

[kee/chi - nee/wesk] • **noun**

THE GREAT SPIRIT OF THE FEMALE SIDE OF LIFE OF ALL THINGS

# KCI-NIWESQ

## *traditional* **healing**

Native Women's Association of Canada

2023

kci-niwesq  
nwac's magazine



**NWAC's resiliency lodges:**  
Places of respite and healing

**Traditional palliative care:**  
Walking the last miles with  
those entering the Spirit World



[www.nwac.ca](http://www.nwac.ca)

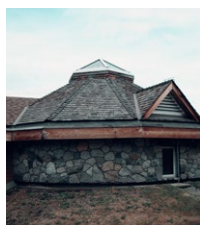
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As interest in traditional Indigenous plant-based medicines grows, the owner of a Quebec-based distributor talks about some of the most popular varieties.



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Traditional healers like Billie-Lynne Hollis are incorporating cannabis into their work to treat a wide range of physical and mental issues, including addictions

# *traditional healing*

Embracing the spectrum of traditional Indigenous healing: From coast to coast to coast, Indigenous people are returning to the healing methods trusted by their ancestors. And Western medical institutions, from mental health facilities to full-service hospitals, are incorporating traditional Indigenous medicine to help First Nations, Inuit, and Métis patients feel comfortable in seeking care.

## ISSUE 22

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### COVER & INSIDE COVER PHOTOS

**Pictured:** Carla Lewis **Photo Credit:** Trevor Walker

**Full story:** Traditional Healing, page 6



# *Lynne Groulx*

LYNNE GROULX LL.L., J.D.  
CEO/DIRECTRICE GÉNÉRALE /

NATIVE WOMEN'S ASSOCIATION OF CANADA  
L'ASSOCIATION DES FEMMES  
AUTOCHTONES DU CANADA

# 05 Message from the CEO



Welcome to the twenty-second edition of Kci-Niwesq, the magazine of the Native Women's Association of Canada (NWAC).

In these pages we bring you stories about the resurgence in traditional healing, and the ways in which ancestral knowledge is redefining health care in Indigenous communities and in the Western medical institutions that are embracing it.

We look at the healing already taking place at the resiliency lodges that NWAC has built in New Brunswick and Quebec, and our plans to replicate these lodges across the country. The lodges offer land-based programs that connect those in need of solace and respite with the restorative power of the Earth.

You will meet Maisie Smith, the certified counsellor of Tlingit and Northern Tutchone descent, who helps Indigenous People as they transition to the Spirit World. She tells us Indigenous scholars across Turtle Island say Indigenous traditional healing practices must be restored.

We take you to Whitehorse where, more than 30 years ago, the First Nations surrounding the Yukon capital demanded better medical treatment for their people—and they got it at the city's general hospital. Among many other innovations, the hospital has built a House of Healing that provides a place for ceremony and gathering on its grounds.

You will learn about some of the most common types of traditional First Nations plant-based medicines

and the small Quebec company that is selling them across North America. Tribal Spirit Music purchases the medicines from harvesters in different parts of Canada and distributes them to customers to meet a demand that is growing rapidly.

We take a look at the programs Canada's largest mental health and addictions hospital has put in place to provide Indigenous People with traditional healing, both inside the institution and in their own communities. It has been 20 years since the Centre for Addictions and Mental Health in Toronto began special programs for Indigenous patients, and it is constantly developing and innovating to expand and improve those programs.

And we talk to Billie-Lynne Hillis, a therapist and plant-medicine healer who has incorporated cannabis into her traditional healing for individuals and for groups on First Nations.

So, thank you once again for opening the pages that follow. Thank you for reading the twenty-second edition of Kci-Niwesq. Please drop us a line and let us know what you think at [reception@nwac.ca](mailto:reception@nwac.ca).

**Miigwetch.**



06

Carla Lewis, a member of the Wet'suwet'en Nation who is the Traditional Health and Wellness Specialist for the First Nations Health Authority in British Columbia, says Traditional Indigenous healing practices are based on a holistic approach to wellness that sets them apart from Western health care.

## *traditional* HEALING

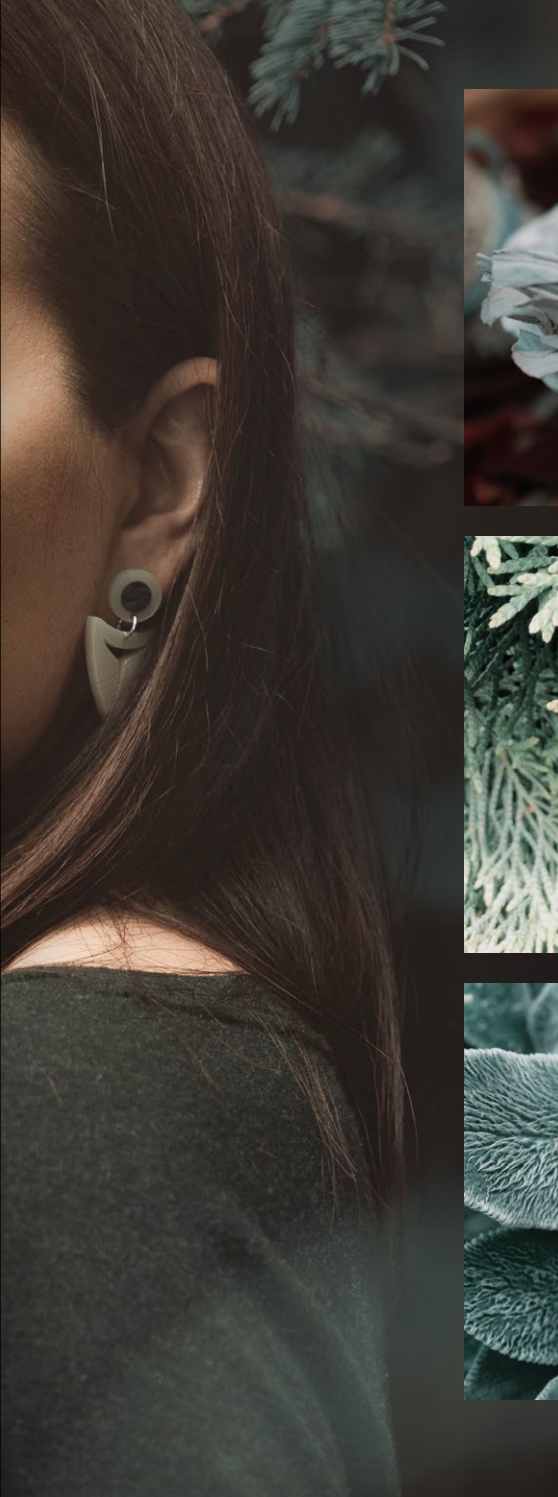
Treating the body and mind  
by connecting with culture,  
spirit, energy, and the land

Traditional Indigenous healing practices vary widely across Canada and around the globe, but they are all based on a holistic approach to wellness that sets them apart from Western health care.

"We're looking at the mental, physical, emotional, and spiritual. Our traditional healing practices are interconnected and interrelated to our cultures, to our traditional territories, and to our languages," says

Carla Lewis, a member of Wet'suwet'en Nation who is the Traditional Health and Wellness Specialist for the First Nations Health Authority (FNHA) in British Columbia.

"Whereas Western medicine looks at the physical and the curing of ailments, ours is connected to our cultural beliefs, to the spirit, to energy, to the land, and to our traditional foods," says Ms. Lewis, who



SAGE



CEDAR



SAGE LEAF

Sage photo credit: Jill Richardson (Shutter Stock)

Cedar photo credit: Natalka De (Shutter Stock)

is also Chair of the First People's Cultural Council and supports Indigenous cultural revitalization through her company, Yintah Consulting.

At the FNHA, Ms. Lewis is part of a team working to extend the acceptance and practice of traditional healing across the province, and hopes to make it as widely

available as Western medicine. The FNHA provides funding, promotes wellness, and is looking at training and mentorship opportunities to bolster traditional healing and build its capacity.

"We are focused on uplifting traditional healing and land-based healing in all of the (First Nations) communities in the province



kci-niwesq

in respectful ways that protect sacred knowledge, medicines, and ceremonies,” says Ms. Lewis. There is an emphasis on elevating the roles of traditional healers and mentoring future generations to do the work.

While a broad range of medicines and healing methods falls under the banner of traditional healing, Ms. Lewis says there are common threads that tie those things together.

“Most of us, across the country, have plant medicines,” she says. “We also use animal medicines—things like bear grease, beaver castor, and different parts of the animals. Then we also have Knowledge Keepers like dream healers and energy workers. For example, Reiki is a well-known form of this practice, but some of our traditional healers worked regularly in the realm of energy and spiritual healing.”

One of the major differences between traditional Indigenous healing and Western medical practice, says Ms. Lewis, is that Indigenous medicine is intertwined through all aspects of a person’s life. It is not sought only when a person is ill or injured.

Practitioners of Western medicine often solely treat physical ailments. Traditional healers, on the other hand, “also support the spiritual and emotional aspects of what you’re going through. They often see physical ailments as a result of other aspects of your life being out of balance,” she says.

But Western medicine and traditional healing can also complement one another, “as long as there’s the openness to have them be able to work together, especially since traditional healing is a lot more focused on prevention,” says Ms. Lewis.

“We can be utilizing traditional healing practices so that we don’t end up in the hospital or in the clinic,” she says. Or, if a First Nations person is admitted to hospital, traditional healing could mean bringing them a traditional tea or inviting a healer in to support their holistic recovery.

Colonization, which instituted the residential schools and Sixties Scoop to wipe out Indigenous culture, forced traditional healing underground for more than a century. But, in most communities, there were at least a few Knowledge Keepers who held on to the Indigenous wellness practices and are now helping to revive them.

“To me, as a younger person, it feels like (traditional healing) is making a resurgence and that people are appreciating it more. But really, it started a long time ago with people resisting colonization,” says Ms. Lewis.

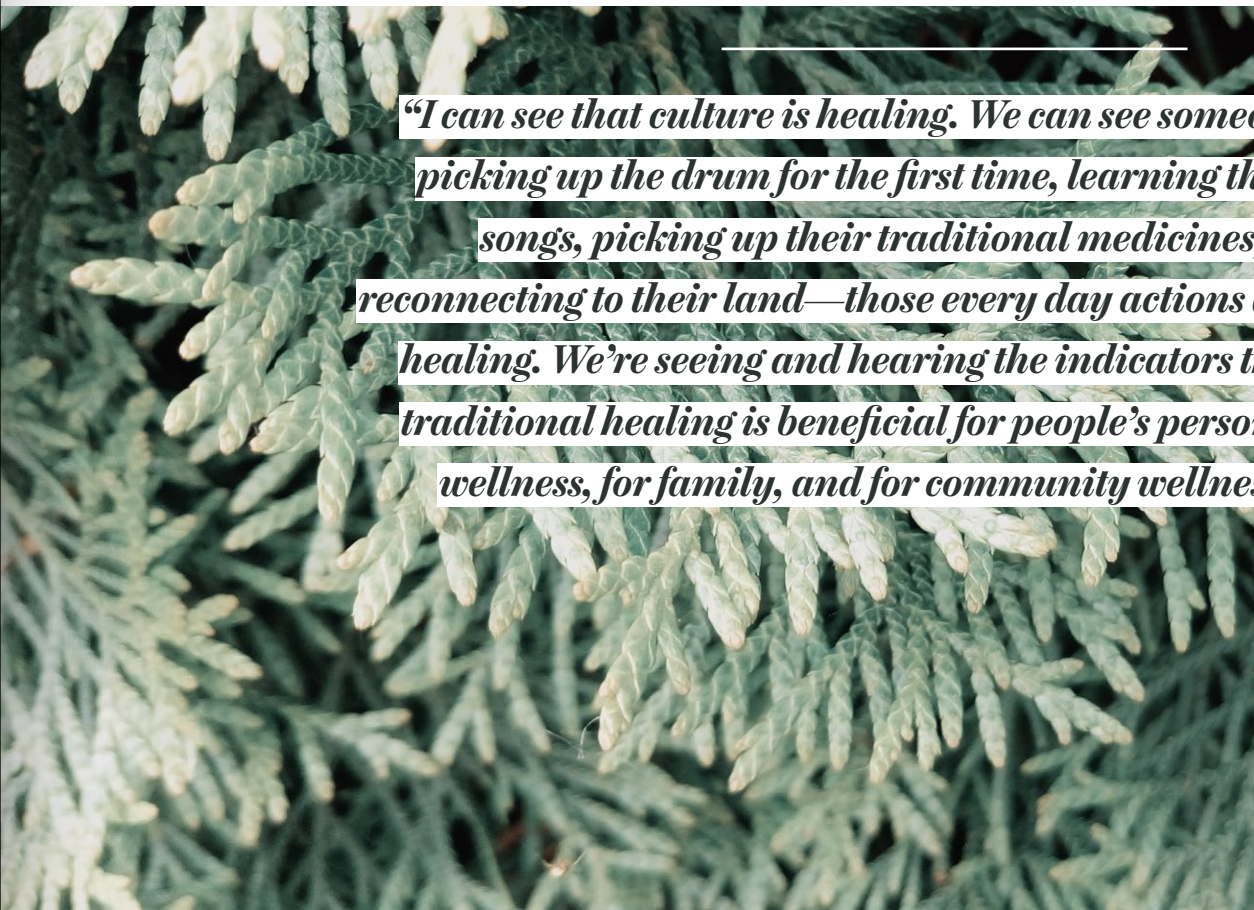
Her own interest in traditional healing began when she worked with Elders from the traditional territories in northern British Columbia to develop an Aboriginal health sciences program at the University of Northern British Columbia (UNBC).

“We would spend all of our summers hanging out with Elders, Knowledge Keepers, and traditional healers. They would basically train us like we would have been trained in the old days,” she says. “We were going out on the land or hanging out in their kitchens. We were taught to harvest and prepare the medicines and to honour our cultural protocols and then bring those same Knowledge Keepers and their teachings into the classroom for training students at UNBC who were interested in traditional healing methods.”

In recent years, traditional healing has become a more common topic of mainstream conversation, says Ms. Lewis. “I think it’s partly to do with the ongoing acceptance of integrating traditional healing into our Western system, or even uplifting that over and above the Western system,” she says. But social media has also had an effect. “Young Indigenous role models and influencers are

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*“I can see that culture is healing. We can see someone picking up the drum for the first time, learning their songs, picking up their traditional medicines, or reconnecting to their land—those every day actions are healing. We’re seeing and hearing the indicators that traditional healing is beneficial for people’s personal wellness, for family, and for community wellness.”*

promoting culture, uplifting holistic wellness, promoting traditional healing, and making it cool.”

Culture is the foundation of the FNHA and is embedded into all aspects of its work, said Ms. Lewis. All gathering, caucuses, and meetings are steeped in traditional ways of knowing and protocols that include prayer, territorial acknowledgements, songs, dances, and other traditions.

The FNHA is now looking at ways to integrate Indigenous practices into primary care, mental health and wellness, cultural safety, and all areas of the health and wellness system. There are challenges, including finding ways to ensure that the healers are compensated for their services and to have long-term and sustainable

funding that is based on a decolonized model of service delivery. That is one of the top priorities as traditional healing gains acceptance.

“I do this work because I can see that culture is healing,” says Ms. Lewis. “We can see someone picking up the drum for the first time, learning their songs, picking up their traditional medicines, or reconnecting to their land—those everyday actions are healing. We’re seeing a strong desire and need for access and connection to traditional healers. We’re seeing and hearing the indicators that traditional healing is beneficial for people’s personal wellness, for family, and for community wellness. We’re seeing the results.”

10



The land is  
*healing*

# NWAC's resiliency lodges: drawing healing power from the land

As they process the trauma of residential schools, the Sixties Scoop, an ongoing genocide, and other impacts of colonialism, Indigenous women, Two-Spirit, transgender, and gender-diverse people need places where they can access land-based healing. That is why NWAC has created two Resiliency Lodges and has plans to replicate them across Canada.

The land is healing.

"Learning about ourselves, learning about life, a lot of it is tied up with the land and other life forms," says Alma Brooks, the Maliseet Elder who runs the Wabanaki Resiliency Lodge, which is being constructed in New Brunswick by the Native Women's Association of Canada (NWAC).

As they process the trauma of residential schools, the Sixties Scoop, an ongoing genocide, and other impacts of colonialism, Indigenous women, Two-Spirit, transgender, and gender-diverse people need places where they can access land-based healing. That's why NWAC has created two resiliency lodges—opening the first in Chelsea, Quebec, in late 2020—and has plans to replicate them across Canada.

Each lodge will have a slightly different program focus, based on local need. But the aim is to allow those in search of healing to reconnect with the land in the ways of the Ancestors.

Wabanaki Lodge is slated to officially open in the spring of 2024, but is already being used for community gatherings and retreats.

"Construction on the gathering space is going pretty fast. They've got the walls up and the roof is on," says Ms. Brooks. "In the meantime, we're planting various kinds of trees—silver birch, butternut, wild prunes—and we've got the frame up for a small greenhouse."

It's all about "culture, agriculture, the way we eat," she says. "We're going to do a research project with a focus on nutritional value. How do we put nutrition back into our food? And we want to explore the various different growing methods, the traditional growing with mounds, and some new ideas that are coming out now. We want to explore all these different options."

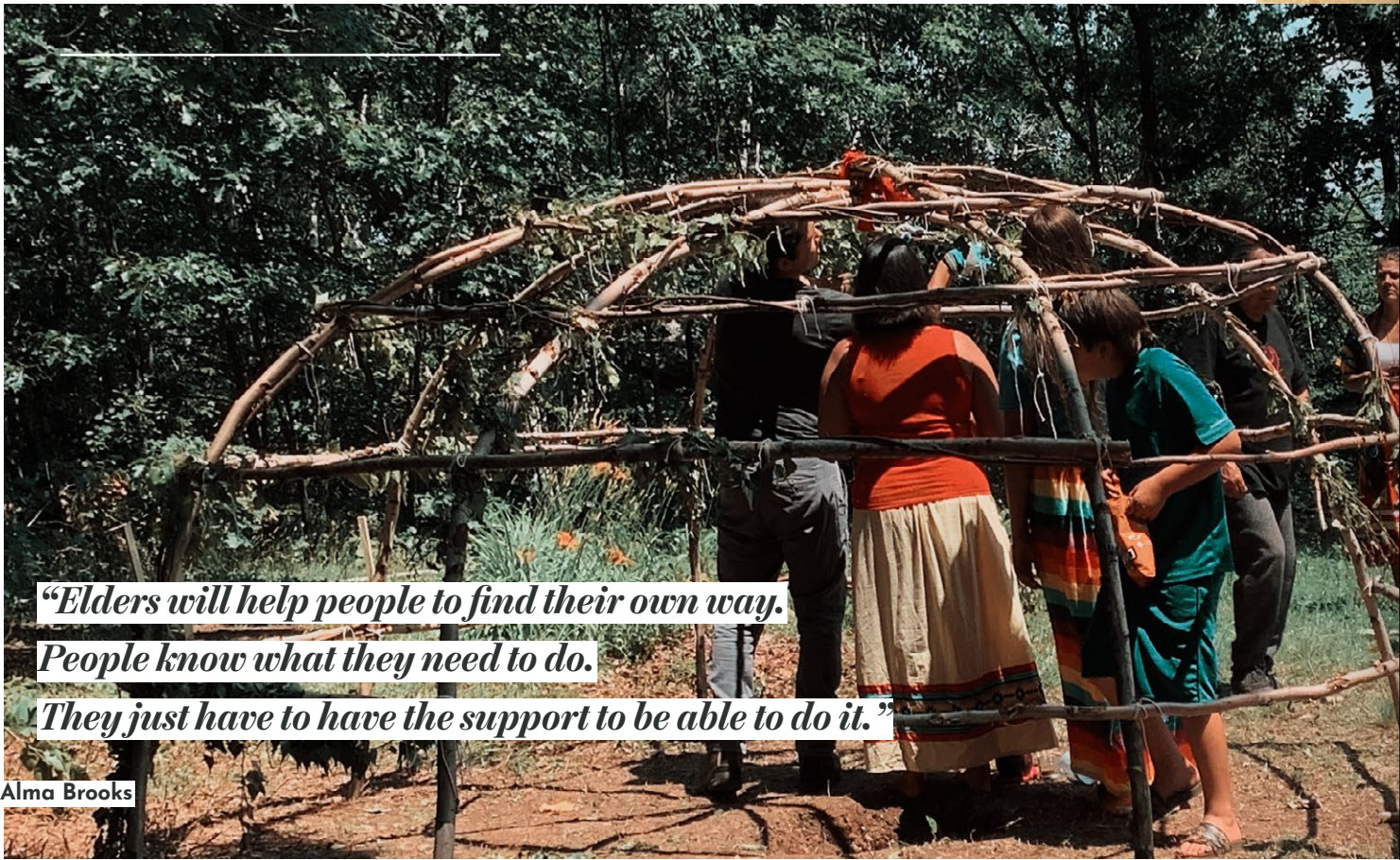
By June of 2024, she hopes to be planting highbush cranberries, elderberries, and hawthorn berries, "or anything that's edible or medicinal."

The object, says Ms. Brooks, is for those in need of healing to be "learning, and doing and growing and studying, and just being in a place that's healing and supportive." Those things have been lacking for too long in the lives of many Indigenous women, Two-Spirit, transgender, and gender-diverse people.

Wabanaki will be a place for day programs. But it will also offer extended overnight stays.

Ms. Brooks hopes the lodge will eventually be a place where Indigenous People can receive aftercare following a program of addiction recovery, which she says is one of the major needs of the First Nations in her region.

"They have treatment programs, but they're mainly for alcohol. And they're 28 days," she says. "It doesn't do anything for the addictions that we see in our communities. We need long-term,



*"Elders will help people to find their own way.*

*People know what they need to do.*

*They just have to have the support to be able to do it."*

- Alma Brooks

serious, professional, and traditional healing combined in a treatment program. And we need our own detoxification because, what happens now is (addicted people come out of) detox, and then they have to wait a month or two before they can get into a treatment program. So, what they have right now is not working."

The traditional healing at the lodge will be spiritually driven, says Ms. Brooks. Elders will "help people to find their own way. People know what they need to do. They just have to have the support to be able to do it."

Many spaces at Wabanaki are being created specifically for ceremony and healing, including a sweat lodge.

But the resiliency lodge is also about healing the land, says Ms. Brooks. "The Earth now is addicted as well. New Brunswick is absolutely saturated with glyphosate from all these companies that are using it during forestry." Finding ways to grow food and medicine that are free of that kind of contamination will be part of the work of the people who stay at the lodge.

When Ms. Brooks and the others at Wabanaki have the capacity to grow medicinal plants on a larger scale, they

could turn them into traditional treatments for sale at the Artisanelle boutique at NWAC's headquarters in Gatineau, Quebec.

But, even before that happens, the plants are providing traditional healing for the Wabanaki staff and visitors. For instance, Ms. Brooks says she has made a salve that alleviates the numbness in the extremities that can accompany diabetes.

Future plans are to expand to many kinds of tinctures, like elderberry oxymel, which is a cold and flu remedy. "It really works to protect you against viruses and flus," says Ms. Brooks. "And last year when COVID-19 hit, you couldn't buy it. It was all sold out."

The plant-based medicine will be an important part of the land-based healing offered at the resiliency lodges, says Ms. Brooks. "It's the vision."

"The object of the resiliency lodges is for those in  
need of healing to be learning, and doing and  
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that's healing and supportive."

- Alma Brooks



Photo: Pictured: Rennie Linklater,  
the Senior Director of Shkaabe Makwa

Photo credit: Shkaabe Makwa at CAMH

Centre for Addiction and Mental Health (CAMH)

*Going beyond the  
mainstream  
in treating  
Indigenous patients*

## Canada's largest mental health teaching hospital goes beyond the mainstream in treating Indigenous patients

Since 2000, the Centre for Addiction and Mental Health (CAMH) in downtown Toronto, Canada's largest mental-health teaching hospital, has been incorporating traditional healing in the treatment of Indigenous patients, and has been researching and developing better ways of adapting treatments to suit the unique cultures and experiences of the First Nations People, the Métis and the Inuit.

Traditional Indigenous healing can relieve physical ailments, but it is especially potent when applied to mental health and addictions in First Nations Peoples, Inuit, and Métis.

That is something the Centre for Addiction and Mental Health (CAMH) in downtown Toronto, Canada's largest mental health teaching hospital, recognized more than two decades ago. Since 2000, it has incorporated traditional healing in the treatment of Indigenous patients, and has been researching and developing better ways of adapting treatments to suit their unique cultures and experiences.

"We've been able to grow and develop treatment programs and specialized services and really come to better understand how we bring traditional healing to mainstream health care systems," says Rennie Linklater, the Senior Director of Shkaabe Makwa, a Centre of Innovation within the hospital that is committed to transforming the mental health system in ways that are founded upon the knowledge and expertise of First Nations People, Inuit, and Métis. Shkaabe Makwa means Spirit Bear Helper in Anishinaabemowin, and many Indigenous cultures on Turtle Island acknowledge the bear as medicine.

"When we're bringing in some of these treatment models that are coming from mainstream medicine, we really need to think through the efficacy for Indigenous Peoples," says Dr. Linklater, who is a member of Rainy River First Nations in Northwestern Ontario.

The move to incorporate Indigenous healing into CAMH's programs began at the turn of the millennium. That is when Peter Menzies, a social worker whose ancestral home was on Sagamok Anishnawbek First Nation, was hired as the initial manager of Aboriginal services.

That appointment came just two years after the Province of Ontario had created CAMH out of the amalgamation of the Queen Street Mental Health Centre, the Clarke Institute of Psychiatry, the Addiction Research Foundation, and the Donwood Institute.

Until that time, many Indigenous People with mental health issues were simply locked away, and those who were not locked away were

denied access to culturally responsive treatments, says Dr. Linklater. "The system was shifting in how they were delivering mental health services, which were very siloed," she says. It was the start of a new way of thinking about Indigenous mental health.

Dr. Menzies was tasked with building a team to deliver Indigenous services within the hospital, and with creating a facility that was welcoming of Indigenous patients and healing methods. He employed CAMH's first Indigenous social workers and hired an Elder.

In 2009, a clinical treatment room was renovated with separate venting systems to allow the burning of sage. In 2013, the same room was transformed into a Ceremony Room with cedar panels and a medicine wheel painted in the centre of the floor.

A ceremony in 2016 was held to seek permission and guidance from the Creator and the Ancestors to open Ceremony Grounds on the CAMH campus. And, by the spring of that year, there was a sweat lodge, a sacred fire, and medicine gardens.

The incorporation of culturally informed treatment into Western mental-health practices required significant support from CAMH's leaders, who implemented policies like allowing culturally related use of tobacco on the grounds of a tobacco-free hospital.

But it wasn't just the physical grounds that were undergoing a transformation. Inside the hospital, the ways of looking at Indigenous mental health and addiction were also changing.

CAMH reached out to communities to build better relationships with First



Nations, Inuit, and Métis leaders, political organizations, and service providers. In 2014, an Aboriginal Engagement and Outreach Team was established. Among other things,

**"We've been able to grow and develop treatment programs and specialized services and really come to better understand how we bring traditional healing to mainstream health care systems."**

**• Dr. Rennie Linklater**



Photo: Gathering on Indigeneity at CAMH

Photo credit: Shkaabe Makwa at CAMH

it provided training and professional development to mental health and addiction workers in Northern Ontario.

That evolved into Shkaabe Makwa, which was launched in 2020 as one of the new centres of innovation at CAMH, and is still providing that training through a provincial workforce development initiative.

"We have an important opportunity to incorporate culture and traditional healing practices into mental health and addiction recovery," says Dr. Linklater, adding that the history of Indigenous Peoples in this country during colonization has played a major role in those issues.

The CAMH staff is trained to understand that Indigenous People cannot always put words to their pain. "When people have been traumatized, there is an impact of silence that they often feel. They protect themselves in that way because they are doing what they need to survive," says Dr. Linklater. "Someone coming from a history

of assaults or oppression often builds a hard shell around themselves. We hope that can be softened with spiritual and cultural approaches, the use of traditional medicines and healers."

When a patient is admitted to CAMH, they are asked whether they identify as First Nations, Inuit, or Métis, and they are asked if they would like to be connected to Shkaabe Makwa. Staff members can also make referrals to the Indigenous programs if they believe a patient would benefit from working with the specially trained therapists and healers and having access to ceremony.

Shkaabe Makwa's scope includes strategic initiatives, patient care, and research and wellness innovation, which encompasses a wide range of provincial programs. It has hired researchers who live and work in First Nations communities. "We are building the capacity in communities," says Dr. Linklater. "And we are going to stay in the communities, rather than just researching, developing a mental wellness strategy, and then leaving."





Photo: Pictured: Sweat Lodge at CAMH  
Photo credit: Shkaabe Makwa at CAMH

CAMH has Indigenized a program called Project ECHO—Extension for Community Healthcare Outcomes—which is a virtual training and capacity-building model supporting health care providers as they deliver high quality, evidence-based, mental health and addiction care in their local communities. “Importantly, we understand that the evidence base for our ECHO includes Indigenous knowledge and Western biomedical approaches,” says Dr. Linklater. “I have long held that Indigenous healing practices are evidence-based.”

Indigenous Elders, experts, and service providers have collaborated on the development of a new Trauma and Substance Use Assessment Tool, which is currently being tested and validated. It is intended to capture the impact of historical and current trauma of an individual and its relation to their substance use, and then to formulate a culturally relevant assessment that would indicate an appropriate care pathway, says Dr. Linklater.

There are also Indigenous circles that patients can join, including drum circles. “We talk about the importance

of utilizing a drum ... it is really to connect them to their being, to be able to support them in a spiritual growth, and also to help them to be able to utilize their voice,” says Dr. Linklater.

The point of having traditionally based therapy is to give First Nations People, Inuit, and Métis who are experiencing mental health or addiction challenges the opportunity “to connect with their spirit, and to better understand their emotions and thought processes,” says Dr. Linklater. “That is why a wholistic approach to health and healing is critical.”

Photo: Kahontakwas Diane Longboat,  
CAMH Elder and Senior Manager, Strategic  
Initiatives at Shkaabe Makwa

Photo credit: Shkaabe Makwa at CAMH

*“When people have been traumatized, there is an impact of silence that they often feel. Someone coming from a history of assaults or oppression often builds a hard shell around themselves. We hope that can be softened with spiritual and cultural approaches, the use of traditional medicines and healers.”*

- Dr. Rennie Linklater

# Whitehorse General Hospital

welcomes Indigenous patients  
with traditional healing and  
medicine

*Yukon Hospitals offer one of the longest-running and most successful examples of what happens when Western health care incorporates Indigenous traditions and healing.*

Leaders of the self-governing First Nations in Yukon stood up more than 30 years ago to demand change to the unwelcoming culture that was greeting their people in the territory's hospitals.

As a result today, the Yukon Hospital Corporation (Yukon Hospitals) offers one of the longest-running and most successful examples of what happens when Western health care incorporates Indigenous traditions and healing.

Michele Thompson, Cultural Programs Coordinator, a member of Taku River Tlingit First Nation, and a Sixties Scoop survivor who has been working with the First Nations Health Programs since 2010, says Indigenous patients and their families drop by her office to say their experience would have been far more challenging without the comforting presence and culture of their communities being integrated into their loved one's care.

The Indigenous patients at Yukon Hospitals have experienced residential-school and other traumas of Western institutions.

"We are asking, "how do we make it safe for you to be able to receive care?" That is the goal," Ms. Thompson said in a recent interview. "Our work is to bring cultural safety to our hospitals."

The First Nations Health Programs was initiated in 1993 when Yukon First Nations sat with the Government of



"Some of the  
First Nations  
people are  
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'I don't trust or  
understand  
your medicine.'"

- Michele Thompson



Photo: Outside the Nā Kū

Photo credit: Cathy Archibald

Canada, Health Canada, and the territorial government to negotiate self-government.

"When the First Nations were at the table, they raised concerns about the hospital and they said 'our people are suffering, our lifespans are low, and we're not doing well over here. We're being treated poorly in the hospital, we want change,'" says Ms. Thompson. "Out of the self-governing agreements, programs and services to serve First Nations were developed and written into the *Hospital Act*, including traditional medicine, traditional foods, interpretation services, and liaison worker services.

Traditional medicine was incorporated into hospital programming to make culturally appropriate healing a regular part of the care for Indigenous patients.

One area that First Nations Health Programs was able to improve was incorporating ways of knowing into end-of-life practices. When a First Nations person dies, "it is our tradition for family to gather," says Ms. Thompson.

To the First Nations People, family is not limited to parents, siblings, and children. It means aunts, uncles, cousins, and community members. The community is the family.



Photo: Michele Thompson

Photo credit: Gary Bremner Photography

*“If their family member brings them creek water with cedar, they understand exactly what they’re taking. They know what the benefits of it are. They’re much more comfortable to drink that medicine than they are to take a pill.”*

“Prior to 1993, if an Indigenous patient was in the hospital passing away and the family was grieving, the staff would walk by and say, ‘excuse me, you’re really loud’ and ‘you’re disrupting other patients,’” says Ms. Thompson. “Family would overflow the room. Then they were in the hallway and staff would come by and say, ‘excuse me, you’re crowding the hallway, you have to get back in the room’ or ‘could you leave.’”

When the First Nations Health Programs was introduced, a healing house, Nā Kū, meaning “house of

healing” in Southern Tutchone, was constructed where Indigenous ceremonies and gatherings could take place with no interruptions.

“Now, when a patient passes away, we talk to the family and, if they choose, we can bring their loved one down to the Nā Kū and we will facilitate any gathering or ceremony here that the family wants in a sacred space,” says Ms. Thompson.

But the program is not just for palliative care. It is for all First Nations People who find themselves at Yukon Hospitals.

“Often when patients come from a community into Whitehorse, it can feel like Vancouver to them. The city is so noisy, it’s so busy, it’s so crowded and they’re completely not used to that,” says Ms. Thompson. “The job of the First Nations Health Programs team is to help maintain culturally safe space while they are in hospital.”

All patients arriving at admitting are asked whether they would like to identify as First Nations, Inuit, or Métis.

Workers from the First Nations Health Programs team will then visit them

every day to ask how they are doing, how long they expect to stay, and whether they have any traditional needs. The team members can offer a wide range of traditional medicines from teas, to pitch, to salves. They can also arrange for smudging, other special ceremonies, or traditional meals from our wild game menu.

"Western medicine says, 'here's a pill, here's a cream, here's what you need.' And some of the First Nations People are thinking, 'I don't trust or understand your medicine. And I don't like taking pills.' Maybe an aspirin hurt their stomach once so they are not comfortable with pills," says Ms. Thompson. "But if their family member brings them creek water with cedar, they understand exactly what they're taking. They know what the benefits of it are. They're much more comfortable to drink that medicine than they are to take a pill."

All traditional medicine is given in a collaborative discussion with the attending physician who is prescribing Western medicine.

Because Yukon is sparsely populated, the First Nations People can come from hundreds of kilometres away, and traditions vary from place to place.

If an Indigenous person is required to stay in the hospital for an extended period of time and they want to use their traditional medicine from home, we can help make that connection, says Ms. Thompson.

When First Nations mothers have their babies at the hospital, they are given a pouch of loose tea blend plant medicines to help with post-partum healing. The new parents also receive a navel cord bag (a small, beaded leather bag) and are encouraged to talk with their Elders on cultural teachings. One example is keeping the bag for a year, sometimes worn by the mother, and then there are actions to be taken on the child's first birthday that will help guide their future. For example, if you bury the umbilical cord near a beaver dam, your baby will be a hard worker," she says.

Ms. Thompson also provides a monthly orientation to incoming hospital staff, who are required to take mandatory Yukon First Nations training as part of their employment.

The program at her hospital is an example that others across the country are starting to follow, she says. "First Nations Health Programs are not in every hospital across Canada. But I think these services are really necessary."



Photo: Yvonne Jack, a Traditional Medicine practitioner inside the Nā Ku

Photo credit: Cathy Archibald

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traditional healing

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## *traditional* PALLIATIVE CARE

Indigenous People who are nearing the end of their time on Mother Earth benefit from traditional practice in ways that Western health care cannot provide

Palliative care takes on a different meaning for people who do not believe life ends when the heart stops beating. For that reason, Indigenous People who are nearing the end of their time on Mother Earth benefit from traditional practice in ways that Western health care cannot provide, says Maisie Smith, a certified counsellor of Tlingit and Northern Tutchone descent who lives in Yukon and who combines traditional ways of knowing, being, and doing with mainstream counselling practices.

Western-style palliative care focuses on death and dying. But “our people don’t believe that your life ends when you transition. We don’t even use the words *end of life*. We say transition,” Ms. Smith said in a recent interview. “I believe, and I know our people believe, that we are spirits on a human journey.”

## EARTH

Snowy boreal forest taiga winter wilderness landscape of Yukon Territory, Canada, north of Whitehorse (Shutterstock)

## FIRE



## AIR



## WATER



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Ms. Smith points out that Indigenous Peoples come from an oral history, which means there are variations across all nations, communities, and individuals on Turtle Island in their beliefs and how they view palliative care, death, and dying. She says her thoughts reflect but one version based on her lived experience working with her people.

For many Indigenous Peoples, the cultural connection cannot be bridged with Western-style palliative care. They need someone who shares their beliefs, and whom they can trust with their innermost feelings and thoughts as they prepare for returning to the Spirit World. But those options are not always available to them in the Western medical model or institutions.





"I believe my Ancestors and the Creator speak through me. It's with their help and guidance that I do this work. I do it from a very humble place."

- Maisie Smith

Photo: Maisie Smith

"When you come into this world, you're given the gift of a light or spirit or whatever you want to call that. That's the gift that the Creator gives you from the moment you are conceived," says Ms. Smith. "Eventually, at some point the Creator calls us home. And that gift, that light, that we were initially given when we came into this world, goes back. Because we believe that we go back to the Spirit World. So that's not an end of life. We continue on, and our People also believe that we can come back again."

Ms. Smith calls her counselling practice Ch'áal' X'aayí Aa Kunéix'tl Yé, which translates into "Willow Point Place Where One Is Healed" in the Tlingit language. She has rooted her methods

in the 94 Calls to Action of the Truth and Reconciliation Commission and the United Nations Declaration on the Rights of Indigenous Peoples.

"When I did my master's degree, I looked into what works to help our people heal," says Ms. Smith. "And a lot of Indigenous scholars throughout Turtle Island said that our Indigenous traditional healing practices were what needs to come back for our People to heal."

That includes educating non-Indigenous people in palliative care and what that looks like for Indigenous Peoples, which Ms. Smith offers in her private practice.

She worked for several years at the Whitehorse General Hospital, which has a First Nations Health Program. She has also worked with Elders in continuing care.

"Every day when I get up in the morning, I say a prayer to the east because that's what I was taught by my Elders and by healers," says Ms. Smith. She also prays to her Ancestors for guidance and support.

"I don't go out there with the belief that what I say is just me. I can't take the full credit. I believe my Ancestors and the Creator speak through me," she says. "It's with their help and guidance that I do this work. I do it from a very humble place. This is heart-driven for me. I care very much about our People. And I've seen

what (colonization) has done to my family. I've seen what's been done to my community, to all of our nations around the world that have been colonized. So, for me, this has a lot of meaning."

Part of her goal is to break through the barriers imposed by Western society that make the transition to the next world less culturally appropriate for Indigenous patients. Non-Indigenous palliative care workers often lack the understanding of Indigenous culture that is required in the care they offer for First Nations, said Ms. Smith.

For instance, many First Nations People do not want to talk about death or dying because they believe talking about those things can bring it on. This is a teaching Ms. Smith learned from her parents.

Cases in which the patient has dementia can add additional layers of complexity, especially if that person has been traumatized in a non-Indigenous institution like a residential school. People with dementia have long-term, not short-term memory.

"Some continuing care facilities look just like the residential schools," says Ms. Smith. "So, then the (palliative care patient) with dementia becomes combative because they are triggered, and the people working with them can't figure out why are they

being so difficult. Well, it's because they've gone back to a place where they've been traumatized, and they think that they're going to be assaulted or hurt again."

But it also comes down to whose agenda this is, she says. If a non-Indigenous palliative care worker arrives in an Indigenous community with a computer in hand, forms to be completed, and demanding information from a First Nations person who is facing the end of their earthly life, they may not get a great response.

"We're talking about something that's very sensitive, very personal, and very spiritual," says Ms. Smith. "When you have somebody who is not Indigenous, someone who is white, who is coming into your community and talking to you about something that's very personal and private, you're not going to just sit there and open up and just let everything out."

Ms. Smith says she often finds it takes 10 or more sessions with a client to establish the trust that allows them to be comfortable in sharing their feelings.

Non-Indigenous medical workers may also inadvertently violate Indigenous protocols — like the one that says a male nurse should not be helping an Indigenous woman with her hygiene.

Or they may not understand ceremony. Ms. Smith

says families sometime place the four essential elements—earth, fire, air, and water—in the room of their palliative loved ones. The air and the earth are there naturally, but the fire may take the form of a lit candle and the water might be placed in a cup. “For example, one time one of the cleaning people came in and thought it was just a cup of water and was going to take it out and spill it. I had to stop them and explain what the water was for.”

The medical staff may also misinterpret an Indigenous person’s behaviour as they transition. Ms. Smith points to the case of a woman who was a prominent Elder who, in the final stages, would talk to family members in English but in her Indigenous language to the Spirit World—to others in her hospital room who only she could see and hear.

“When she was talking in her language, she was talking to her Ancestors,” she says. “The doctors may think, ‘Oh, she’s delusional, it is the chemicals in her brain.’ No, it’s not. We believe our Ancestors come for us to help us on our journey back to the Spirit World.”

There are also issues around who may attend a transition to the Spirit World when the physical death takes place in a hospital setting. Medical staff can become anxious when a whole community arrives to be with the family that is losing someone. Or the opposite can happen. They may question why no family members are turning out to be with someone at the end of their time on earth.

“But, if you were one of the people who went to residential school ... and that little inner child inside of you is still angry and upset because mom or dad sent me away to residential school, even though the adult part of you can say ‘I understand this history,’ it may be hard for you to be there.” says Ms. Smith. “Survivors of residential schools may also not be able to show or share their emotions, such as compassion, love, and caring because they were never taught this in these schools—so how do you offer support to your palliative family member when you’re not comfortable or do not know how to do this?” All this must be explained to nursing staff.

Western philosophy breaks things down into boxes, says Ms. Smith. But in the Indigenous world, she says, everything in life and the afterlife is interconnected. The Western world thinks in linear fashion. But “In the holistic world of how Indigenous Peoples look at things, it’s not seen that way.” And that can greatly affect the needs of Indigenous People at the time of their transition.

Ms. Smith says the research she did for her master’s degree found that “that traditional healing practices are just as valid, if not more valid than mainstream Western practices. But the powers that be don’t allow for this in all cases. And my response has always been that we are not in a place of reconciliation yet if government continues to say what that reconciliation looks like and does not allow for our people to sit at the table, to work in collaboration, and say this is what it needs to look like. We need our voices to be heard and validated and supported for reconciliation to move forward.”



Yukon Canada,  
taiga wilderness

*"When you come into this world, you're given the gift of a light or spirit or whatever you want to call that. That's the gift that the Creator gives you from the moment you are conceived. Eventually, at some point the Creator calls us home. And that gift, that light, that we were initially given when we came into this world, goes back."*

- Maisie Smith

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Photo: Bottom cedar, top left tobacco, center sweetgrass, right white sage Photo credit: Rob Todd

# plant-based *medicines*

# The power of plant-based medicines: Sharing First Nations' healing in salves, smoke, and tinctures



As interest in traditional Indigenous plant-based medicines grows, the owner of a Quebec-based distributor talks about some of the most popular varieties.

When Robert Todd and his wife, Joywind Kromberg, began selling their handmade crafts decades ago, they knew a lot about traditional medicines but would not offer them to paying customers.

Ms. Kromberg, who is Secwépemc, was raised to trust the healing power of the medicines of her community. And Mr. Todd, who is non-status First Nations, learned much about their effectiveness over the years.

But tradition said medicines were not to be shared for money. "I was fairly dogmatic" when someone would ask for plant- or animal-based remedies, says Mr. Todd. His answer was always: "No, I'm sorry. We don't do that."

Then a woman who wanted a drum changed his thinking.

Ms. Kromberg and Mr. Todd had been travelling and selling traditional crafts for many years. They gave up other careers to focus on the things that made them happy and to live a life that was heavily influenced by their Indigenous ancestry.

"We decided we wanted to really commit to this as our life goal, and as a way of providing for ourselves and our family," says Mr. Todd. "We were making powwow drums, making hand drums, doing

a lot of leather work and dream catchers, and we were travelling the powwow trail. For a long time, we were travelling North America year-round."

They started a company called Tribal Spirit Music, which is now based near Mont Tremblant in Quebec.

At one powwow, they met a woman in a wheelchair. She was paraplegic and could barely move her hands. But she loved to touch the drums made by Ms. Kromberg and Mr. Todd, and she kept saying "I want to get a drum, I want to get a drum."

They met the same woman a year later, and she still wanted a drum. Then, the following year, she explained she had been told by an Elder that, according to tradition, she was not allowed to purchase a drum so she would have to make her own.

"She wasn't able to move her wheelchair by herself," so she could not possibly make her own drum, says Mr. Todd.

Drums are medicine, so she was effectively being told she could not use her medicines, he says.

"And I was like, 'Oh my God, what are we doing? This is not sensible. You need to get a drum as quickly as possible. Here's your drum. And we gave her a drum.'"

That is when it dawned on him and his wife that maybe it did make sense for them to sell their plant-and animal-based medicines.

They also realized that trading is part of First Nations culture. "We trade for food, we trade for labour, we trade for all kinds of things. We sometimes also trade for currency," says Mr. Todd. "And there's an understanding that, especially with First Nations having a larger urban experience, many First Nations people don't have access to all of the traditional medicines that we would have had 500 years ago."

So, medicines are now a significant part of Tribal Spirit's business.

Mr. Todd and Ms. Kromberg purchase them from harvesters and then resell them across North America to a clientele that is 98 per cent Indigenous. "We have a whole bunch of families that rely on us to help them share their medicines," says Mr. Todd. "The Internet helps with this because we exchange information so much better than we did 20 years ago."

Interest in traditional medicines is growing, he says. This past summer, Tribal Spirit sold out of sage in three days and Mr. Todd called the harvester to jokingly ask for another 1,000 pounds. That would not have happened 15 years ago. "These medicines are harvested so carefully and so well, that we just always sell out of everything that we have," he says.





*“We were making powwow drums, making hand drums, doing a lot of leather work, and dream catchers, and we were travelling the powwow trail. For a long time, we were year round travelling North America year-round.”*

- Robert Todd

# Plant-based medicines



The range of traditional medicines is huge. But the “big four” are tobacco, sage, sweetgrass, and cedar.



## Sweetgrass

The sweetgrass sold by Tribal Spirit is harvested by two families working together in Saskatchewan. “Sweetgrass is all about inspiration, illumination, bringing in the Spirit,” says Mr. Todd. Some Traditional Knowledge suggests it must be pulled out by the root, but that kills the plant. So Mr. Todd buys sweetgrass that has instead been carefully plucked, which keeps the plant healthy and regrowing year after year.



## Bear root (pictured)

Bear root is a lung and throat medicine. At Tribal Spirit, they take the bear root they buy from a harvester in the Kootenays and mix it with honey to create a remedy for colds and sore throats. “I recently had an opera singer purchase some and he said you should be marketing this for singers,” says Mr. Todd, who said the man was astonished at how effective it was at healing his damaged vocal cords.

## Bear grease (not pictured)

“We’re huge proponents of bear grease,” says Mr. Todd. “We live in the Laurentian mountains where there’s a legal bear hunt in the spring and the fall. And we have made connections with butchers all around the area who save for us both the skins and the bear fat.” Bear grease is taken internally to break very high fevers. Externally, it eases skin issues like eczema and psoriasis. And powwow dancers love it because it helps reduce pain in the knees.





## Tobacco

Tribal Spirit is not permitted to sell tobacco in Canada, but Mr. Todd says he and his wife have a supplier who provides them with organic, full-leaf tobacco, for their own private use and for sharing with friends. "We offer tobacco for everything," he says. "We offer tobacco when honouring the spirit, honouring the Creator. We give thanks to the day, we give thanks to our medicine, we give thanks to our Elders with Asema (the Anishinaabe name for tobacco)."

## Sage

Sage is the cleansing medicine, often used in ceremony. Tribal Spirit sells a number of different sages that are harvested in different places across North America, including white sage, prairie sage, and mountain sage. "We cleanse ourselves, we open our hearts and spirits, before ceremony with sage," says Mr. Todd.



## Cedar

Cedar is used to heal the Spirit and for calling on the Ancestors for healing, says Mr. Todd. But it also has a number of other beneficial effects and different First Nations use it for different purposes.



# Cannabis, the natural healer:

Billie-Lynne Hillis incorporates the recently legalized drug into trauma and addiction treatment

*Traditional healers like Billie-Lynne Hollis are incorporating cannabis into their work to treat a wide range of physical and mental issues, including addictions*

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In September, when the earth's colours were turning from green to gold and red, Billie-Lynn Hillis was at Naskapi First Nation in northeastern Quebec to facilitate a retreat in which six of the community's men gathered to confront their trauma and addictions.

Among the medicines Ms. Hillis uses in her healing programs is cannabis.

Ms. Hillis, who is descended from a Cree tribe in North Battleford, Saskatchewan, but was raised with her non-Indigenous father, is a therapist, healer, teacher, and plant medicine guide.

It was her own addictions that helped her to find her calling. As a child, she says, she suffered through significant trauma and did not have her spiritual or emotional needs nurtured.

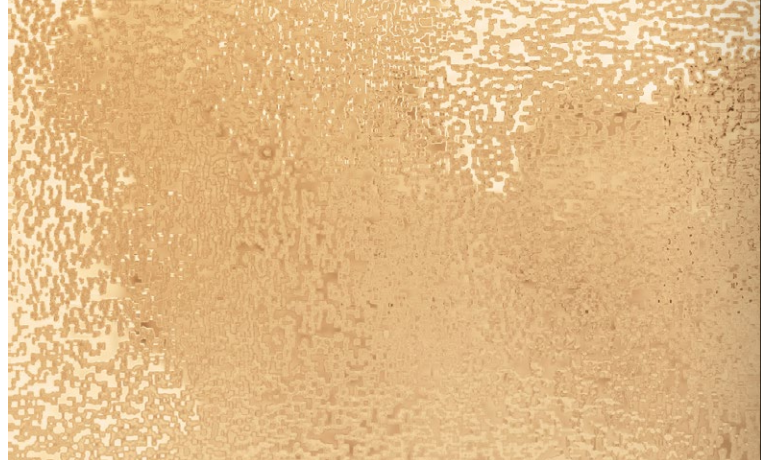


Photo: Billie-Lynne Hollis

Photo credit: Brittany Leigh



Photo credit:  
Brittany Leigh



"I spent about 10 years heavily addicted to cocaine and alcohol, living homeless. I found my way into sobriety in my early 20s," says Ms. Hillis. "My first sponsor in AA was an energy healer who opened me up to the concept that I could use the gift of sight that I had to help people heal. It's been a journey since then of studying and mentoring. I started in the world of energy medicine and yoga. I then transitioned more into my native roots, my Indigenous roots, and started studying shamanism and plant medicines and more Indigenous teachings."

In her first 10 years of recovery, she tried yoga and meditation and ran a yoga studio and energy-healing practice. She also worked in psychiatric nursing.

But then she relapsed ...

"That relapse helped me to realize that I needed to do some deeper trauma healing. And that led me to shamanism and plant medicine," says Ms. Hillis. "It's really where I went in a desperate attempt to heal myself. That led me to find these teachings and these modalities, and I know they work because they worked for me. And I was a desperate case."

Over the past two years, she has been working with the Naskapi Nation of Kawawachikamach on the Quebec border with Labrador. The retreat in September was held on the Naskapi's traditional hunting grounds in Labrador and, as she spoke to Kci-Niwesq, a sweat lodge for the participants was being erected behind her.

Ms. Hillis helps her clients—both Indigenous and non-Indigenous—understand what is happening energetically that is being reflected back to them in their health and their lives. Among other things, she uses medicines to help people process and release their trauma, and then create space for healing. Cannabis is part of that.

"Many years ago, I was diagnosed with an autoimmune disease. And part of the healing journey was realizing that the disease was a manifestation of trauma, of unhealed trauma in my body. So, I sought out a shaman who introduced me to plant medicines. And when I speak of plant medicines, I speak mainly of psychedelics—cannabis, ayahuasca, psilocybin," says Ms. Hillis. "What I'm dedicating my work to now is bringing these medicines to treat issues that we can't treat with Western medicine."

NWAC has compiled information about cannabis for Indigenous women, girls, Two-Spirit, transgender, and gender-diverse people. It says most studies that assess the effectiveness of cannabis in healing are still at an early stage, but the growing body of evidence suggests—and the medical community recognizes—that cannabis is helpful for managing a wide range of physical and mental symptoms, including mood, sleep, and eating disorders, as well as pain and addiction.

Chief Del Riley, the former president of the National Indian Brotherhood and a survivor of both the Indian residential schools and cancer, says cannabis has been helpful.



*“Part of my work is connecting with the spirit realm, and receiving guidance and messages and translating that to my clients. And cannabis allows me to easily connect with that spirit realm. connect with that spirit realm.”*

**- Billie-Lynn Hillis**

“I refuse to take pills. I’ve seen so many people who were addicted to the pills and who have used cannabis to get off them,” Chief Riley said in an interview. “It’s not addictive. And that’s the beauty of it. It doesn’t make you crazy.”

But cannabis is also a sovereignty issue, says Chief Riley, who has written an autobiography called *The Last President*, which is about Indigenous treaty rights.

When the federal government was looking at how to make cannabis legal, he says it did not consult with the First Nations. As a result, the provinces have the right to license its sale, but the provinces have no say on what happens on First Nations, and they have no right to tell Indigenous People how it can be sold, says Chief Riley.

“All of the plants in North America were really medicine for First Nations people,” he says. “And it’s our determination of what is good or what is bad. And there’s no way (the colonizers) can determine what is or isn’t good for us.”

Ms. Hillis says that, like Chief Riley, she has not taken a pharmaceutical medication in more than six years. “For me, CBD and cannabis treat all of the symptoms of my fibromyalgia. They also help me spiritually. Part of my work is connecting with the spirit realm, and receiving guidance and messages and translating that to my clients. And cannabis allows me to easily connect with that spirit realm.”

Microdosing cannabis can relieve the symptoms of many physical ailments, she says. But, there is a stigma around

it, including on First Nations where it is often used recreationally but not as much as it could be for healing. "We are seeing it being used to transition people off of alcohol successfully," says Ms. Hillis. "When it's used as a microdose, it can assist people in the detox and withdrawal phase. It helps them regulate their nervous systems."

Cannabis was also introduced to the men who took part at her September retreat in Naskapi.

"The first five days is a lot of detoxing and withdrawing from the various addictions, and then we start introducing different practices like breathwork and energy healing and sound therapy and meditation," says Ms. Hillis. "And then, about day five, we start taking them into medicine ceremonies, including cannabis. So they'll receive three different medicine ceremonies," which are followed by cultural events on the remaining days.

She hopes to bring this program of intensive healing to other First Nations. "I'm committed to trying to bring the ReTurn to YourSelf Program offered by Gaia Wellness Retreats into as many communities as possible, to help people heal and to meet them where they're at with these tools and these practices."



Photos: Billie-Lynne Hollis  
Photo credits: Brittany Leigh



# *traditional healing*

Embracing the spectrum of traditional Indigenous healing: From coast to coast to coast, Indigenous people are returning to the healing methods trusted by their ancestors. And Western medical institutions, from mental health facilities to full-service hospitals, are incorporating traditional Indigenous medicine to help First Nations, Inuit, and Métis patients feel comfortable in seeking care.





# KCI-NIWESQ

is the magazine of the Native Women's Association of Canada (NWAC). Its objective is to highlight the work of the organization and to tell the stories of the Indigenous women of Canada.

NWAC, which was founded in 1974, is a national Indigenous organization representing First Nations (on and off reserve, with status and without), Métis, and Inuit women, girls, and gender-diverse people in Canada. Its goal is to enhance, promote, and foster the social, economic, cultural, and political well-being of Indigenous women within their respective communities and Canadian society.

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