touchstone of Indigenous thought and practice? In this sense, translation, interpretation and transfer of knowledge from one sphere to another becomes problematic.

To be certain, there are some concerns regarding the scope and implications of the concept “knowledge translation and transfer” particularly as it relates to the relationship between the West and the Indigenous. To have a meaningful understanding of the intent of knowledge translation and transfer, it is important to clearly identify the reference points between which

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<sup>7</sup> This section summarizes the information that was presented by Willie Ermine at Fort Qu’Appelle and Prince Albert during the IPHRC’s Knowledge Translation and Indigenous Knowledge Symposium in 2005. It has also been published in *Knowledge Translation and Indigenous Knowledge Symposium and Consultation*. Final report of the Indigenous Peoples’ Health Research Centre. Saskatoon, SK. Available at: [http:// www.iphrc.ca](http://www.iphrc.ca)



knowledge translation is situated. These reference points or locations of knowledge need clear identification in order to help us sort out the different configurations that knowledge translation can take form. To provide some measure of clarity, several models of knowledge translation and its intended transfer route are presented below as a starting point for discussion and understanding:

### **Model A: Mono-culture**

(Western) Research  $\Rightarrow$  Synthesis  $\Rightarrow$  Policy  $\Rightarrow$  Application (Masses)

This model assumes universality, only one worldview, one system of knowledge, one way: one size fits all. This model would presume a consensus about voice, ethical research, and appropriate interpretation in construction of knowledge. It assumes one culture of understanding, one way to research and assumes one model of humanity. All the questions about the ethics of western research and the critique about its relevance in cross-cultural settings stem from this configuration. This model also assumes a framework of imposition and infusion of questionable practices into cross-cultural settings. This is an established consciousness in the western world that only western ideas, practices and conventions will receive the light of day and be supported by discourses and the appropriate funding for their formation. What that states to Indigenous peoples is that their ideas do not register nor have value in the national health consciousness.

### **Model B: Colonialism**

(Western Knowledge) research  $\Rightarrow$  synthesis  $\Rightarrow$  policy  $\Rightarrow$  application  
i.e. translate knowledge  $\Rightarrow$  transfer (to Indigenous community)

This model displaces (once again) Indigenous knowledge and health practices based on Indigenous paradigms. Indigenous peoples are continually wary of western conventions and practices that intrude into their lives. This model dispossesses Indigenous communities' ownership and self-determination of their own health. This includes western biomedical practices that work to displace and disrupt Indigenous systems of health and healing still practiced in communities. In many instances Indigenous peoples still practice a system of health knowledge that is tied to their philosophies and science regarding their lands. The western biomedical system has not supported this system as part of its health regime. Indigenous community research has not been done, simply because Indigenous community research by competent community researchers has not been funded. As a result, Indigenous concepts of health and healing have not been researched, largely because of broader issues such as the application of exclusive frameworks in the biomedical establishment and the privileging of resources that has left Indigenous communities at a disadvantage.

## **Model C: Appropriation**

(Indigenous knowledge) research  $\Rightarrow$  synthesis  $\Rightarrow$  policy  $\Rightarrow$  application  
i.e. translate  $\Rightarrow$  transfer (into Western system)

This model reflects a problematic process of knowledge appropriation and sets conditions for a new wave of opportunistic research by western institutions setting off alarm bells in Indigenous communities about research ethics and knowledge appropriation and exploitation. Results of this format have been the ownership of the Indigenous image by western scholarship whereby the Indigenous peoples are constructed under pathological lenses. Research results are only as good as the researchers' knowledge and the paradigms that are used. Western-trained researchers have not had the capacity to understand Indigenous systems of knowledge nor the ability to translate Indigenous understandings and ideas.

## **Model D: Indigenous framework**

(Indigenous based development of knowledge / institutions)  
 $\Rightarrow$  research  $\Rightarrow$  synthesis  $\Rightarrow$  policy  $\Rightarrow$  application  $\Rightarrow$   
(Within Indigenous community)

Indigenous communities do not currently have adequate access to resources such as research funding to do the necessary developmental work that is required in these communities, relative to health. Communities would like to do research that compliments their memory work to reclaim, and rebuild their health knowledge base and supporting institutions in the wake of colonial imposition into their lives. Research would be the catalyst in this community development model. It is proposed that once Indigenous communities reclaim their health knowledge base and have made significant progress in recapturing control of their lives and supporting institutions, then knowledge translation and transfer can begin in earnest because the playing field would have been somewhat leveled. Dialogue and the ethical space theory may provide the cornerstones in this future development.

## Knowledge Translation in Action

An important dimension of knowledge translation is putting research into practice. During the summit, many presenters – Ian Potter, Kevin Pottie, Kathleen Lyndon-Hassen, Judy Hughes, Diane Hill, Wayne Warry, Connie Siedule, Lois Edge, Earl Pellitier, Corey McCafferty, Ann Macaulay, Veda Weslake, Patricia McGuire, Janet Smylie, Anna Demetrakopolos, Val Gervais, Carmel Martin, Rose Roberts, June Anonson, Vicki Wilson, Carrielynn Lamouche, Faye Fletcher, Yvon Allard, Carla Moore, Linda Diffy, Katherine Cook, Kim Anderson, Jennifer Ranford, Marilyn Van Bibber, Jeff Reading, Liz Estey, Alice Reid, Sylvia Maracle and Gaye Hanson and others – illustrated for us how research is put into practice in communities, organizations and government. In the interest of saving trees, only a few projects are summarized below. The CD ROM will include a more comprehensive overview of the impressive work that has been done.

**Ann Macaulay & Amelia MacGregor:**

### **Kahnawake Schools Diabetes Prevention Project**

Type 2 diabetes was on the rise in Kahnawake in the 1980s. At the time, Kahnawake had a nutritionist to encourage diabetics to eat healthy meals, as well as a doctor on standby, but little was done to prevent diabetes. It was not until the community came together to discuss the problem of type 2 diabetes that Elders pointed out the importance of children: “In our culture, the children are at the centre of everything we do; we need a solution to help the children so that when they grow up into adolescents and become parents they don’t have to go through what our Elders went through.”

In 1994, the Kahnawake Schools Diabetes Prevention Project (KSDPP) began. Teachers, parents, school committee, Elders, grandparents sat together around the kitchen table and a volunteer KSDPP community advisory board was established. The mission statement for the KSDPP was to design and implement intervention activities for schools, families and community, to prevent type 2 diabetes. Another component of the project was to conduct community-based research and to report all the research results to the community for discussion and feedback.

Activities were based on a social calendar of the community (midwinter festival, etc.) with events that linked together different schools from the sister communities. Components of the prevention project included healthy eating, physical activity, positive attitudes, and humour. Avenues for dissemination of information included the local newspaper, local radio station, local

television programs and common bulletin boards. In the schools, newsletters were sent home to parents to give them feedback on the results of the research. Report card days and orientation days were other opportunities for parents to be involved.

The lesson learned from the KSDPP was that it is vital to build knowledge translation activities into all projects, right from the beginning. A local code of research ethics must guide these projects (the KSDPP code of research ethics is published on the Internet at <http://www.ksdpp.org/code.html>).

Knowledge translation is about sharing what we know: It is important that knowledge should be locally based and locally relevant – to the time, the people, and the community. It should be contextualized so that it makes sense. It should use appropriate community language. It should actively (rather than passively) present information. The people giving the message should come from the same community – we are all more likely to listen to someone we know.

**Sue Crengle:**

## **Knowledge Translation as it is Practiced in New Zealand**

Like First Nations, Inuit and Métis communities, Māori are placed at the margins of research. In response, Māori have developed the Kuapapa Māori research methodology and Māori-centered analytic frameworks and modes of dissemination. Māori communities, policy makers, service-funders, health professionals and academic researchers work together to translate Māori knowledge into health services. Safety is a concern throughout this process: how to make the process safe for Indigenous knowledge and Indigenous people.

Sue Crengle described asthma management as an example of successful knowledge translation: Māori and other Pacific (“brown”) children are statistically less likely to receive the same public health education about asthma and are less likely to be prescribed asthma medication than New Zealanders of European descent. Māori-led research demonstrated the need for different modalities for dissemination of knowledge about asthma, including the use of popular media and community/professional presentations and publications.

Research on SIDS (sudden infant death syndrome) prevention among Māori is another example of knowledge translation. Low socioeconomic status, infants who sleep face down, smoking mothers, not breast feeding, and bed sharing with an infant are described as risk factors for SIDS in most public health campaigns. Prior to 1994, these campaigns to prevent SIDS failed in Māori communities. Why? A Māori SIDS prevention team was funded to travel across New Zealand to talk to communities about SIDS and SIDS prevention. They discovered that the key messages about SIDS were culturally inappropriate and the modes of knowledge dissemination were culturally inappropriate. In 1996, a Māori SIDS public health campaign was launched, clarifying

the risks (smoking parents who bed share) and providing Māori appropriate alternatives. A family assistance strategy was also developed for coroners and others to work with families after SIDS deaths. The results? Translation of Māori research into Māori-appropriate service provision resulted in a stabilization of the disparity in SIDS rates and possibly a change in coroner behavior.

## Sylvia Maracle:

### Aboriginal Healing and Wellness Strategy

The Aboriginal Healing and Wellness Strategy (AHWS) is a policy and service initiative, launched in 1994, that brings together Aboriginal people and the Government of Ontario in a unique partnership to promote health and healing among Aboriginal people. AHWS fosters and promotes integration of traditional and culturally appropriate approaches to healing and wellness in Aboriginal communities with contemporary strategies, while supporting better access to the type of care and services for Aboriginal People that most other Ontarians take for granted. As a result of the efforts of the Strategy's participants, more and more Aboriginal people are receiving the kinds of holistic health and healing services health they have sought for many years and are enjoying an improvement in the quality of care they receive. The programs and services include healing lodges, treatment centres, shelters, outpatient hostels, maternal and child centres, health advocacy developers, translators, information clearinghouses, Aboriginal health planning authorities, as well as the following ten Aboriginal Health Access Centres:

- Wabano Centre for Aboriginal Health, Ottawa
- N'Mninoeyaa: Community Health Access Centre, Cutler (North Shore)
- Gizhewaadizaiwin Access Centre, Fort Frances
- Shkagamik-Kwe Health Centre, Sudbury
- Wassay-Gezhig Na-Nahn-Dah-We-Igamig, Keewatin (Kenora)
- De dwa da dehs nye>s Aboriginal Health Centre, Hamilton
- Noojmowin Teg Centre, Sheguiandah (Manitoulin Island - south of Little Current and Espanola)
- Kanonhkwa'tshero:io, Akwesasne (Cornwall)
- Southern Ontario Aboriginal Health Access Centre, London
- Anishnawbe Mushkiki Aboriginal HAC, Thunder Bay

The AHWS resulted in the creation of more than 650 jobs in the Aboriginal community, construction of facilities and the development of management and program planning capacity. An important feature of the Strategy is that programs and services are Aboriginal designed, delivered and managed. Empowerment is a key aspect in promoting wellness in Aboriginal communities striving for self-reliance by using traditional and cultural teachings and values that kept them strong in the past.

Seven questions that AHWS came up with in developing policy from an Indigenous perspective:

1. Are the perspectives on the subject of inquiry distinctly Aboriginal? Not “do you think you want an Aboriginal perspective,” but is it *distinct* to us?
2. What Aboriginal sources are appropriate to shed light on those perspectives? Sometimes the source you are going to, of knowledgeable people, aren’t the appropriate source in the community.
3. Is proficiency in one of our languages required to explore the perspective? If so, how will that be accommodated?
4. Are there particular protocols or approaches required to access the relevant knowledge? One protocol is not enough.
5. Does Aboriginal knowledge challenge in any way the assumptions brought to the subject from previous research? You need to tell us that going into that discussion. For example, we have a program in Toronto called, “My Auntie” in Ojibwa. We were taking children for 10 years out of their family homes. When we grew up, when there was trouble in the house, older women came and taught you how to parent. These were older women who would go and live for four, five, or six months with those families to help those caregivers. It created employment and less destruction of our families. But that challenged assumptions in all kinds of child welfare research because these weren’t social workers, they were just older women. Everybody in social work wanted to come look at that.
6. What are the appropriate means, in this context, to establish the validity of the information gathered and analyses of the data? We want to know, in your relationship to Indigenous knowledge, things like you need tobacco to go out and speak.
7. Is the language and the mode of presentation of the results understandable by, not only the participants of the research, but the community that the participants come from?

“We have been able – where I work – to look at develop alternative programming approaches. Nobody has asked to document or research these, but we’re getting ready for that. We do things fundamentally differently. We design differently, we program differently and we evaluate differently. We spend a lot of money -- \$400,000,000 on the Aboriginal Healing and Wellness Strategy so far – and we are really successful at engaging women and their children. When those women are abused, we treat them in an Indigenous appropriate manner. We decided that need a zero tolerance policy amongst our men and leaders. We want chiefs, leaders, men in friendship centres, to stand up and say, “No violence against women and children.” And now our strategy is under attack. We pushed the edge and now people are pushing back. For as long as I can stand, I’m going to push them. We’re going to need to document it and we’re going to need young people to stand with us and say, “There are other approaches to be tried.” [Sylvia Maracle]

## Ian Potter (ADM, First Nations and Inuit Health Branch):

### The Potential for Indigenous Knowledge to Contribute to Health Policy

Understanding IK and transfer can have an impact on community control, improved coordination across programs, improved flow of information, appropriate services.

Examples of how this is playing out in a good way:

1. Aboriginal midwifery education program at the U of Manitoba (supported by Health Canada). It is an Aboriginal midwifery program, founded on Indigenous knowledge of midwifery that provides the Aboriginal midwife with all the Western scientific knowledge (and Western credentials).
2. Aboriginal telehealth knowledge circle initiative (Alberta) connects doctors, nurses and patients who are hundreds of kms away, as if they were in the same room. Computerized communication is a medium to translate a very scientific western approach into an Indigenous community.

Challenges in knowledge translation from a Health Canada perspective:

- Differences in disseminating, collecting and storing information: Western knowledge is shared through journals, whereas a lot of Indigenous knowledge is intimate, private, shared only within families and communities. This is a challenge for someone in a health program to access. The information is situational knowledge that sometimes cannot be generalized.
- Ownership issues: Western knowledge is protected by intellectual property laws (copyright, trademark), whereas Indigenous communities have a system for who controls knowledge, how it is disseminated and how it is protected (cultural role as keeper of knowledge, collective ownership)
- Regulation, payment and efficacy: The western paradigm operates on the basis of self-governing professions. The government wants to know how groups will protect the public. Professional societies protect the public in the interface between specialized knowledge and duty of care. This may not exist in Indigenous communities.

## June Anonson & Vicki Wilson:

### Interviews with Aboriginal Elders – Their Ideas and Suggestions for the Recruitment and Retention of Aboriginal Students into Health Care Professions

There is a nursing shortage in North America; not enough students and not enough students who reflect the demographic.

*Research:* An Elder's forum was held to hear the rich layers of lived experiences and outcomes from attempts to recruit Aboriginal people into health care professions.

*Results:* Need to start recruiting students right from elementary school; importance of including family.

*Prince Albert Site – Current recruitment and retention strategies:*

- Recognition of Aboriginal diversity.
- Incorporate Aboriginal epistemology and pedagogy into the curriculum. Changing the curriculum is difficult, however, because it is very entrenched. Elders play a key role in dealing with this.
- Incorporate humor and story telling into the program.
- Counselors and student supports: funding, accommodation, transportation, childcare, student association, community involvement.
- Holistic approach: the medicine wheel is used, although for many of the students it is something that they need to learn (they haven't come with it).

*Elder from Northern Campus – Vicki Wilson's role:*

- To incorporate holistic teachings in the programs, the Elders take the students to ceremonies and provide counseling and guidance for the students.

*Dissemination of information:*

- Video and articles are sent to post-secondary counselors, administrators, faculty
- Palm pilot project – the students will use those in the acute care setting and community setting to enhance patient care and access information that wouldn't otherwise be available



## Rosa Giove, Takiwasi Centre, Tarapoto, Peru: Indigenous Knowledge Translation in Peru

Plants are teachers. This is one thing that all healers told me.

I was born in Lima, Peru's capital. I went to the Amazon to study medicine. I learned about traditional medicine in Lima, a little, but I wasn't sure these kinds of medicines worked. I found illness and healers and plants – lots of traditional knowledge – that I was interested in learning. When I asked the healers to teach me, the only answer I got was, "Plants will teach you." But how will they teach me? They don't have mouths. They can't tell me anything...

Amazonian healers can induce modified states of consciousness, to help you to connect yourself with the knowledge of nature. We drink these plants in a special way in the jungle and observe the psychological effects.

We have a different approach to the problem of addiction: We consider it a spiritual issue; the addict is searching to find his inner spiritual world. We can't try to heal this spiritual imbalance with western medicine; we must use a spiritual approach and traditional medicines.

We must know how to translate the results to the western world. We make efforts to show that there are good results using traditional medicine. We demonstrate the cathartic aspects of the plants, how they transform the patients. We observe the changes in every patient that we treat.

Peruvian traditional medicines include: san pedro, coca and ayahuasca.

Inner risks: There is no chain of knowledge translation; the traditional healers die and youth aren't interested in traditional medicines. Businesses only have financial interests.

External risks: loss of resources because of environmental problems; poverty, lack of financial resources for research; and biopiracy.

What can we do? Biodiversity, traditional medicines research, policy.

Traditional knowledge can't be stored; it lives and changes.

Connie Siedule, Qapik Attagutsiak, Eva Kigutaq, Iga Attagutsiak,  
Kelly McShane:

## Mapping Health Information Flow Within the Urban Ottawa Inuit Community

The speakers in this session discussed the Tungasuvvingat Inuit Family Resource Centre's work to promote healthy outcomes for Inuit children and their families:

### **Iga Attagutsiak:**

I grew up in a large family with fourteen children. I remember being in the hut. Our only toy was a wooden doll. We were out hunting by dog team – no skidoos. It was fun, without any disturbance from other communities. My mother taught us sewing when we were small. We did a lot of things. We survived, our parents, our ancestors, survived in a dark place without electricity. The only thing they had was an oil lamp. Our parents worked together very hard. My mother sewed all the time – that's what she had to do with a lot of children. Our father had to hunt to survive: for food, for the skin for clothes, for the dogs. They were busy with that life until the white people came to their community.

Then things changed: the white people wanted them to move to a house so that it would be easier for them. They had to worry about money, about their changing lifestyle.

I moved to Ottawa. People move for a lot of reasons: some for medical reasons, school, job, family. Since there are a lot of Inuit people living in Ottawa now, we have a lot of feedback from the Inuit people that the resource centre helps; there were people doing drugs and alcohol. They are starting to get people. There are treatments now. The Inuit family resource centre is for Inuit people. We are helping each other so much in Ottawa.

We have a lot of things to talk about: The igloos, how our parents survived in the dark place. Survival. I went out hunting with my own family. It is better than living in a city or town because our kids are much happier.

### **Eva Kigutaq:**

The oil lamp is a tool that ancestors used as a source of light and heat. The oil came from animals of the sea. They cooked the fat first before they could use it as an oil. My grandmother said that when they traveled, as soon as the igloo was built, they would light the lamp right away. When the igloo was built, the person would light the lamp to heat the inside. A rack would be put above it to thaw meat. It had to be on 24 hrs/day, 7 days/week.

In no time it would warm the inside of the igloo. It was the only thing that they used to heat the meat. They would cook with it; they would melt the ice with it. Sometimes they would have larger lamps or 2 or 3 in one igloo.

### **Qapik Attagutsiak:**

I have been involved in midwifery for a very long time. As long as we have this world today, we know that children will continue to be born. When it comes to dealing with the woman and childbirth, we always have to be prepared for complications. You take care of yourself as an expectant mother to have an easy birth. Depending on your state, your childbirth will be different. Some childbirths are very difficult, as some children are born in breach positions, stuck in the uterus, or stillborn. Some long, painful labors are very difficult. You know that the child was alive in the uterus, but it is born dead. In order to demonstrate my knowledge, I have to use my own experiences in my own deliveries. Before the nurses were introduced to our communities, I was a traditional midwife for many years. One difficult delivery that I attended was before the nurses came. It was a long labor. The placenta was stuck to the uterus. During that delivery, I realized the placenta wasn't going to expel. I remembered from the teachings of my ancestors that there was a way to help. I cut my nails and then inserted my hand, palm up, to scrape off the placenta. It was very difficult for me at that time because I had to insert my entire arm. I carefully cupped the placenta and removed it from the uterus.

Pregnancy is not an illness; it is a fact of life, a state that all women go through. We have to know how to take care of ourselves during pregnancy. To look after our community members during that time, there are rules and teachings that we had observe. Once a child was born, we had other rituals that would welcome the baby into the world.

One of the teachings I got from my ancestors when I entered the role of midwife was always be prepared for anything that may happen. I was aware that stillbirths happen. One of the first things I was instructed to do was to attend to the mother. Once the mother is safe, then we had a responsibility to try to revive the baby to the best of our abilities. We had a duty to try to revive the babies. Our first priority was to attend to the mother... I have revived two stillborns. One is in a high leadership role today. I take a child, lay it flat, and pump the legs up and down, to pound on the heart... Usually you clean whatever the baby has swallowed, take a ball of snow, and then the cold shocks them into life. I have many stories.

If your mother or grandmother didn't teach you, other community members would coach you verbally. Over time, they would repeat the teachings verbally. They knew that the opportunities would arise eventually for you to do what you learned. Because the teachings were repeated more than once, you'd remember what to do in different circumstances.

You would learn, observe, do the deliveries, and then you'd have the responsibility to pass on the knowledge.

**Kelly McShane and Janet Smylie:**

## **The use of technology in urban Inuit health initiatives to bridge the gap between the north and the south**

*Background:* Research on health information processes of Inuit has been gathered almost exclusively from the health care delivery model of Inuit in the north or from Inuit traveling to cities for medical treatment. This work applies to those Inuit in rural areas. Less is known about the 25% of Inuit who are living in urban areas<sup>8</sup> and potentially are able to access local health care services. The health information processes of urban Inuit remains an insufficiently developed area of research by public health and medical practitioners. The current study examines health information use and dissemination strategies within an urban Inuit community. Specifically, it presents the evaluation of a CD-ROM multimedia health information tool developed in the community.

*Methods:* Through a collaborative partnership with the Tungasuvvingat Inuit Family Resource Centre, a series of key informant interviews and focus groups were conducted to gather information on specific health information processes. A health information tool was then developed that capitalized on the existing health information structure in the community. A series of pre-post questionnaires and interviews were then conducted to evaluate the tool.

*Findings:* Major themes of health information processes included: the importance of visual learning, community Elders, and cultural interpreters; community cohesion; and the Inuit and non-Inuit distinction. The core sources of health information are family members and sources from within the Inuit community. The principle dissemination strategy for health information was direct communication, through one-on-one interactions or in groups. After viewing the tool, participants reported that they would recommend the tool. They also reported the tool content was clear and more similar to talking to someone than they initially thought.

*Conclusion:* This community-specific model of knowledge translation shows substantial differences from current mainstream models. Furthermore, initial evaluation of CD-ROM indicates positive evaluation and suggests the tool is an effective medium to transmit health messages. The results from this urban sample suggest that additional work is needed to bridge the gap in the dissemination health information between the North and the South. That is, there is a need to foster greater collaboration and sharing of traditional information between circumpolar regions and urban areas.

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<sup>8</sup> The 25% figure is based on Census data, and includes not only major cities such as Ottawa and Edmonton, but also any northern community with a population of more than 1,000 persons.

## **An evening with Maria Campbell – Active knowledge translation through food, story telling, art, and music**

This eight-course feast was prepared by Maria Campbell as an example of knowledge translation through food, story telling, art and music. In Ms. Campbell's words: "I am hosting the dinner tonight. I have many helpers. Most of the young women belong to the First Grandmother's Lodge. Our teaching is how to prepare the food. All of that information is shared with other young women... You can't have great ceremonies or story telling if you don't have a comfortable space and beautiful crafts and art around you and you don't have someone preparing your food."

**Prayer** – Isidore Pelletier

Traditional singer – Cindy Doxtator

**First course** – Le Bullet et le bang

Singer – Krystal Pederson

**Second course** – Grouse and pheasant salad

Recording artist – Don Freed

**Third course** – Baked trout with wild cranberry sauce

Storyteller – Danny Musqua

**Fourth course** – Fried moose meat and onions with crushed chokecherries

Fiddle player – Dawson Elles

Métis dancers (jig) – Shauna LaRocque Desjarlais and Al Blondeau

**Fifth course** – beaver, muskrat, moose nose and tortiere with wild berry sauces

Recording artist – Don Freed

**Sixth course** – blueberry ice

Poets Neal McLeod and Randy Lundy

**Seventh course** – Roast buffalo tenderloin and root vegetable with wild berry sauces

Fiddle player – Dawson Elles

**Eighth course** – wild rose petal ice cream, Saskatoon berry tarts, tea

Traditional singer – Cindy Doxtator



Maria Campbell



Country Food



Ann & Carmel



One last Bannock

## Next moves

Throughout the summit – most intensely during the facilitated workshop session on day three and the key stakeholder session on day four – these questions filled our minds: What do we hope to take away with us from this summit? What will we do with the concept of knowledge translation? Where will we go next?

As a discussant on the first day of the summit, Gail Valaskakis summarized a set of key principles for knowledge translation. Her list included:

**Conceptualization** and **cultural appropriateness** – How do you conceptualize a project in a way that is Aboriginally appropriate? How do you ensure that the evidence that is gathered and the ethical framework within which that research takes place is also culturally appropriate?

**Community-based research** is something that we're beginning to understand, but it is difficult to get the funding from people who do not understand that Aboriginal context, the stories, and the oral tradition. It isn't easy to get people to understand the protocols that are essential.

**Communities:** Recognize pluralism, differences within and between communities.

**Collaboration:** Collaboration between community people, researchers and government/policy makers. That collaboration is important and difficult to do.

**Communication:** The knowledge transfer, the knowledge mobilization itself. It takes place at every stage of this process. It enables us to reconceptualize research, using an Aboriginally relevant approach. It allows the policy-makers to understand what is happening. It allows collaboration to take place between communities, researchers, academic institutions and policy makers. It allows the community to understand, through community-based media and all levels of participation in the research process.

Although there were differences of opinion about some topics, there was overall consensus that action-based research is a necessity in Indigenous communities:

“My own personal knowledge translation project is to take this knowledge that has been so freely shared and begin to see how I can use it, what effect it can have, to organize it in such a way that it benefits my work, life, and my co-workers in the Indigenous Health Research Centre.” [Eber Hampton]

“If we can't translate that research into improvements in health, the investment in research is a waste. Research knowledge can transform the health of a population, but there is difficulty applying knowledge to health.” [Jeff Reading]

## Facilitated Workshop

For the facilitated workshop, the summit participants were asked to assemble themselves into small groups (a literacy group, an ACADRE group, a Métis group, an Inuit group, a First Nations group, and a group of Elders). Sylvia Maracle began the day by encouraging all participants to write down privately a response to the question, “*What two words do you require for knowledge translation?*” Everyone then shared their two words and discussions took place within the small groups.

An intense, fascinating day of discussions ensued as each of the groups gradually tackled the following questions:

1. How would you define knowledge translation? What are the desired outcomes of knowledge translation activities for Indigenous communities?
2. Please describe one or more best-practice examples of knowledge translation by/for/with Indigenous communities.
3. What are appropriate partnerships and processes for knowledge translation by/for/with Indigenous communities?
4. What future directions should be explored with respect to knowledge translation and Indigenous communities? What resources are required?

Mid-morning and again in the afternoon, Sylvia Maracle asked representatives of each working group to report back on their discussions. At the end of the day, she then summarized the day’s proceedings as follows:

*“When we finish our work where I come from, in the Longhouse, people have a way of letting people know they are finished. The word is “donatoe.” It is, “I have spoken.”*

*We started out with a “key message” exercise this morning – that is what you did by writing out those few words on the paper... Those words reflected your philosophy, your principles, your vision and sense of direction.*

*We then had you talk about some questions that you interpreted in many, many ways.*



*It is clear, we need other words to speak to each other. Those words might be in our language, or they might be a new lexicon, a new way of agreeing. When we use certain words, what do we mean?*

*All of you talked about authority. You talked about authority in terms of ownership, in terms of process, in terms of identity... You said it was about more than diversity; it is about a real respect of Métis, of Inuit of First Nations, of geography, of names of people, of places... It is about respecting who we are.*

You also said there are some things that are happening. You were able to identify elements of best practices. But you were not satisfied with what is happening... We want more to happen: Change.

Resources are required at the community level. Resources are required at the community level. Resources are required at the community level. Resources are required at the community level. And then after you do that, resources are required.

You also talked about some of our successes. You talked about our resiliency. Now the world wants to know more about us. And that led to your discussions about the gate keeping: What stays inside? What goes out? How?

There was a really tension between your vision and your practice. You know that Indigenous knowledge translation is not all good. Nor is it all bad.

You talked about protection, control, decolonization and respect.

We did not come up with a policy framework, but we came up with some recommendations that we can take forward.

And that, that's really a few steps on a path. A long path, ah! So I'm gonna stop there and one of our Elders will close for us today. I offer my thanks and greetings for that hard work. Donatoe."

## **Key Stakeholder Meeting**

On the fourth day of the summit, a gathering of Elders, community advocates, CIHR representatives and academics came together around a boardroom table to discuss how to

translate what was learned during the summit into a policy framework. Sylvia Maracle and Gaye Hanson facilitated the discussion.

### **Questions that were asked in the key stakeholder meeting:**

- What is the purpose of policy? Whose policy?
- What are the organizing principles of such policy? Protection? Stewardship?
- How might one apply these principles in research?
- How might a policy framework represent Indigenous interests?
- How would the framework reflect respect?
- What is the potential community benefit of a policy framework?
- Rather than a policy, should we work on a model or code of conduct for consideration?  
What kinds of principles might guide such a model?
- What is a true partnership?
- How can we facilitate the unfolding of these processes?

### **Preamble to the discussion:**

At the outset, participants of the key stakeholder meeting agreed that recommendations coming out of the summit must be forward-looking, flexible with the changing times, modifiable by local communities, and translated into local languages.

It was also emphasized that support systems – active engagement – should be in place to ensure that many communities are involved in the process of writing a policy framework.

Finally, it was recognized that there is no need to duplicate or interfere with Indigenous knowledge work that has already been undertaken by individuals or organizations in Canada and abroad.

Given that the ACADRE funding is time-limited, it is urgent to draft recommendations while there are resources available.

### **Recommendations:**

Taking into consideration the great diversity between communities at the local, regional, national and international level, it was proposed that the summit participants could develop a general framework that other institutes and community-based agencies could then adopt and modify.

It was then suggested that we may not be ready to develop a policy framework. Instead, it was proposed that we could develop recommendations for a policy process (it was agreed that processes are more flexible than frameworks).

Richard Vedan used the metaphor of ooligan grease to describe the necessity of taking things slowly:

“In making ooligan grease, you fill up a boat and let it rise to the top. You skim off the surface and let it rise again a few times. The teachings we’ve been told here have been very rich. But now we have to let the ooligans do their work, to ferment.” [Richard Vedan]

If, in the end, all we’re doing now is planting the seeds, the recommendations will emerge.

### **Next Steps:**

- Write the summit report
- Distribute the report to all summit participants and other interested parties for feedback
- Formal evaluation of the summit
- Create and distribute an interactive CD ROM with professional video footage from the summit proceedings
- Invite summit participants to work collectively, in partnership with local communities, to draft recommendations for an Indigenous knowledge translation policy process
  - The first draft of a knowledge translation Policy Making Toolkit for Indigenous communities was sent out for feedback in July 2006. The purpose of the toolkit is to provide practical assistance to communities planning to develop policy to guide their decisions about knowledge development, translation and use in and with their communities.

## Closing Remarks

It seems appropriate to end this report with one of Eber Hampton's stories. It is a story prompted by Sylvia Maracle's challenge to "have the nerve to stop doing what doesn't work."

We hope that this story resonates with the summit participants, with anyone marginalized by the health system or marginalized by health research processes, as well as by the many community members, health care providers, health policy-makers, politicians and others whose goal is to ensure that all Indigenous people live a good life.

*"As a child, I disliked chickens. I watched them one day: I put the feed down and the chickens went nuts trying to get to the food, but didn't know enough to go around the wire that was in their way. They kept trying over and over again to do what didn't work. Sometimes as an educator, I wonder why we aren't smarter than chickens. There are other things to be tried. They are available, if we go back to that circle: finding out from people who may know but haven't been asked. The thing about those chickens is that the chicken who was being pecked on by the other chickens was the only one who went around the wire. Why? Maybe because he was crowded away from that feeding trough. It made me think, the solution may not be closest to the feeding trough." [Eber Hampton]*