Development of Indigenous knowledges in Public Health: Epistememic diversity as an Essential Component of Health Equity

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Issues at Hand

- Has western knowledge production itself 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
In 1491 there were more people living in the Americas than in Europe.

Indigenous people in the Americas’ transformed their land so completely that Europeans arrived in a hemisphere already massively "landscaped" by human beings.
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.”

Emerging western scholarship about Indigenous knowledges

Tenochtitlan, the Aztec capital had a far greater in population than any contemporary European city, and unlike any capital in Europe at that time, had running water, beautiful botanical gardens, and 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
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

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

- Western knowledge contains a worldview that sees human development in terms of a master narrative requiring the congruence of other cultures.

- Authority to determine fitness for world citizenship is based on Western knowledge that decides the criteria for what is reasonable and what is not reasonable.

- Globalization: all world cultures and societies are reduced to being a manifestation of European history and culture.

- Modern reason is emancipatory, but modernity’s “underside,” namely, the imputation of the superiority of European civilization, coupled with the assumption that Europe’s development must be followed unilaterally by every other culture.
Coloniality-Modernity
• Starts in Greece and Rome
• Rooted in rhetoric of salvation and progress
• By necessity creates condemnatory logic, savage, primitive, marginalized

Post-Coloniality
• Starts in Greece and Rome
• Privileges “newness” in the archaeology/chronological history of European ideals
• Subjectivities created in language and history

Indigenous Episteme
• Starts with a critique of the limits of Eurocentric knowledge hegemony of “science” as truth: Provincialism as Universalism
• Epistemic disobedience as a set of projects that focus on the common effects of the experience of colonialism
• Shifts the geographies of reason
• Language and concepts as only one vehicle to understand and express “reality”

* From at least a “post” perspective
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” *

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

*My addition - borrowed from Sami Scholar Rauna Kuokkanen*
Western Knowledge Construction and Examples of Colonizing Research
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

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

“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….”

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

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 dread.

General 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. At some
Surveillance and normalizing judgment work together to form “discipline”

- …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’.


Knowledge, race and social position

- Interpreter, health educator, health systems navigator, medicine person...

- ...driver

Nursing outlook,
June 1961
Health research served as a “roadmap” for colonizers who utilized IHS to overcome difficulties of transportation and communication in more remote, previously inaccessible locations.
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 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
“Logic of the gift” as a 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 Epistemes offers alternative paradigm for everyone, not just Natives..

Evidence based Interventions may be a form of forced acculturation

Indigenous health promotion and treatment is often effective “cultural revitalization”
cumulative vulnerability that colonization; i.e., epidemic disease, forced removal, warfare, and white cultural hegemony, have had on the physical manifestation of health among indigenous peoples.
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
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
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
1. Describe the variability of CBPR across dimensions in the model to identify differences and commonalities across partnerships

2. 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
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”**


Figure 21.1: Conceptual Logic Model of Community-Based Participatory Research: Processes to Outcomes

**Contexts**
- National & Local: Policies/Trends/Governance
- Historic Context of Collaboration
- Community: Capacity & Readiness
- University: Capacity & Readiness
- Health Issues

**Group Dynamics**
- Structural Dynamics: Diversity, Complexity, Formal Agreements, Real Power/Resource Sharing, Alignment with CBPR Principles, Length of Time in Partnership
- Individual Dynamics: Cultural Identities & Values, Cultural Humility, Individual Beliefs, Community Reputation of PI
- Relational Dynamics: Dialogue/Mutual Learning, Leadership/Stewardship, Influence/Power Dynamics, Flexibility, Self & Collective Reflection, Participatory Decision Making & Negotiation, Integration of Local Beliefs to Group Process

**Intervention**
- Fits with Local Explanatory Models
- Attends to Translation/Implementation
- Appropriate Research Design
- Intervention adapted within local culture
- Intervention informed by local institutions
- Research design reflects partnership input
- More likely to be sustained

**Outcomes**
- System & Capacity Changes:
  - Policies/Practices
  - Sustained Interventions
  - Cultural Renewal
- Improved Health & Disparities:
  - Social Justice

**CBPR System & Capacity Changes:**
- Cultural Revitalization & Renewal
- Empowerment: Community & University Reflection
- Change in Power Relations
- Change in Practices & Policies
- Culturally-Based & Sustainable Interventions

**Health Outcomes:**
- Overcoming Disparities
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
UW Team

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Northwest Indian College Center for Health (NWICCH): development of a community-based participatory research (CBPR) partnership

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

The Partnership
A key component of the NWICCH partnership has been the establishment of a strong relationship between the three primary institutions involved: the Northwest Indian College (NWIC), the Northwest Washington Indian Health Board (NWWIH), and the University of Washington (UW). The partnership is characterized by a collaborative approach to research and community engagement.

Developing NWICCH’s Partnership
- September 2007 - UW, WSU, and NWIC researchers discussed applying for NARCH-V.
- October 2007 - NWIC’s President established NWICCH, with preparation of the NARCH application by full CBPR methods as its first activity, with a tribal-based Partnership for research health.
- November 2007 - NWICCH invited NWWIH to be a tribal-based health partner. Nine Native UW and WSU researchers expressed interest in being university-based partners.
- The two tribes and university partners explored research topics to address tribal and college health disparities.
- January 2008 - Each Native researcher chose which topic to address, wrote a 3-page proposal, and presented it to the tribal partnership in a day-long retreat.
- February and March 2008 - The tribal partnership suggested a tribal college-oriented solution and condensed the second proposal into a joint proposal for submission to the NARC-V grant program.

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

Partnership’s Goals
- Conduct high-quality community-based participatory research (CBPR) projects that address the health needs and research priorities of the three regions.
- Operationalize a model that partners to learn from each other and build a shared knowledge base.
- Engage American Indian and Alaska Native students and faculty in health professions and researchers who can conduct CBPR research to inform health policy and practice in the region.

Partnership’s Specific Aims
- Complete successful CBPR projects with the goal of changing community attitudes and behaviors toward health and wellness.
- Build capacity of all partners to produce CBPR projects.
- Facilitate the transfer of knowledge from NWICCH to NACH-V partners.
- Support other major community-based health research efforts in the region.

Projects
- Growing Our Own Native American Student and Faculty (GONAASF) - Graduates the student and faculty development project for the University of Washington.
- River Health Project - Conducted by Dr. Martin May (UW), it is a community-based research project focused on community health and wellness.

On behalf of the entire NWICCH team, this project received support from the Northwest Indian College Center for Health, Northwest Indian College, and from the Native American Research Center at the University of Washington (University of Washington). The project was supported in part by the General Social Science National Institute (NIMH), VPI, and the University of Washington. The views, findings, and conclusions do not necessarily represent the views of the authors.
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.
1. The social location of the student/researcher matters (intersectionality)

- Gender
- Race
- Class
- Ethnicity
- Education
- Privilege/target
- Sexual orientation
- Etc... What else?

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
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.
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
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.
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.