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

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Bonnie Duran DrPH
Director, Center for Indigenous Health Research
Indigenous Wellness Research Institute www.iwri.org
Associate Professor, Department of Health Services
School of Public Health, University of Washington
Indigenous Wellness Research Institute
Issues at Hand

• Has western knowledge production contributed to health inequities?
• Is there a power/knowledge episteme of public health that replicates colonial relationships?
• Can Indigenous communities, other communities of color, public health advocates and allies use partnership opportunities and research spaces for indigenous knowledge development?
Presentation Objectives

• New *western* scholarship about pre-colonized America’s

• Define Modernity/Coloniality Episteme

• Examples of colonizing research

• Decolonizing research and practice: CBPR and the space for indigenous knowledge development
Emerging western scholarship about pre-contact America

• In 1491 there were more people living in the Americas than in Europe.

• Indigenous people in the America’s transformed their land so completely that Europeans arrived in a hemisphere already massively "landscaped" by human beings.
Emerging western scholarship about Indigenous knowledges

- Pre-Columbian Indians in Mexico developed corn by a breeding process so sophisticated that a "Science" author described it as "man’s first, and perhaps the greatest, feat of genetic engineering."

AGRICULTURE Prehistoric GM Corn Nina V. Fedoroff
[DOI:10.1126/science.1092042]
Emerging western scholarship about Indigenous knowledges

- Tenochtitlan, the Aztec capital had a far greater population than any contemporary European city, and unlike any capital in Europe at that time, had
  - running water
  - beautiful botanical gardens
  - immaculately clean streets
“We all have been taught what the human species gained by the European invasion of the Americas. Now we have to consider what we, all of us, lost.”

Alfred W. Crosby, author of Ecological Imperialism and The Columbian Exchange, Professor Emeritus of Geography, American Studies and History, University of Texas
A Western Modernity/Coloniality Episteme

• *Genealogy:* 17th Century No. Europe Reformation thought, Enlightenment, French Revolution crystallized in 18th Century into “Modernity/Coloniality” and consolidated within the Industrial Revolution and motivated, in part, by colonization

• *Philosophically,* emergence of the notion of “Man” as the foundation for all knowledge & order, separate from the natural and the divine *teleological action*

• *Culturally,* Lifeworld is subsumed by forms of expert knowledge linked to capital and state administrative apparatuses (Foucault's disciplines)

• *Sociologically,* rise of nation-state institution, knowledges for material reproduction

Indigenous and Subalterns studies scholars in the America’s, India, the Atlantic, Poststructuralists, Critical theorists.
Characteristics of Coloniality/Modernity Episteme

1. Modern Western reason is **emancipatory**, *BUT* modernity’s “underside,” namely,
   a) the imputation of the superiority of European civilization,
   b) assumption that Europe’s development must be followed unilaterally by every other culture

2. Western knowledge worldview - human development is a master narrative requiring the congruence of other cultures.

3. The West determines fitness for world citizenship is based on Western knowledge that decides the criteria for what is reasonable and what is not reasonable.

4. Globalization: all world cultures and societies are reduced to being a manifestation of European history and culture.
### Foundations of Epistemes*

<table>
<thead>
<tr>
<th>Coloniality-Modernity</th>
<th>Post-Coloniality</th>
<th>Indigenous Episteme</th>
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<tbody>
<tr>
<td>- Starts in Greece and Rome</td>
<td>- Starts in Greece and Rome</td>
<td>- Starts with a critique of the limits of Eurocentric knowledge hegemony of “science” as truth: Provincialism as Universalism</td>
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<td>- Rooted in rhetoric of salvation and progress</td>
<td>- Privileges “newness” in the archaeology/chronological history of European ideals</td>
<td>- Epistemic disobedience as a set of projects that focus on the common effects of the experience of colonialism</td>
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<td>- By necessity creates condemnatory logic, savage, primitive, marginalized</td>
<td>- Subjectivities created in language and history</td>
<td>- Shifts the geographies of reason</td>
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* From at least a “post” perspective

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Foucault’s Episteme as power

• defines episteme historically as the strategic apparatus which authorizes
  • separating out from among all the statements which are possible
  • those that will be acceptable in a field of “scientificity” and
  • which it is possible to say are true or false or “meaningless” * or meaningful...

Michel Foucault, Power/Knowledge (1980, p.197)

*My addition - borrowed from Sami Scholar Rauna Kuokkanen
Assumptions of Western Episteme

- Western values and culture are universal and the pinnacle of social evolution;
- Science is neutral;
- Subjectivity is universal and transparent;
- Resistance is ignorance;
- Learning is uni-linear.
Western Knowledge Construction and Examples of Epistemic Power

Colonial Research Practice: Examples of Knowledge/Power Nexus
Indigenist Critique of Western Episteme’s

Research

Controlled

History is written by people in power
Apparatus of Colonization

• Colonization -
  • Geographical incursion
  • Ideological “stories” about race & skin color
  • Socio-cultural dislocation
  • External political control
  • Provision of low-level social services

• Governance of “frontier” by ‘central’ authority
• Main governance institutions:
  • Church
  • Medicine/Public Health
  • Education/Research
  • Business/Industry

• Both similar and different from larger global imperial projects

“Colonial Narratives ” as Federal Indian Policy

- Assimilation and Allotment 1870-s - early 1900s
  - 1880’s Growth of BIA boarding schools
  - 1883 Some Traditional Medicine Outlawed
  - 1887 Allotment Act abolishes group title to Native land

“Medical” Rationale for Assimilationist Boarding Schools

“Promiscuous sexual intercourse among the unmarried of the Apache Indians is common. They are polygamists. The women are unclean and debased. The Navajos, a branch of the Apache tribe, live in the rudest huts and lead a drunken worthless life. The women are debased and prostituted to the vilest purposes. Syphilitic diseases abound....”

Rhetoric of salvation and progress

• “it seems ..a reproach upon Him...that she should be the most poorly prepared ..for the reproduction of her kind...”

Some Sacred Objects of the Navajo Rites.

By Washington Matthews, Surgeon, U.S. Army.

Some one has said that a first-class museum would consist of a series of satisfactory labels with specimens attached. This saying might be rendered: "The label is more important than the specimen." When I have finished reading this paper, you may admit that this is true in the case of the little museum which I have here to show: a basket, a fascicle of plant fibres, a few rudely painted sticks, some beads and feathers put together as if by children in their meaningless play, form the total of the collection. You would scarcely pick these trifles up if you saw them lying in the gutter, yet when I have told all I have to tell about them, I trust they may seem of greater importance, and that some among you would be as glad to possess them as I am. I might have

- The basket drum
- The drum stick
- The Plumed wands
- Kethawns
- Sacrificial Cigarettes

SUPPLANTING THE MEDICINE MAN*

By Arthur E. Middleton, Chief of Construction Section, Indian Bureau, Interior Department, Washington, D. C.

Not so long ago that the period and conditions are reminiscent or unfamiliar to those individuals who have aided and are still aiding in the moral, spiritual and physical advancement and perpetuation of the Red Man, the fight against disease was waged under the most trying disadvantages.

Then the Indian had just begun reluctantly and doubtfully to yield to the influences of civilization and, though accepting some of its customs, still clung with tenacious hold to the ideas and habits formed in the early history of the race and regarded with mingled skepticism and fear.

Several exceptions, in the vast region extending from the Mississippi River to the Pacific Ocean and from the Gulf of Mexico to the Canadian border. The exception referred to are the hospitals located at Carlisle, Pa., Cherokee, N. C., Mount Pleasant, Mich., Hayward, Keshena and Oneida, Wis.†

The school hospitals are designed solely for the treatment of children and the typical plan usually provides two separate wards for the sexes with screened and glazed porches adjunct thereto, convalescent ward, operating, waiting, nurses’, dining, bath and toilet rooms and kitchen.
Surveillance and normalizing judgment work together to form “discipline”

BIOPOWER

• The greatest, most precise, productive, and comprehensive system of control of human beings will be built on the smallest and most precise of bases.

• “…determine question of whether true Indian is dying out’.


Application of Colonial Episteme

Health research served as a “roadmap” for colonizers who utilized IHS to overcome difficulties of transportation and communication in more remote, previously inaccessible locations.
• Knowledge, race and social position
  • Interpreter, health educator, health systems navigator, medicine person...
  • ...driver

Nursing outlook,
June 1961
Legacy of Colonial Episteme

- specific colonial structure of power produced the
- Specific social discriminations which later were codified as
  - ‘racial’,
  - ‘ethnic’,
  - ‘anthropological’
  - or ‘national’,

- These intersubjective constructions were even assumed to be
  - ‘objective’,
  - ‘scientific’
Science and the Sacred

“The intuitive mind is a sacred gift and the rational mind is a faithful servant. We have created a society that honors the servant and has forgotten the gift.”

-Albert Einstein
Decolonizing Research

• DR is a purposeful approach to “transforming the institution of research, the deep underlying structures and taken-for-granted ways of organizing, conducting, and disseminating research knowledge”

• DR enables indigenous communities to theorize their own lives connecting with past and future generations

Indigenous Knowledges

• Indigenous knowledge (IK) as ancient, communal, holistic, spiritual and systematic knowledge about every aspect of human existence

• Local communities through accumulated IK gained from generation to generation, knew:
  • Social order through culture-based sanctions and rewards for appropriate behavior
  • Longevity through Indigenous Public Health
  • Healthy physical environments through stewardship,
  • Etc, etc, etc...
Indigenous Episteme

• “Logic of the gift” as one foundational epistemic convention grounded in valuing

• Gifting functions as a system of social relations, forming alliances, solidarity

• Gifting extends to giving and receiving in the natural and spiritual realms

• Reconstructing indigenous Epistememes offers alternative paradigm for everyone, not just Natives..

Evidence Based Public Health vs..

- Evidence based Interventions may be a form of forced acculturation
- Indigenous health promotion and treatment is often effective “cultural revitalization”
Indigenist Local Theory of Etiology

- Cumulative vulnerability that colonization has on the physical manifestation of health among indigenous peoples; i.e.,
  - epidemic diseases,
  - forced removal,
  - warfare,
  - starvation
  - western cultural hegemony
  - Indigenous cultural genocide
INDIGENOUS AND HYBRID APPROACHES
Base Interventions on Culture

- Story telling
- Sweat Lodge
- Talking circle
- Vision quest
- Wiping of tears
- Drumming
- Smudging
- Traditional Healers
- Herbal remedies
- Traditional activities
Center for Indigenous Health Research - IWRI

- Decolonizing research and training
- Partnerships with T/U/I
- Indigenous Knowledge reclamation and production
- Harness resources of UW and partners towards mission

- Partners – MOU with
  - American Indian Higher Education Consortium
  - Northwest Indian College
  - National Congress of American Indian Policy Research Center
  - National Indian Health Board
  - Affiliated Tribes of Northwest Indians
Genealogy of Partnerships

- Navajo Nation
- NM Pueblo’s
- AAIHB
- NRG UW
- NWIC
- AIHEC
- 30 TCU

Center for Indigenous Health Research -- IWRI
Research for Change: Cross-Site Multicultural Community-Based Participatory Research

Funding NIDA, OBSSR, NCRR, IHS
NCMHD Funded – Evolution of National CBPR Team

UNM Team

UNM & UW Team
The NCAI Policy Research Center is a tribally-driven think tank that supports Native communities in shaping their own future by gathering credible data, building tribal research capacity, providing research support, and convening forums addressing critical policy questions.

As sovereign nations, tribes have a role in the research that is conducted in their communities and in regulating research which occurs on their land and with their citizens.

- Joe Garcia,
  Former President, NCAI
NCAI Policy Research Center

- Established in 2003 as a national tribal policy research center that would focus solely on issues facing tribal communities

- Forum for forward-thinking, deliberate, proactive Indian policy discussions and the development of policy scenarios
PRC Values

• Research in service to community
• Direct implications for communities and improving their well-being
• Community-driven agenda and all aspects of the work
• Honor community and cultural contributions to the work
• Partnership with communities and other organizations
• Respect tribal sovereignty and ownership of data
• Indigenous knowledge is as valid as academic knowledge
• Research should build community capacity
New CBPR Advisory Board
Native American Research Centers for Health

• Partnership between Indian Health Service & NIH

• 3 Goals-
  • Reduce mistrust
  • train “Expert Indians”, pipeline program
  • conduct rigorous health disparities research

• Tribal organization must be lead and maintain 30% of funds
Describe the variability of CBPR across dimensions in the model to identify differences and commonalities across partnerships.

Describe and assess the impact of governance on CBPR processes and outcomes across AI/AN and other communities of color.
3. Examine the associations among group dynamic processes and three major CBPR outcomes:

   • culturally-responsive and centered interventions;
   
   • strengthened research infrastructure and other community capacities; and
   
   • new health-enhancing policies and practices, under varying conditions and contexts.

4. Identify and disseminate best and promising practices, assessment tools, and future research needs
On Models

Models are “an idealized representation of reality that highlights some aspects and ignores others.”*

“Models of course are never true, but fortunately it is only necessary that they be useful”**


CBPR Very Preliminary Sample Characteristics

- 369+ Federally funded active in 2010
  - Include NARCH
  - Include PRC
  - N= 427
- Ethnicity
  - AIAN 32
  - API 15
  - AA 72
  - Latino 97
  - White 7
  - Multicultural 48
  - None of the above 107

- Vulnerable population
  - n = 126 Children/Youth
  - n = 61 Low-Income
  - n = 14 People w/ Disability
  - n = 27 Elderly
  - n = 53 Rural
  - n = 45 Migrant / Immigrant
  - n = 56 Families
  - n = 3 LGBTQ / MSM
Tribal Colleges and University Alcohol and Drug Problems and Solutions Study

NIDA 5R01DA029001-02
Funding period: 2009 – 2013
Partner: American Indian Higher Education Consortium- 31 Tribal Colleges and Universities
Northwest Indian College Center for Health
Applying for Community-Based Participatory Research in the Pacific Northwest

Northwest Indian College Center for Health (NWICCH): development of a community-based participatory research (CBPR) partnership
Karyl S. Jefferson (Lummi), NWIC; Don Vesper, NWWIH-B; Rosalina D. James (Lummi), UW; Nadine Bill (Upper Skagit), NWIC; Robbie L. Paul (Nez Perce), WSU; Bonnie M. Duran (Ope?luwas/Coushatta), UW;
Teresa A. Evans-Campbell (Snohomish), UW; Lisa Rey Thomas (Tlingit), UW; Dennis M. Donovan, UW; Janet R. Katz, WSU; Cheryl Crazy Bull (Sicangu Lakota), NWIC; Marilyn Scott (Upper Skagit), NWWIH-B;
Cynthia Pearson, UW; Colleen Berg, NWIC; Sandy Ludgate (Kiowa), NWIC; The NWICCH/NARCH Team; *William L. Freeman, NWIC.

Partnership Members
NWIC - Northwest Indian College
NWWIH-B - Northwest Washington Indian Health Board
UW - University of Washington
WSU - Washington State University

Developing NWICCH's Partnership
- September 2007 - UW, WSU, and NWIC researchers discussed applying for NARCH-V.
- October 2007 - NWICCH President established NWICCH, with preparation of the NARCH application by full CBPR methods as its first activity, with a tribal-based Partnership for health research.
- November 2007 - NWICCH invited NWWIH-B to be a tribal-based health partner. Nine NWICCH researchers expressed interest in being university-based partners. The two tribal-based partners proposed eleven research topics to address tribal and college health disparities.
- January 2008 - Each Native researcher chose which topic to address, wrote a 5-page proposal, and presented it to the Tribal Partnership in a day-long retreat.
- February and March 2008 - The Tribal Partnership agreed to sponsor tribal or college-oriented revisions to each proposal, reviewed the second versions, prioritized them per tribal and college needs, and chose the five highest-priority topics for the NARCH application.
- March 2008 - The Partnership agreed on the structure of the CBPR Partnership with the institutional partners participating in the Executive Committee and the Community and Scientific Ad Hoc Advisory Council.
- May 2008 - The Partnership approved the project and submitted the NARCH-V application.

Conclusions: The NARCH application was funded with scientific reviews indicating a “very strong” CBPR approach as a major strength.

Conceptual Model for Impact on Students' Career Development
- Increased perceived self-efficacy to achieve career goals
- Increased perceived value of research in personal life
- Increased perceptions of research as a career option
- Increased perceptions of research as a key to the career path
- Increase support and mentoring for NWICCH and CBPR research projects

Partnership Goals
- Complete successful CBPR projects with the four NWICCH partners focused on expanding capacity and health disparities at colleges and universities.
- Develop capacity of all four partners to produce CBPR.
- Increase the number of Master of Public Health (MPH) students and Native Health Professionals (NHPs) in the Washington State University School of Public Health and Community Medicine.
- Develop curricula and other educational materials for health professionals and researchers, with the CBPR projects providing field research experience for students and faculty.
- Provide NWICCH broad-based services to Native communities and students; and
- Develop and fund interventions to reduce health disparities in priority areas based on the results of the initial NWICCH projects.

Projects
- Growing Our Own Native American Student and Faculty: (GONASAF): UW & WSU in the student and faculty development project. This project supports the development of Native American students and faculty in the health sciences.
- Tribal Colleges and Universities: Alcohol and Drug Abuse Prevention: This project provides training and technical assistance to tribal colleges and universities to develop and implement alcohol and drug abuse prevention programs.
- Caring for Our Generations: Supporting Health and Wellness Programs: This project develops innovative, culturally relevant programs and services to improve health and wellness among Native American youth and adults.
- Pathways to Sobriety: Pacific Northwest Oral Health Initiative: This project promotes healthy eating, physical activity, and dental care among Native American youth and adults.

NWICCH also has an Administrative Core that supports all projects. **Karyl Jefferson (Lummi)**.
Study AIMS

1. Establish partnership and board (CBPR)
2. Compile and summarize literature
3. Key Stakeholders survey-needs and capacity
4. *Qualitative review of culture-centered and evidence based interventions*
5. Develop effective outreach and screening procedures
In the Practice World

Decolonizing Strategies: Potential Approaches to Support Epistemic Diversity

Adapted from: Overview of Multicultural and Culturally Competent Program Evaluation Issues, Challenges, and Opportunities

The California Endowment
Rodney Hopson, Ph.D.
Reflect on your Social Location

1. The social location of the student/researcher matters (intersectionality)
   - Gender
   - Race
   - Class
   - Ethnicity
   - Education
   - Privilege/target
   - Sexual orientation
   - Etc... What else?

Social Change is a Goal

2. Research plays a role in furthering social change and social justice

- Ability and duty to recognize asymmetric power relations and to
- challenge systems and mechanisms of inequity and injustice
- in hope of dismantling oppression

Theoretical approaches: Indigenist, Queer, critical, feminist, cultural humility, anti-racist, postcolonial, etc... What else?
Reflect on Ethnocentrism and Cultural Humility

3. Avoiding ethnocentrism means embracing multiple cultural perspectives

- shift between diverse perspectives
- Recognizes ethnocentric standards and ideas

• HOW?

- Employ a team who can “translate” research from multiple cultural contexts
Valuing is culturally embedded

4. Culture is central to the research process

• worldview, values and norms impact the uses of, reactions to, and legitimacy of, any research

• multicultural validity - defining social problems

• norms will play out in the context of research instruments and protocols.
Decolonize and Indigenize

5. Culturally and ethnically diverse communities have contributions to make in redefining the research field

• standards, guidelines, methods and paradigms of the research field need to be rethought, and underserved and marginalized culturally diverse groups have an important role to play in this process
A Role of Academic Researchers

• The role of the intellectual, according to Delueze, is not to awake consciousness but to weaken the power of hegemonic discourse and to create the space for competing discourses to be formulated and dispersed.
Roles of Ally Researchers in 2009

From this position, then...if you make it your task not only to learn what’s going on there through language, through specific programs of study...through historical critique of your position as the investigating person. When you take the position of not doing your homework, I will not criticize because of the accident of my birth, the historical accident, that is a pernicious position.

Gayatri Spivak.
Postcolonial critic
May all beings be happy.