

The Circle of Healing

Robert Morgan, Ph.D.

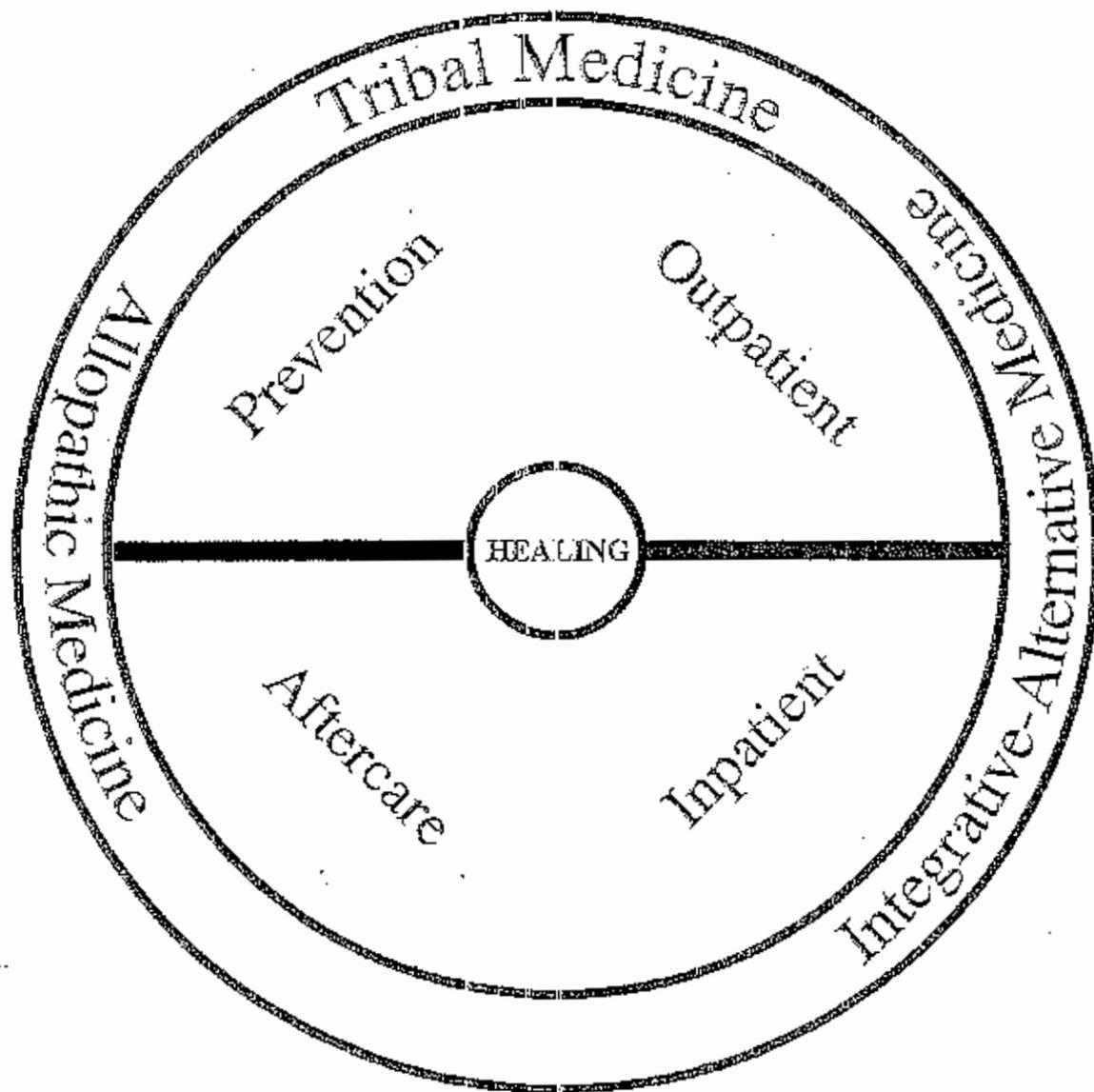


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To All Recipients:

This material was developed by Robert Morgan, Ph.D. to present a potential model of practice that might effectively meet certain program needs at Southcentral Foundation and similar health service providers throughout the nation. It is to be considered a draft document that is sent to you to elicit re-write recommendations and content corrections. The concepts presented represent the opinions and research of the Authors and do not necessarily reflect the views of Southcentral Foundation.

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I. INTRODUCTION

We are at a moment in time when opportunities to re-arrange and expand our concepts of treatment and healing are presenting themselves in a multitude of ways in our laboratories, our institutions of learning and in our culturally based communities. Indeed, momentum is growing to reverse the recent trends toward a managed care process that limits conditions, and treatments to those deemed “medically necessary and non-experimental.” This is happening during one of the most prosperous decades in our country’s history and appears to be driven by profit motive as opposed to client need.

Coincidental to these efforts is the fact that upwards of 60% of allopathic clients are, in the same instance, using the services of tribal and alternative practitioners mostly at their own expense and without informing their allopathic physician of the nature of their treatments and medications. Frequently, this reluctance to inform their physician of their alternative treatment is based on their belief that it would not be understood or not respected.

This and other realities make this an ideal point in medical history to develop a new approach to treatment and healing that removes barriers of degree, profit, and control and unifies the effects of the technological miracles of modern medicine with the culturally-based traditional practices that have been effective for many generations in many lands. It is also an appropriate time, considering current worldwide events, to develop medical models that maximize delivery of a wide spectrum of contemporary and traditional medical practices in a manner reflective of the needs and facilities available in differing locations

Alaska has proven the ideal place to evolve this new model of cooperative medicine as Native Alaskan control of medical institutions gains financial and legislative strength. This has resulted in a well-directed effort to create culturally based treatment models that, it is hoped, will build healthier communities and families and alleviate many of the social ills that have developed in our villages since contact.

This paper is written to suggest possible solutions to these medical discrepancies through a treatment model that I have conceptualized from my decades of work as a consultant/practitioner in the allopathic, integrative, and tribal medicine areas. It is simple in design and concept and offers an acceptable means of developing a working partnership between the three medical disciples that will, through practice, develop mutual awareness, respect and improved service for the community. It also has promised to renew the practice of medicine as a healing art as well as the sense of pride in its practitioners. It is also, I believe, a replicable model that can serve as a basis for similar efforts in culturally strong communities throughout America.

Local regulatory and financial realities will affect the manner in which this concept can be implemented, in whole or in part. However, the concept should serve as a form of guideline as to what could and should be – if coordination with medical practice is an ultimate goal

For our purpose in Alaska we call this model the “Circle of Healing.” A more appropriate descriptor would be “Hoop of Healing” as the spirit directing this effort ties directly to Black Elk’s

prayer for a re-emergence of a strong "Hoop of Life." This would entail the unification of many hoops (many nations) into a great effort, led by the Native American people, to bring about a healing of the earth, its peoples, and the life upon it. It was seen that this would come about through shared knowledge and respect for the wisdom of the indigenous people of the Earth and the spirit that surrounds us, bringing balance to cultures driven by technological advances and greed.

This concept of sharing wisdom with respect and using our gifts together for the sake of the healing of the human race forms the basis of the "Circle of Healing."

Jason J. Harmon, N.D, who is collaborating in this effort to develop the "Circle of Healing" concept states, "As we enter the 21st century, we face great challenges in medicine and modern health care. We carry a legacy of a fragmented and divided approach to health and healing in this and many of the world's countries. We have experienced over the last 100 years, phenomenal growth in advances of science and medical breakthroughs. With this growth, a wider chasm has developed in relations to traditional, holistic and western allopathic medicines. Managed health care and pharmaceutical profit potential has in many instances dictated current day medical evolution. The results have been discouraging for patient and doctor alike. With this realization, comes the acknowledgment that we must come together and work for a united approach to health and healing. The purpose of this paper is to create a new path that brings integration of today's healing practices and a new approach to modern medicine. This approach may prove essential as we seek deeper exploration of health and healing in the new millennium."

It is my sincere wish that the concepts developed would enhance a return to a more client-centered practice of medicine that will apply all available and appropriate knowledge to the treatment and concurrent healing of the people.

II. TRADITIONAL HEALING PRACTICES

In November of 1995, I presented a paper on the subject of traditional healing at the National Public Health Conference held in San Diego, California. It is appropriate to include it in this paper to describe the process from which the concept of "The "Circle of Healing"" derived.

The History and Practice of Traditional Healing

Before contact, the indigenous people of Alaska depended on knowledge of anatomy, herbal medicine, and other healing practices for health maintenance. Early records indicate that the Alaska Native cultures had a fairly sophisticated medical system in place that included surgery, weapon removal, amputation, ligation, opening of the abdominal cavity, acupuncture, bloodletting, considerable skill and delivery of malposed fetuses, breech-level deliveries, massage, the use of herbal medications and hot packs, and among others. After contact, particularly following the purchase of Alaska from Russia, the Western-trained medical practitioners became an increasingly important source of health care, especially in the area of combating epidemic diseases introduced to the Native populations by the Euro-Americans.

At the time of the Great Death that swept Alaska in the early 1900's, the dominance of Western medicine increased. This was simultaneous to the discouragement of traditional beliefs and practices by certain church, educational and governmental groups that had subdivided Alaska into various areas of influence. During this time, there was an assumption that Native cultures were deficient in a way that were sometimes seen as pathological, without virtue, without value. Policies were constructed by our government to civilize Native Americans and to bring them away from their history into ours, by whatever means necessary. The political reasoning behind this is fairly obvious. An independent and proud people became dependent. A social system that had been ideally suited to its purpose, was destroyed and replaced by another, ill-suited to the temperament, as well as to the social, physiological and psychological needs of the Alaskan Native.

Thousands of years of carefully developed and implemented treatment was seen as negative to this process of civilizing. Residential schools were created to civilize Native children, some of whom were literally kidnapped from their communities and their families, with the obvious implication that there was nothing that these children could learn from their language, their culture or their families that would be of value to them during their journey into a new world. These young people, once they were deemed acculturated into the "civilized" world, were then graduated and sent back to their villages devoid of the years of training that were traditionally given by Elders, by medicine people, by their families concerning the moral laws of living. This adversely affected their ability to contribute to and become a strong positive factor in their family and community group. They became the parents of the future, devoid of traditional understanding of what it meant to be native and what the responsibilities were for being a parent. In many instances, they demonstrated these limitations by becoming parents without guidance and without direction. This process of de-culturalization at a crucial time with this crucial age group appears to have laid the foundation for many of the social, psychological, and physiological ills that have plagued Alaskan Native families from that time to this.

I replay this well-known and sordid part of our history, not to revisit a painful past, but to lay a basis for understanding the powerful changes that are sweeping Alaska's Native communities. The people themselves, through their communities, are initiating culturally based healing efforts that are beginning to lift the people from a dependent existence, clouded with shame, into a resurgence that will lead to true equality of opportunity and function.

Much of the healing that is now occurring, and here we are talking about healing in a physical, spiritual, and psychological sense, is built upon the reemergence of traditional healing practices. These practices, while battered, bruised, and driven underground for several hundred years, never really went away, but somehow managed to survive the dominance of Western science. This indicates the strength of these traditions considering the negative attitude of Western educators, lawmakers, and law enforcers, and the hostility previously shown by certain religious groups. As Attneave said in 1974, "It was amazing that any of the indigenous ceremonials and healing practices in North America should have survived the zeal of the missionaries, the scorn of the unthinking, and the curiosity of anthropologists.

The persistence and revival of indigenous healing ceremonials and practices can, in a limited sense, be attributed to a lack of modern treatment services. It has more to do, however, with the absence of a culturally congenial and holistic approach in modern medicine. These have been conceptualized by trans-cultural psychiatry and psychosomatic medicine, but have still not been generally applied in practice. It is now evident that the weaknesses of any society (e.g., suicide, homicide, domestic violence) are best addressed from within.

What best illustrates the difference between contemporary medicine and traditional Native healing practices was well stated by a Mohawk elder, Ernie Benedict, in 1977. He said that the difference that exists is that the white man's medicines tend to be very mechanical. The person is repaired, but he is not better than he was before. It's possible in the Indian way to be a better person after going through a sickness, followed by the proper medicine.

Let's explore the more obvious differences between allopathic medicine and traditional healing practices. Here I will quote, very generously, from Dr. Douglas Eby's paper, entitled, "Traditional Healing, Technological Biomedicine in Compacting."

"Contemporary medicine sees the body as a machine composed of many parts which break down and need fixing. It is probably understood as a physical entity, largely independent of the mind. Medicine perceived individuals as essentially similar and prone to illness, caused by specific vectors, which can be catalogued into specific disease categories. The central drive and medical interaction is towards diagnosis, with one of a specific list of disorders, which is then usually corrected with chemical or physical manipulation, medications, and surgery. The doctor-patient relationship is also structured so that it is focused around the drive towards a diagnosis. Once a diagnosis is arrived at, the chemical or procedure of physical intervention, deemed most appropriate by the physician, is arranged and the patient is left to comply or not. The perception, on the part of most physicians and patients, is that the knowledge and decision-making process, underlying the prescribed intervention, is too technical and complex for the patient to understand. The time factors in most medical offices usually limit conversation to information directly related to the presenting complaint, the specific body part, the presenting individual patient, and the categorization of that information into already created definitions of illness. In a drive towards efficiency, this is all the doctor and patient perceive as relevant, or that there is time for. The process is rather linear and specific and places the control of the treatment rather directly into the hands of the physician."

In rather dramatic contrast to this, that which is known as traditional healing generally assumes that disease is part of a larger energy field that cannot be treated in isolation. Disease is seen as being directly related to the client's life-style, personality patterns, and body constitution. It is assumed that

people fall ill, in most instances, because in some way they fell out of harmony with the forces of nature. The purpose of the treatment must be to reintegrate the individual with the harmony of nature, and the family and neighbors are asked to join to that end.

While these concepts are recorded as being generally in place among the varying cultures in Alaska at pre-contact, there were also specific and scientific treatment procedures that were used in instances of specific hurt and disorder. There was widespread knowledge regarding proper nutrition, medicinal use of local plants, midwifery, setting broken bones and realignment of dislocated joints, and various forms of energy healing, including the laying on of hands and the directing of spiritually healing force from a practitioner to a client.

Generally, traditional healing focused on the person and the context of their community, rather than on a discreet biomedical sickness. The emphasis was on health, not disease. Disease was perceived as something not to be merely conquered and removed from life, but to be respected as a natural part of the person and of life itself. The Tribal Doctors, with real exceptions, were seen as servants of the people who were, by nature of their gifts, obligated to share their knowledge and expertise rather than using it to accumulate control and power. These are the major differences between contemporary and traditional healing practices.

In most Native nations, it was understood that the power of healing came from a spiritual source and was given to the people. In this sense, it was a renewable resource; the more the healing was received, the more there was to give. In general, healing became continually available for all. It's easy to see that when healing is viewed as a gift, which must be shared, it becomes empowering and seeks to move people to their own power, in the sense of self-liberation from obstacles to their well being. Traditional healing seeks to make things whole with a sense of people, cultures, and communities.

It's this last part that is so important to the movement that is now spreading throughout Alaska. Carried upon the message of the drum is the re-emergence of ceremony long forgotten. An increased respect is given to healing practices that have lived underground, safe from the destructive winds of change. A people who have suffered through decades, and in some cases, centuries of cultural confusion and deprivation, with concurrent feelings of frustration, discouragement and defeat, are finding themselves empowered and regenerated. They are taking the reins of their own healing. The effect of the erosion of Native mental health that has been tied to the loss of traditional culture and support systems is being reversed by a surge of spiritually based energy. This is resulting in feelings of renewed hope and challenge.

While the rates of alcoholism, suicide, sexual abuse, posttraumatic stress syndrome, diabetes, and related disease are still inordinately high, observable gains are being recorded. Awareness is growing that one-on-one treatment in the Alaska's Native community has had the effect of patching pinholes in an overflowing dam. A rise in cultural pride and a hope for the future is reflected in the fact that many villages are bringing back old songs and ceremonies that were all but forgotten. Interest in a retention or resurrection of Alaskan Native languages is growing. More and more villages are returning to Native healers, as well as public health, in a combining of the resources to address the problems of disease and social disintegration. The return of responsibility for governance of hospitals, clinics and social agencies by Native corporations and tribes have become a model of healing and demonstrates a

path into the future for many native communities that have had held little hope for that future over the past decades.

There are many instances of this revitalization that I could quote. We should make note of the resurgence of elder potlatches; prevention-directed Native-led conferences and councils; and the programs in Bethel, Fairbanks, Barrow, Kotzebue, Eklutna and Chickaloon, to name a few that have elders teaching the traditional healing arts to the children of the community. Traditional healers who have, in the past, operated quietly in their villages are coming forward and presenting at Native-led professional gatherings and conferences, bringing their services into operational partnership with contemporary health service providers.

Southcentral Foundation is developing a traditional based program of care that will function alongside a contemporary program of dentistry, optometry, family medicine, medical and complementary care practices. It will include, as it develops, acupuncture, acupressure, herbal medicine, chiropractic, naturopath concepts, and traditional healing practices. A resource traditional/research library in traditional healing practices is in its developmental stages, and programs of treatment that involve the services of certified tribal doctors and community based traditional healing programs are well underway.

The new Native Hospital is looking at ways of bringing traditional healers into the treatment arena as co-professionals. Programs for evaluating and classifying herbal treatments and the specific plants utilized for specific disorders are under development. Dr. William Richards, who recently disappeared in a sea accident off the coast of Siberia, played a major role in a wide variety of these efforts and his loss is keenly felt. However, it is interesting to note that, in a way, his efforts, far from disappearing with him, have grown and been nurtured. This has been accomplished by the development of committees who were involved with him in project development and whose task it is to continue and enhance his efforts in a wide variety of traditional healing concepts.

The new Indian Health Service hospital in Anchorage is now collaborating with Southcentral Foundation and its program of traditional healing treatment practices to include concepts from the "Circle of Healing" in its format. Other health agencies throughout Alaska are involved in similar efforts.

Studies are underway to examine traditional healing herbs and to evaluate and categorize their properties. Herbal healers are working directly with clients referred to them by medical practitioners. Energy healers from Siberia and Alaska are demonstrating their techniques at professional conferences as well as working with remarkable success, directly with clients. Other examples are legion and growing.

With the advent of compacting, Native corporations have taken responsibilities for many treatment programs that were, in the past, under the supervision of the Indian Health Service and the government. In most instances, they are responding to these new responsibilities by examining ways in which traditional healing practices can be effectively utilized in concert with the miracles of modern medicine.

The question being raised is how to appropriately build a partnership between traditional healing practices and contemporary medicine. In many instances, it appears that traditional practices are being welcomed, as long as they do not involve putting in or taking out anything from the body. There is a major concern being expressed by allopathic medicine, that the security of the client and the client's treatment need to be guaranteed through the control, management, and in many instances, the decision of contemporary practices. These concerns are understandable when one views them through a contemporary lens, but are much less so when one looks at the history of the treatment of Alaska Natives, and the pluses and minuses of that process in bringing about the healing of our people.

If one looks at allopathic medicine and its approach, it can be defined as a rather linear system that requires research findings, supervision, case notes, and strict management of its procedures to insure effectiveness, safeness, and evidence of worth. In post-conference discussions, we have visualized allopathic medicine as a square (no pun intended). It has been highly successful in developing techniques and treatments specific to various disorders. The positive aspects of that treatment cannot be denied. The square however, by its nature, needs to control all that it encompasses to insure its survival.

In somewhat direct contrast, as has been previously explained, traditional healing, spiritually based, is permeable in that it embraces a wide variety of practices that have emerged and been proven successful in engendering the healing response over, in some instances, thousands of years. It welcomes and embraces any practices that have proven their worth in engendering healing in the individual, the family, and the community. Traditionally in most Native nations, the symbol of traditional healing has been the circle.

As a result of the nature of the square, attempting to place the circle into the square may result in changes in the nature and viability of traditional healing, as the structure of the square attempted to impose its control, its position and its needs upon it. On the other hand, placing the square in the circle would most probably vitalize and enhance both traditional healing practices and contemporary medicine, as the marvelous technology and treatment processes of modern medicine work in partnership and inclusion with the ancient art of traditional healing.

In summation, we might summarize with a statement that seems very viable today and to our efforts in the future. We are rebels, heretics, someone to flout. They drew a square that shut us out. But love we had and the will to win. We drew a circle that let them in.

III. THE DEVELOPMENT OF TRADITIONAL HEALING PRACTICES AT SOUTHCENTRAL FOUNDATION

Let's examine the role of an Alaska Native Health Service corporation in establishing an appropriate base of operations to translate this movement to an all-inclusive concept of medical practice that builds on the enduring cultural and tribal medicine history of Alaskan Natives and American Indians.

As a non-profit corporation, Southcentral Foundation has a strong history of attempting to build a health service program that is responsive to the needs of Alaska Natives and American Indians in Southcentral Alaska. It's region is located in an arc between the Gulf of Alaska on the south and the Alaska Range of mountains on the north, bounded by the Chugach and St. Elias mountains on the east and peaks of the Aleutian Range on the west. About two-thirds of the State's population live in its region, including Anchorage, Alaska's largest city, and a number of smaller rural towns and villages. This city has been termed "Alaska's largest Native village" because its approximately 10,000 Native residents include representatives of all nine of the state's language/cultural groups, Aleut, Alutiq, Athabascan, Eyak, Inupiaq, Haida, Tlingit, Tsimshian, and Yup'ik.

Southcentral Foundation was developed in the middle eighties as an alternative treatment source when Alaskan Natives and American Indians found that the existing mental health centers were too specific, less familiar, less welcoming, and less responsive to the people's concepts of healing and their cultural base, than they would like.

Since then it has grown enormously and have become a major provider of health services to the Alaska Natives and American Indians residing in our area. Presently it shares in the operation of the Native Hospital as well as operating non-profit care centers, for a wide variety of health concerns. It has a clubhouse for individuals who have health, mental, social, and educational issues. It has developed and implemented early childhood and adolescent training programs, a woman's wellness program, an adolescent treatment center, and a culturally based expanded medical services that include primary care, dental, optometry and a wide variety of services that are specific to the needs of the Alaskan Native community.

In the Fall of 2001, Southcentral Foundation added a second Primary Care Building to its complex that was specifically designed to serve it's clients a manner that will incorporate, as equal partners, Allopathic, Traditional Healing/Tribal Doctor, and Complementary Medicine.

It might be instructive to review the developmental steps that led to the development and implementation of these programs.

A formal Traditional Healing Program has functioned in a limited way in Anchorage for more than a decade, with its base centered at Southcentral Foundation and the Alaska Native Hospital. A great many forward looking members of the Native community, as well as, allies in the Euro-American and Asiatic and Afro-American communities have contributed to the development of these efforts. They have, over this period of time, developed workshops, conferences, courses and papers, that have served as the building blocks for what has now become a healthy and growing procedure that is now

functioning in an inclusive way with other medical practices. They played a major part in the development of this movement by recovering and strengthening traditional teachings and illustrating ways in which they could form an effective base fabric for the evolvement of contemporary medical services that address the health needs of the health, social, and spiritual needs of Native Peoples from a cultural as well as a contemporary base.

In 1991, a survey was developed to study the traditional Native healing practices as they existed and exist in Alaska. At this time the basic philosophy of the Traditional Healing Program was expressed in the following statement "While Native Americans suffer from the same types of physical and mental disorders as other Americans, the problems and severity of these disorders appear to be greater, the availability of services lower, the cultural relevance of treatment plans more challenging, and the social context more disintegrated than in most parts of American society. Failure to address these issues will result in more severe emotional problems for future generations of Native Americans, individuals, families, and communities."

In 1995, the Traditional Healing Program with the support and guidance of Bill Richards, M.D. developed and implemented a series of workshops and conferences designed to break perpetual barriers between the differing concepts of medical practice and the legitimate aspects of tribal medicine that had a history of practice centuries in duration. A major breakthrough in this effort occurred in May of 1995 when the Traditional Healing Program of Southcentral Foundation developed and implemented a five day workshop/conference designed to open perceptual doors and continue to develop an attitude of collaboration and mutual understanding between traditional Tribal medicine, Integrative medicine including those Asiatic and African in origin and Allopathic medicine. This conference was entitled "For the Healing of our People" and was a two-part effort.

The initial meetings were held at Meyer Lake, Alaska, over a four-day period. The first two days and evenings were open only to Native healers and related Native professionals from Alaska and neighboring Siberia. It was an open program that encouraged communication between the participants with the goal of creating bridges of understanding and cooperation to the future.

On the third evening, a group of Native professionals from the Anchorage area were invited to continue this dialogue and to examine ways in which they might incorporate traditional healing practices more effectively into their treatment procedures. On the fourth night, a group of Euro-American professionals from the areas of psychology, social work, naturopathy, psychiatry, and various fields of medicine were invited to continue the dialogue and expand it into a discussion that, we hoped, would lead to the lowering of barriers between the professions through mutual efforts, cooperation, and communication.

The discussions were held in a traditional format of healing circles and council. On several of the afternoons, individuals presented their history of clinical disorder and medical treatment to an audience of traditional and contemporary professionals for discussion. Suggestions were developed as to how their treatment, and the treatment of individuals similarly afflicted, might effectively utilize the strength of both worlds. The cases presented were in the areas of post-traumatic stress syndrome, diabetes, and alcoholism, with implications for a wide variety of disorders.

The conference then moved to Alaska Pacific University, into a more contemporary format that

still carried the sounds of drums and ceremonial music into the proceedings. Panels of healers and contemporary medical people, both Native and non-Native, discussed the findings and implications of Meyer Lake. They presented ways in which the spirit and energy of the experience there could be carried into the future. Various speakers presented their work in the area of contemporary medicine and traditional healing practices. There were powerful speakers at our luncheons and dinners from the Lower 48, as well as Alaska, who examined the whole movement towards, and the need for, the regeneration of traditional healing practices with suggestions for the development of cooperation between contemporary medicine and traditional beliefs. In many instances, the role of spiritual belief and energy, as a base for and a major aspect of the process of healing, was openly presented and discussed. The conference ended with a potlatch/powwow that celebrated the event and the promises for the future that it created.

A major result of post-conference discussions was the expressed desire for a continuation of this kind of effort. Many Native individuals noted, "that the doors have finally been opened," and that a sense of empowerment and understanding regarding the value of traditional healers and healing practices has been engendered and would continue. The post-conference atmosphere was charged with that excitement and resulted in efforts to develop programs that continue the spirit that was created.

Accordingly, in 1996 the Traditional Healing Program was expanded in scope and practice. This was made possible when Southcentral Foundation acquired the Traditional Healing Program that had been developed at the Alaska Native Hospital and combined it with the existing program at Southcentral Foundation. Southcentral Foundation accepted the responsibility for a program seen as vital to the healing of the native community with full awareness that meeting the obligation would require gradual but innovative changes in procedure that would meet with resistance from various groups that held territorial interest in conventional treatment techniques.

As the program expanded, Traditional Healing Practices saw as a vital part of its mission the strengthening of our Tribal Doctor Program. We felt that this would enhance Southcentral Foundation's community involvement and, by its very existence, encourage the emergence of similar tribal efforts in Alaskan communities where such services are presently operating underground or in the shadows.

Accordingly, in 1997 Rita Blumenstein was asked to join Southcentral Foundation to hold the position of a traditional healer, on a part-time basis and without official title. She was to be available to participate in cultural presentations and the Elders' Council, to function as a staff member of the Traditional Healing Program, to participate in the development of the Southcentral Foundation publication, "Bridges to the Future," and to give workshops relating to traditional healing, and related topics. At that point she did not have the job description or title of Tribal Doctor. That was planned to occur after the publication of "Bridges to the Future" and the receipt of its recommendations. "Bridges to the Future" was written to give Southcentral Foundation the impetus to implement an enhanced Traditional Healing Program based on its specific recommendations, including a description of the history of past traditional healing practices into the present in Alaska. The plan was to incorporate those suggestions into the medical and mental health therapy programs of Southcentral Foundation in a way that would enhance the healing of our clients and their communities.

At this point Dr. Blumenstein had limited contact with clients referred to her through Southcentral Foundation and spent most of her time planning with the Traditional Healing Program staff for the Traditional Healing Program that was emerging.

In the spring of 1999, Southcentral Foundation determined to further expand the scope of Southcentral Foundation's Traditional Healing Program and the position of Traditional Healing Program

Coordinator to embrace a broader scope of program development and planning. This was to be a crucial step in their development. It was at this point that the Traditional Healing Program staff developed a proposed "Five-Year Plan" for the development and implementation of an expanded program. This included all of the efforts of the past 11 years into an expanded "wish list" that illustrated the broad mosaic of services that Traditional Healing Services could deliver or participate in given appropriate funding and staff support. (See appendix)

The Traditional Healing Program staff, including the Council of Elders, pushed to have the term "Tribal Doctor" recognized and certified by the Medical Council of the Native Hospital and the Primary Care system of Southcentral Foundation. Dr. Douglas Eby, Vice President of medical services Southcentral Foundation, was a major assist in this process. The Traditional Healing Program staff wrote a job description and developed a process of certification that would require candidates for the position of Tribal Doctor to have their credentials, experience, and practice reviewed by the established Elders Council of the Traditional Healing Program. The Elders would also explore the candidate's community reputation, where they received their traditional mentoring and training, as well as their attitudes toward the nature of their healing gifts. Only after this process resulted in the Elders Council's approval of the candidate would their names enter the more formal personnel selection process of Southcentral Foundation.

Our First Tribal Doctor

Rita Blumenstein was the initial candidate for the position of Tribal Doctor. She had practiced herbal medicine and energy based healing since childhood and had an established reputation in the native community, as well as, in national and international healing circles. Her name was submitted to Southcentral Foundation for appointment after the Elders' Council approval process. There was some debate in the organization as to whether to use the term Tribal Doctor or some other title, such as Physician's Assistant.

The Traditional Healing Program staff clarified that the Elders had stipulated that the term Tribal Doctor was necessary so that the Tribal Doctor could operate as an equal partner with medical doctors in working with clients. After some debate, the title was accepted. For the first time there was an officially certified Tribal Doctor in Southcentral Foundation, and perhaps, the first so certified in the State of Alaska. With this certification Southcentral Foundation (SCF) established a viable process for certification for a Tribal Doctor in Southcentral Foundation. This process required that anybody who was a candidate provide the same information that was utilized to certify Rita Blumenstein and would meet the same qualifications.

Dr. Blumenstein developed a treatment schedule for a client identified through an established referral process and has been seeing clients on an individual and group basis. She facilitates group therapy and training and consults with therapists on how to work with clients from a traditional as well as a psychological point of view. Rita presents community workshops, participates in development of our Traditional Healing Program, and attends community and national conferences as a consultant and a participant, as well as other related activities.

The Southcentral Foundation experience demonstrates that process for including Traditional Healers/Tribal Doctors in to the contemporary clinical program and is best served by having the Tribal

Doctor, accompanied by administrative assistants for the purpose of record keeping. Many Traditional Healers/Tribal Doctors who use energy healing, (the process of transferring through them the healing power to the client), find the necessity for record keeping, filing procedures and the political machinations in clinical groups interfere with their procedures for serving as a conduit for healing to the client. This is certainly not the case in all instances and supports the concept, which will be further outlined in this paper that there is as wide a variety of specialties of interest and skills in the ranks of Traditional Healers/Tribal Doctors as there are in the contemporary physician population. In addition, we initially have found that the accepted means of evaluation used to establish the efficiency of clinical procedures are not effective and may not apply to the practices utilized in the healing arena by Traditional Healers/Tribal Doctors. We are now exploring the development of culturally sensitive procedures for evaluating the effectiveness of Tribal Doctor practice. At a later stage of our research, we will suggest steps that should be taken to develop a model that is compatible with western models of evaluation, yet is sensitive to traditional practice and culture.

In the fall of 2000, Dr. Blumenstein was joined by a second tribal doctor, Lisa Dolchok, who successfully passed the certification process and through her experience broadened the range of services available through the Tribal Doctor program. Hopefully, as permission to expand the range of Tribal Doctors specialties is granted, S.C.F. will re-initiate a Tribal Doctor mentorship program and a Tribal Doctor exchange program. Both of these efforts should be part and parcel of any serious effort to implement the Circle of Healing concept, in part or in whole. A later re-write of this paper will include "how to" procedures for the development and implementation of these programs. The Tribal Doctor Program now participates in a new referral network that utilizes a primary care model that builds a menu of Allopathic, Complimentary and Tribal medicine practices to be offered to the client upon initial contact. South Central Foundation, at the date of this publication, is moving to achieve approval and begin inauguration of Tribal Doctor Practices with general hospital patients with a variety of diagnoses. Materials relative to the inauguration of this procedure will be included in the later stages of this paper.

From all these experiences we have developed the concept that is a major focus of this paper that we choose to call "The Circle of Healing." It is a work in progress. We have chosen to, in the Native way, to give it to the universe. We invite your participation in its enhancement, through suggestion and application, in whatever way fits the needs of your particular populations. While the "Circle of Healing" concepts derives from our efforts to improve medical services to the Native community, it is our intention that it be utilized for in all situations where alternative groups of people have been underserved as a result of a somewhat Euro-centric view of medical practice in particular communities. We are also cognizant, particularly in view of recent world crises, that it is adaptable to instances where contemporary medical services are strained by circumstances and wider community involvement in mass treatment is desirable.

IV. THE CIRCLE OF HEALING

During the spring of 1999, in response to plans within Southcentral Foundation to bring its emerging tribal doctor program into closer proximity to its plans to coordinate complimentary and allopathic medicine, I developed a concept of cooperative medical practice that I called "The Circle of Healing". It was based on Black Elks vision for the potential healing and strengthening of the "Hoop of Life" and emerged from my fifty odd years as an emerging bridge-person between traditional and contemporary medical disciplines.

In the fall of this year, I joined with several members of Dinlishla, an Alaskan Native-American Indian non-profit health corporation, to develop an article for publication in the Complementary Health Practice Review. The Fall 2001 issue responded to certain questions posed by the White-House commission on complementary and alternative policy. Certain of its contents, complement this re-write of the "Circle of Healing" and hopefully will increase it's value to others engaged in an attempt to re-orient medical practice.

From Volume 7, Number 1, Fall 2001 issue of The Complementary Health Practice Review
The Circle and the Square: Overcoming Communication Differences

In 1977, Mohawk elder Ernie Benedict spoke about the differences between the allopathic and traditional systems of healing. 'White man's medicine' was viewed as mechanical in nature. The person is 'repaired' much like a broken machine, but he is no better as a person for the repair. With traditional ways of healing, a sick person can be healed and also become a better person for having lived through and learned from the gift of sickness (R. Morgan, personal communications, March 30, 2001). In allopathic medical practices, the control of treatment is firmly in the hands of the physician; in traditional medicine, the control of treatment is in the hands of the patient.

Disease is seen by traditional indigenous peoples as a larger issue that cannot be treated in isolation. Rather, disease is related to the patient's life style, personality and body constitution. People fall ill because they have fallen out of harmony with the forces of nature. Disease is perceived not as an enemy to be conquered (the cause), but as a natural part of life, a transforming energy to be respected and benefited from. The purpose of traditional healing is to restore the individual to harmony. Family, neighbors and the entire community are important participants in helping the patient recover.

In Native conferences, Allopathic medicine is imaged as a SQUARE. Allopathic medicine has been highly successful in developing techniques and treatments specific to various disorders. The positive benefits of Allopathic medicine are accepted by traditional peoples and viewed as life saving. The square, however by its nature, needs to control all that encompasses to insure its survival. Allopathic medicine requires 'proof' in the form of research and clinical trials to demonstrate evidence of worth. Treatment is based on diagnosis and all treatment must be documented. Other methods of healing that are intuitive, based on ceremony or spiritual practices, or differ from allopathic methods are rejected until such time as they are 'tested' and found valuable by western standards.

In most Native nations, the symbol of traditional healing is the CIRCLE. The circle represents the spirit-based nature of traditional healing and the acceptance of other systems of healing. Traditional

ways of healing that withstand the test of time are passed down from one generation to another; their benefit has been 'tested' historically. The 'records' of traditional healing outcomes reside within the oral tradition. The idea that they are unacceptable until 'tested' according to western standards seems irrational to traditional peoples.

Traditional peoples have always known intuitively what science has only recently come to understand about nurturing or damaging health. Research in the areas of psychoneuroimmunology, imagery and healing have revealed the power of the mind to heal or inflict illness; the potent influence of family and community on morbidity and mortality; and the effects of belief and prayer on health outcomes (Freeman 2001c, 2001d, 2001f, 2001g, 2001h; Lawlis, 2001). Many traditional herbal remedies have been demonstrated as efficacious for medical treatment in clinical trials (Freeman, 2001b). Because of the nature of the square (allopathic medicine), attempting to place the circle (traditional healing) within the square results in changes to the nature and viability of traditional healing, as the structure of the square imposes its control, position and needs upon the circle. On the other hand, placing the square into the circle vitalizes and enhances both traditional healing and conventional medicine, as the technology and treatment processes of contemporary medicine work in partnership with the ancient art of traditional healing.

Placing the 'circle' into the 'square' has occurred throughout Alaska because of an event known as compacting. Beginning in 1950, medical care for Alaska Natives was provided by the Indian Health Services, an agency of the federal government (Eby, 1994). In 1994, a process called compacting began in Alaska. Compacting refers to the arrangement whereby local tribal groups are allocated funds to provide medical services, somewhat similar to a block grant. Federally controlled tribal funds allocated for health services are transferred to the tribes who determine how those funds will be utilized. With an ability to mold healthcare into a model most beneficial to Indigenous peoples, tribal corporations began to offer a combination of traditional healing, CAM and Allopathic medicine at the Alaska Native Medical Center and varying outpatient clinics throughout the state. Although allopathic medicine is the dominant model, this blending of systems of healing has not always gone smoothly.

The Circle of Healing

A model for harmoniously blending these differing systems of healing was developed. That model is known as the *Circle of Healing*. The *Circle of Healing* concept was designed by Robert Morgan, Ph.D, Tribal Elder and Traditional Healing program developer. The purpose of the Circle of Healing is to nurture communication and cooperation between the patient, allopathic providers, CAM professionals and traditional healers.

It has been argued that a more appropriate term might be the 'Hoop of Healing', since the concept draws from Black Elk's prayer for a re-emergence of a strong "Hoop of Life" (Neilhardt, 1972). This re-emergence holds the promise for the unification of many hoops (nations) into a great effort, led by the Native American people, to bring about the healing of the earth, its peoples and all life upon it. It is believed that sharing knowledge and respect for the wisdom of the indigenous people of the Earth and spirit that surrounds us, brings balance to cultures driven by technological advances and greed. The view of shared wisdom and respect and coming together for the healing of the human race forms the basis of the "Circle of Healing." This model is especially important to Alaskan natives who believe its concepts may be the fulfillment of prophecy. Prophecies from the Hopi and other tribal

nations speak of a spiritual fire that would be lit in the North (Alaska), resulting in the healing of the peoples (Brown, 1986).

The Circle of Healing is a five-component treatment model that (1) utilizes a tri-disciplinary diagnostic team of traditional, allopathic and CAM medical and health providers; (2) presents all options for healing to the patient for consideration, actively involving the patient in the healing process; (3) provides a guide (known as a pathfinder) to act as patient interpreter and support system; (4) implements a patient-driven healing path (plan) based on patient and tri-disciplinary team recommendations; and (5) provides follow-up care for intervention and prevention.

Within this model, the *pathfinder* position is key. Pathfinders are individuals who have skills as caseworkers and who possess knowledge of traditional healing practices as well as allopathic and CAM methods of healing. In essence, pathfinders are the persons responsible for assuring clear communications and follow-up between the patient, medical team, family and community.

Although this model of healing may seem costly, it is believed that healthcare costs will actually decline with its implementation. As described, traditional peoples and allopathic professionals view illness and the healing process through different eyes. Often, vital information is not shared between patient and medical care. Poor communication leads to an iteration of appointments that fail to address the underlying psychological or medical issues. It is anticipated that intervention via the pathfinder will improve patient/physician communication, the quality of treatment and reduce repeat visits or misguided medical tests.

Present realities such as the process of managed care, financial realities, the emphasis on quantified results and a lack of familiarity with the process we propose will make the full implementation of our concepts difficult, at best. We, therefore, present this concept as something that should be considered as we attempt to develop a medical system more responsive to the diagnostic, treatment and healing needs of underserved populations.

The Circle of Healing Concept as Partially Implemented in an Alaskan Native Health Care Facility

Southcentral Foundation broke ground for a second Primary Care building in the fall of 2001 that was in part, designed to incorporate practices similar to those embraced by the "Circle of Healing" concept. It was designed as a culturally appropriate welcoming site for the Alaskan Native/Native American people of Alaska. It epitomizes the major progress that has been made in health care for indigenous peoples in this state over the last decade that building is now operational.

The design of the building is unique in its structure and it's concepts and directs it to the development of medical procedures that will emphasize the clients' role as a major resource and participant in their healing process.

As is demonstrated in the building design, the building was built to accommodate Allopathic, Integrative and Tribal medicine in a manner that encourages and supports "Circle of Healing" concept. The first floor houses tribal and integrative medicine and the second floor houses family medicine. The building is located on a campus that already supports the Alaska Native Hospital, SCF Primary Care and administration and other government and foundation related health service functions. The general environment, as well as, the structure and décor of the building space reflects Native history. The circular waiting area, which includes the herbal garden, and communication areas, creates a welcoming atmosphere supportive of the wellness concept. The traditional healing space will blend into the integrative medicine areas and both will have ready access to the allopathic clinics on either side. The building space leads itself to easy alterations if adjustments in the nature of staffing and program seem appropriate after the initial years of this process of implementation of this approach.

The conference-consulting areas will be ideal for meeting of the tri-discipline diagnostic teams as well as a variety of training programs designed to train existing as well as new staff into the goals of the program.

The Circle of Healing Proposal

The Circle of Healing includes four phases of diagnosis, treatment and healing; namely the preventive phase, the outpatient phase, the inpatient phase, when necessary, and the aftercare phase. All four of these aspects have to be kept in mind when the treatment facility first makes contact with the client and reviews the nature and level of their physical, mental and spiritual dysfunction. We see the concept as vital to the client healing process for the following reasons.

- 1.** As we strengthen the level of cultural and health science based community services that are available for families that are beginning to suffer some level of dysfunction, or have a history of dysfunction, we will be able to control the numbers of clients coming for services on an outpatient or inpatient basis in our clinics and hospital.
- 2.** As we implement a program for our clients who come to our clinics, that has an effective process for reviewing medical history and self-development with the client, assist the client in understanding how they can use their own cultural strengths and their family capabilities, as part of treatment/healing process, and further helps clients build a level of awareness of treatment services available in the three disciplines, we may effectively involve them in their treatment/healing process. By doing so, we will dramatically improve the possibilities of that client avoiding remission and extended hospitalization.
- 3.** As we become effective at the outpatient level (Primary Care Center) in helping the client develop a healing path and assisting them in their initial efforts to maintain and develop that approach, we will lessen the number of clients who go into inpatient or hospital treatment. For those who do enter hospital treatment, we will be able to prepare them for that treatment so they can make more viable use of their time and of the treatment offered at that facility.
- 4.** As we develop a coordinated team effort at the out-patient and hospital sites that includes our three medical disciplines (Tribal medicine, Allopathic and Integrative medicine), that initiates an interdisciplinary consultation, at entry; lays out a treatment regime that educates the staff as to the history of these clients and the of the nature of their needs, and includes an integrated diagnosis and consultation program within the structure of these three disciplines, we will be able to utilize the treatment time more effectively. We will have the basis for developing with most clients a healing program that they will carry with them from the hospital into aftercare/re-entry. Prevention, in this sense, will be a more viable concept, as the client will be going home to a family who is more prepared to receive them and work with their treatment. The patients will be aware of how to utilize medications and how to conduct themselves physically, emotionally and spiritually in a manner that will strengthen their healing response. They will be better prepared to utilize proper dietary techniques and exercise techniques to that end and will be prepared to work with their family in developing a more balanced approach to the problem solving.

This Circle of Healing approach illustrates the interrelationship of all four phases of prevention, outpatient, inpatient and aftercare. It demonstrates that all of our health services approaches are in fact interrelated and can more effectively achieve their goals with appropriate inter-communication and planning.

It would be appropriate, at this time, to describe the path of healing that a client will initiate when they first come into our proposed system.

The extent of the implementation of this procedure will depend upon the situation that the client brings into the clinic. The process will be more fully implemented with clients who express an interest in developing a healing path process or who have had chronic maladies and extensive prior treatments that have not been fully successful. This process initially should be more on a client acceptance and/or physician/tribal doctor recommendation because of lack of success in previous treatment. Eventually, it should be extended to all clients as financial and system realities make this possible.

The Outpatient portion of the "Circle of Healing" program should initiate when the client comes to the Facility either as self-referral or a direct referral from other clinicians. In the initial treatment model, which should begin at the client's request or on staff recommendation, the client will meet with a Pathfinder. The Pathfinder will be a staff person trained with a strong base knowledge of casework, enhanced by a working awareness of the nature of Traditional Healing Practices/Tribal Medicine, integrative medicine, and allopathic medicine. The Pathfinder will hear and if permitted, record the client's view of what their medical needs have been, their history of medical service, and their history of treatment in the traditional and integrative medicine arenas. They will also be asked for an evaluation of the effectiveness of their previous treatment, and their views for the reasons for that effectiveness or lack of effectiveness. They will be asked for their concept of ways in which it could have been improved, the effectiveness of treatment in the past and what they bring in the ways of cultural strengths and health/healing concepts that could be included in their current treatment plan.

Following this initial meeting(s), the Pathfinder will set up a case conference process with representatives of the Allopathic, Integrative and Traditional portions of the medical program. This group will be the tri-discipline council. Utilizing a form prepared for the purpose, the council will develop a healing path plan for the client that will outline ways in which the client can utilize their personal resources, their family resources, the community resources and clinical resources to overcome their dysfunction or disease. This plan will be developed into a post-treatment proposal that will continue the healing process and hopefully bring the client to a stable and balanced level of physical, mental and spiritual function. The reality is that this approach will have to initiate in gradual portions. This will take the form of a healing plan to be viewed by the client under the auspices of the Pathfinder.

This process, involving the tri-discipline healing council should include, at the minimum, representatives of the three major medical disciplines involved (Allopathic, Integrative, Tribal) and the Pathfinder. Other specialists may be involved as necessary. This council can be conducted onsite or, when more convenient, through the e-mail and/or the tele-medicine process. The participants will review the client's medical history, hear the tape and/or see the written results of the initial intake interview. They will then develop an initial treatment plan that will include recommendations for a composite treatment approach. This may include aspects of Traditional healing, Integrative, and Allopathic medicine that they feel should be explored by the client. They will also develop recommendations for the initial phases of treatment.

This procedure should be implemented in the first two years of operation as a pilot process involving approximately fifty clients. A more complete description of this model, including the development of a culturally based assessment is in the process of development.

The development of the treatment/healing plan may incorporate a wide variety of recommended procedures from the disciplines of Allopathic, Tribal and Integrated medicine as well as other allied professional and related community based activities. Its purpose will be to inform the client as to the nature of their disorder(s) and the matrix of activities and treatments that would be seen as remedial to that disorder. In this manner Tribal, Allopathic and Integrative medicine can partner in the development and enhancement of the development of a “map of healing” to be delivered and explained to the client by the pathfinder. All these approaches to treatment should be included in our menu of services available to clients during their intake procedures.

These recommendations will be outlined for the client in a manner that is comprehensive and culturally appropriate. The types of treatment in the three disciplines available in the Primary Care Center as well as the general Anchorage community will be considered as part of this healing plan. Specific referrals can be made to treatment personnel presently employed by or approved by the Primary Care Center of Southcentral Foundation or to community resources.

The development of a client information center will facilitate the client’s ability to be an active informed partner in the development and implementation of their healing plan.

A computer resource area with a minimum of three stations (depending on the population served) that also connects with more traditional library and information materials would complement the development of the client as a partner in their treatment.

Facility in the use of the internet medical resource section as well as the less formal chat rooms would enhance the clients knowledge of their diagnosis, prescribed medications and treatment resources related to their dysfunction.

“Chat room” availability would allow them to exchange views and treatment options with individual clients in a like situation. To facilitate this, the clients should be given the somewhat risky option of unsupervised use of the computer facility once the information center staff found they had competence. Supervision of usage while understandable from a clinical control point of view might have the unwanted effect of censoring out viable treatment/healing options.

Another benefit to be derived from this client information center will be the development of the client as a health resource advisor in his or her own home and community. Thus the client becomes a focal point for wellness as opposed to illness. The improved psychological, hence, immune system response to be derived from this change in status could be the focus of several other chapters.

Program Realities

The developers of this concept are presently preparing a grant request to support the enhancement of the initial Tribal Doctor Program, which was started two years ago. We're looking at our beginning model as one that can be replicated by other people in the sense of enhancing the efficiency of treatment and of the healing process. We feel that the Tribal Doctor must, in our model, serve as an equal partner with a medical doctor to enhance the referral and diagnostic process. We want the Tribal Doctor to be able to say "Doctor, I think this is what's wrong with the client" and be heard, even though the Tribal Doctor is not necessarily presenting standard physical evidence. We have voluminous historical and anecdotal evidence that Tribal Doctors can diagnose and treat conditions in a manner and with a purpose that will enhance our present Western medical practices.

We are seeking funding to assist our effectiveness in recruiting and certifying Tribal Doctors, as well as, enhancing our process for improving our procedures to include their services into primary care and into other forms of treatment. We wish to develop a culturally based, valid means of assessing their efficacy in those areas and through these procedures, increase recognition and utilization in the medical community of the Tribal Doctor process and the Traditional Healing process.

Our efforts are in line with a movement now sweeping the country that seeks to understand and incorporate traditional healing practices into contemporary medical practices. This is occurring in many areas, including Arizona, Nevada, and Alaska, where it has strong momentum in Bethel and Kotzebue.

Dinlishla and other Traditional Healing Programs are presently working to organize a council representative of Tribal Doctors and the Alaskan communities that support them. We want to build a consortium, a clearinghouse, where communities who want to look at ways of beginning such a program or to continue or improve their Tribal Doctor programs can come for advice, assist in program development, and find ways of funding such programs.

We are interested in finding appropriate procedures for implementing the utilization of traditional herbs within the hospital system, as they are doing in the pharmacy at the Five Mountain Hospital in Hawaii.

We are looking at building the new "Circle of Healing" in a good way that will include all the forms of medical treatment, presently being utilized by individuals in the community. This "Circle of Healing" should include Allopathic medicine, Tribal medicine, and many of the alternative approaches, such as acupuncture, acupressure, naturopathy, Ayurvedic medicine, and Chinese medicine. There are other activities springing from a traditional healing base that have been demonstrated in many studies to have a positive effect on the attitude, expectations and, as would follow the effective involvement of the client as the center of the healing process. These include, but are certainly not limited to community gatherings, ceremony, prayer, music, drumming and, as a core integrative approach, the talking/healing circles.

We want to start looking beyond the concept of treatment in the Allopathic sense to strengthening the process of healing in an individual and community sense. We want to find ways of stimulating individuals to become a primary part of their own healing process and to be able to become wise consumers of treatment concepts that are offered to them from various sources. We want those treatment sources, Allopathic, Tribal, alternative and integrated, to be able to sit down together and look at a client or a client's issues, and come up with an appropriate menu of services for that client. We want

them then to assist the client in making wise choices in how to use those treatment options.

It should be noted that while I developed the concept of “Circle of Healing” and the “Pathfinder Program” to fit the realities of social programming and treatment in Alaska, I see it as a model for similar efforts in culturally sensitive communities in this era of HMOs, managed care and other systems primarily created to more effectively utilize funding for medical services. The “Circle of Healing” concept offers a way for building a partnership between the major medical approaches that currently exist in our communities that will, I believe, eventually result in cost savings and efficiency of treatment as clients once again, become responsible, informed participants in their own healing. Properly implemented and directed by the most appropriate discipline for each case, whether that be Allopathic, Tribal, or integrative in nature, this approach to medical treatment should result in fewer outpatient visits that are shorter and more productive, hospital admissions. Beyond the efficiency of the process is the fact that the clients deserve the professional support necessary to make them informed consumers of the broad spectrum of services from Allopathic medicine to the ancient and proven knowledge of healing replete in Traditional practices.

A quote published on page 66 of The Great Medical Monopoly Wars by P.J. Lisa quotes one of the leading medical doctors of his time and one of the signers of the Declaration of Independence. Benjamin Russ, M.D., stated, “The Constitution of this Republic should make special provisions for medical freedom as well as religious freedom. To restrict the art of healing to one class of men and deny equal privileges to others will constitute the Bastille of Medical Science. All such laws are un-American and despotic.”

It will be important, as we develop the “Circle of Healing” into a cookbook of practice, to fully explore the nature and the need for nature of the various professional and community components of the plan. We will begin by looking at the positions that may be least understood by the contemporary medical reader-namely the Traditional Healer/Tribal Doctor and the Pathfinder.

V. THE TRADITIONAL HEALER / TRIBAL DOCTOR

What is a Tribal Doctor and how might they function within a typical Allopathic/Complementary care program?

We again refer to our response to the White House commission on Complementary and Alternative medicine policy in the fall issue of *Complementary Health Practice Review*, for a summation of our feelings regarding a series of questions posed by that body regarding the identification, rule and practice of Traditional Healers and Tribal Doctors.

The commission formulated a series of questions concerning traditional healing and encouraged traditional healers, tribal doctors and indigenous people from across the country to provide their input. Questions posed included, but were not limited to the following: (1) who should be allowed to use the "traditional healer" designation? (2) How and by whom should traditional healers be selected and credentialed? (3) Should traditional healing be integrated with conventional medicine or should it be kept separate? (4) Should traditional healing be integrated with conventional medicine, or should it be kept separate? (5) How should traditional healing be preserved and perpetuated? (6) Should there be communication between a conventional health care provider and traditional healer when both are involved in the care of the same patient? If so, what information should be communicated?

These are all excellent questions and issues that certainly need to be addressed. Most individuals who shared their views with the authors of this article were pleased that potential benefits from traditional healing might be recognized and addressed at the national level. Many, however, commented that the most important question of all had not been asked. That question is: What is a traditional healer, as defined by his or her culture? Associates were concerned that without addressing this most important question, answers to all other questions would be meaningless or misrepresentative of traditional healers and their cultures. Traditional healers from all cultures have much in common, but also differ significantly in their practices. This article commented on the traditional healing practices of Alaska.

Traditional Healers of Alaska

The Alaska Native population can be grouped by language and culture into Aleuts (residing mostly on the Aleutian chain of islands), Inupiat (northern Eskimos), Yup'ik (southern Eskimos), Athabascans (residing in the Alaskan interior) and the Tlingit and Haida (residing in the southeastern panhandle) (Langdon 1989). Traditional healing is defined as the culturally established medical treatment utilized by Alaska Native peoples and often delivered by their traditional healers. A Traditional Healer is an individual deemed a competent healer by the Native community and respected elders within that community. Traditional healers receive their healing ability in visions or dreams through a consciousness altering illness, or they may be taught their healing skills through apprenticeship to another traditional healer (Jorgensen, 1990; Mauer, 1986; Murkowski, 1981; Perrigo, 1986; Pender, 1987; L. A. Benson, personal communication, April 28th, 2000; M. Schaeffer, personal communication, April 28th, 2000). When suffering from simple medical conditions, Alaska Natives may self-treat the problem in traditional ways (ingesting Alaskan herbs, invoking ceremony and prayer). If

the illness is viewed as serious or complicated in nature, they may seek the help of a recognized and respected Traditional Healer.

Alaskan traditional healers employ one, or a combination, of the following practices: energy centering, cleansing, manipulation and massage of the abdomen, liver, intestines and womb; application of heat and exercise of limbs at hot springs, manipulation and massage of the muscular, circulatory and skeletal systems, correction of dislocation and sprains, maternal care, preventative counseling on healthy living practices, the administration of herbal medicine, journeying out of body to gain healing insight, journeying through the body of another to diagnose causes of mental and physical dysfunction, drumming and dancing; singing grieving songs, bone setting, poking (lancing infection), unblocking energy flow (a technique somewhat like acupuncture), healing through storytelling and culturally-derived forms of psychotherapy and the use of prayer and ceremony. (M. Schaeffer, personal communication, April 28th, 2000). The healer may practice one or many of these gifts of healing but is always aware that healing does not come from him or her (or from the herb, for that matter), but from a higher source. The traditional healer is merely a conduit of this restorative energy.

Four additional Commission questions may now be answered in unison: (1) should traditional healing be integrated with conventional medicine, or should it be kept separate? (2) Should traditional healers be licensed or exempt from licensure? (3) How and by whom should traditional healer be selected and credentialed? (4) Who should be allowed to use the 'traditional healer' designation?

As stated, a traditional healer is not designated by a certifying, credentialed or licensing body, but must be recognized by the traditional culture and respected elders. In Alaska, a distinction is made between the terms *Traditional Healer* and *Tribal Doctor*. A *traditional healer* freely practices his or her gift within the culture. A *Tribal Doctor* is a recognized traditional healer who agrees to be bound by the rules, regulations, certification, or credential requirements of an Allopathic or Integrative medical environment while practicing within that environment. For example, Rita Blumenstein is a Yupik traditional healer and certified Tribal Doctor practicing at South Central Foundation, and Alaskan native primary care outpatient clinic in Anchorage. As a traditional healer, she is a gifted energy healer, herbalist and journeyer. In her tribal doctor practice, she is not allowed to offer herbal treatments or to pierce the skin (R. Blumenstein, personal communication, August 17, 2000). In Kotzebue, Alaska, traditional healers often 'specialize' in massage, bone setting, herbal treatments, organ and system manipulation, energy healing and 'poking' (A. Nelson, personal communication, November 19, 2000). While tribal doctoring at the hospital these traditional healers may not administer herbs, break the skin or set bones. In response to the question, Should traditional healing be integrated with conventional medicine, or should it be kept separate? the authors respond that *tribal doctoring* can be and has been successfully integrated into conventional care. The reader and the Commission should understand, however, that true traditional healing is unlikely to be practiced in an integrative setting because medical liability, insurance and law currently prevent the full practice of traditional healing ways.

Should traditional healers be licensed or exempt from licensure? The term licensure may be inappropriate, as applied to traditional healers. The term certification and credentialing are often used to designate a Tribal Doctor and Tribal Doctoring programs. How and by whom should traditional healers be selected and credentialed? *Tribal Doctors* should be selected and credentialed by the conventional or integrative medical setting where they practice. However, Tribal Doctors should be credentialed only if they are already culturally recognized traditional healers.

We now respond to the question, Should there be communication between a conventional healthcare provider and traditional healer when both are involved in the care of the same patient. If so, how should that information be communicated? Many Alaska natives who use conventional care also seek treatment from a traditional healer. Some Alaska natives seek the help of a traditional healer to the exclusion of conventional care but most report using conventional and traditional healing methods simultaneously. Alaska natives often report that conventional physicians are abrupt and disrespectful of their traditions and they are reticent to share information concerning their use of traditional healing. There is often poor communication between conventional providers, Tribal Doctors and patients. This is not a problem unique to traditional peoples and traditional ways of healing. Eisenberg and others have also documented poor communication between conventional providers and patients who use CAM providers (Eisenberg et al. 1993, 1998).

When any form of traditional or alternative medicine is integrated or combined with conventional medicine, there are certain factors that must be addressed. There are medical risk factors. For example, prescribed medications and herbal treatments can cross-react, leading to medical complications (Freeman, 2001b). Certain forms of manipulation may be contraindicated for treatment of specific medical conditions (Freeman, 2001e). Factors feeding the existing clash of cultural vs. medical model must also be addressed (Freeman, 2001a). Clearly, conventional medical providers, healers and CAM professionals should all communicate as effectively as possible to provide the broadest level of benefit and safety to the patient. The authors are well aware that this is no easy task. Assuring that Tribal Doctors, Traditional Healers, Allopathic and CAM medical providers communicate at all, much less that they learn to 'speak' a common language, is like trying to fit a square peg into a round hole. Our best approach is to round off the edges of the "square" and widen access to the whole through cross-discipline and continuing education efforts. These should include the case study approach utilized through a multi-disciplinary model that includes the healing circle model.

VI. CLINICAL IMPLEMENTATION OF THE CIRCLE OF HEALING

There are many operational problems to be faced when a system tries to develop an inclusive process for Tribal, Complementary, and Allopathic medicine. We will attempt here to outline some of what we have learned over the past decade of attempts at such inclusivity, while admitting that we have much to learn and a long way to go. We would advise the reader who is considering such a project to proceed carefully and include in their planning team representatives or the principals involved. These should include, but not be limited to, Traditional Healers/Tribal Doctors, consumers, Complementary and Allopathic Medicine, Tribal Leaders and whoever else may have developed insight through their life and/or academic experience that would equip them for such a task. Of primary importance, we would place all participants on an equal footing regardless of degrees or lack thereof.

The Tribal Doctors may utilize a wide variety of treatment techniques, all of which are explained to the client during diagnosis and are utilized only with their permission. Tribal Doctors vary in the specialty areas and the techniques. They are utilized in much the same way as contemporary medical practitioners. Some of the techniques utilized are briefly explained in the following materials, in the hopes that it will help to clarify Tribal Doctors practices for clients, as well as contemporary physicians and other health care providers.

Healing Hands

The Tribal Doctor may utilize a technique that is similar in procedure to treatment involving healing hands and massage. These may involve breathing exercises and similar techniques to relax and balance the body, such as; cold or hot packs to release tension, relieve pain, and increase blood flow; manual massage, superficially or at a greater depth according to diagnosed need, trigger point pressure release to relax contracted muscle and concurrent tension, and deep muscle massage. The Tribal Doctor will apply this treatment technique only when the client's diagnosis assures the potential for positive effect.

Relaxation Technique

The Tribal Doctor frequently employs relaxation techniques as a means of assisting the client to develop a receptive attitude to treatment and healing techniques. Relaxation techniques can include a wide variety of procedures including, but not limited to; directed listening to relaxing music while in a physically receptive posture, followed by the application of light to moderate pressure massage. The teaching of breathing exercises, which are available in a wide variety of approaches, to assist the client in their relaxation efforts gives the client a tool for self-management of a variety of discomforts. The Tribal Doctor uses imagery techniques that the clients can utilize in a directed way to deeply relax various areas of the body. Relaxation techniques are a major component in tribal medicine in that they prepare the client to experience the healing effect of various traditional approaches and to utilize them effectively and with more openness for their own healing journey.

Story Telling

Tribal Doctors and other community elders frequently hold the keys to the understanding and contemporary involvement of traditional knowledge and wisdom into the treatment/healing process.

Story telling is an ancient art that served as the purveyor of wisdom prior to the advent of written language. As practiced now by traditional storytellers it teaches listening skills, positions of morality, cultural awareness and pride and problem solving by innuendo and example. While it may not address a client's specific concerns directly, it does encourage the client to seek and discover answers to their concerns through interpretation and assimilation of the story line. Tribal Doctors frequently use abbreviated story telling approaches for a similar purpose with clients. They also present at conferences and workshops in a general capacity directed to the same goals.

Cleaning and Blessing

Cleaning of one's body, mind and spirit through a process of smudging (smoke cleansing) with sage sweet grass, cedar, labrador tea and fungi is practiced throughout the native communities in Alaskan Native and Indian country. This practice has ancient roots in ceremony and community practice and prepares the participants to enter treatment in a balanced and open way. There is belief that the procedure dispels negative energy in the participants and surrounding and improves positive energy and receptivity. The blessing is given as recognition of the positive things that have been given to us and ask a continuation of the healing process. It also helps direct the energy of the participants on a positive path and weakens negative thought.

Nutritional Counseling

The Tribal Doctor may suggest traditional and contemporary food additives to the client's diet if they are physician approved and supportive of the client's diagnosis. Tribal Doctors, through their training as traditional healers, may have vast knowledge of the healing properties of various indigenous plants, minerals and animals. They have historically utilized these with positive effects for many physical and mental impairments. In many contemporary clinical instances these prescriptions have been evaluated and accepted into clinical practice by appropriate medical supervisory bodies. These conditions and restrictions are in flux at the present time, as the movement to partnership between allopathic, complementary and tribal medicine strengthens in a growing number of hospitals and clinics.

Traditional Counseling

Traditional counseling, as practiced by Tribal Doctors and culturally based Counsels, differs in some major ways from the contemporary model. Traditional counseling focuses on the person and context of their family and community, rather than on a reported dysfunction. The emphasis is on health, not the disease. Emotional, physical and spiritual disease is perceived not merely as something to be conquered and removed from life, but as something to be respected as a natural part of the person and life itself. The Tribal Doctor, in this procedure, sees themselves as the servant of the client by nature of their knowledge and expertise, rather than using it to accumulate control and power. While it can be complemented by contemporary training, they understand that the power of healing itself is a major asset that a Tribal Doctor can transmit to a client to assist them in recognizing their own healing source. With the assistance of their counselor, they then can move in the sense of self-liberation from obstacles to their well being.

Exercise

The Tribal Doctor may prescribe a variety of exercise options that the client will/may include in the treatment plan. These may include a variety of procedures specific to the conditioning of certain areas of the body or they may be directed to a more general effect, such as tension release, body tensity improved circulation and the like. Traditional activities that lift mood and improve general bodily function may be suggested, such as ceremonial dance, drumming, wilderness hikes, gardening and berry picking if they seem culturally appropriate.

Dream Interpretation

The Tribal Doctor assists the client in the interpretation of their dreams as they might relate to ideas or experiences that are blocking the healing process. The client is helped to realistically explore dream content and, where relevant, use it to develop an increased awareness of healing approaches that they may utilize on their healing path. The Tribal Doctor uses caution in this procedure, so that it does not over-emphasize dream content in a way not relevant to the healing process.

The Talking Circle

The traditional talking (healing) circle, based on practices utilized by Alaskan Natives and American Indians generations ago, puts it's emphasis on involvement, partnership and consent of all parties. Traditional values are stressed, such as, sharing, humility, respect for others, cooperation, responsibility, spirituality and similar attributes. The circle focuses on the participant's basic responsibility for his or her own healing. The client or participant is seen as a human being capable of bringing their lives into balance. It is an excellent technique for the clients to listen to the issues of others and find similarities with their own concerns that can enhance their journey of self-discovery. Talking circles generally follow a similar format and serve as a successful teaching and healing procedure in classroom, community, and clinical settings.

Prayer

With the client's request, the Tribal Doctor will join with the client in prayer. The Tribal Doctor will, also when appropriate and at the client's request, pray for the client's healing. These prayers are non-denominational, unless the client specifies otherwise. The Tribal Doctor will, also on request, participate in opening and closing prayer at a variety of conferences, workshops and municipal and tribal gatherings. Prayer is also utilized in talking and healing circles as a matter of course, unless the setting or participants direct otherwise. The process of prayer has strong traditional roots and is seen as a strong component in any treatment/healing process.

Song and Dance

As part of the clients treatment/healing program, the Tribal Doctor may prescribe attendance at tribal ceremonies and where possible, involvement in traditional song and dance. Frequently, these types of activities assist the client in moving from depression, improving social attitude, developing a positive sense of their culture and other self-development skills that can be a major support for the

client's healing journey. Tribal Doctors, on request, participate in the planning and implementation of these activities as consultants and presenters to insure a traditional and culturally appropriate procedure. Music, dance, and ceremony have always functioned as a major component of the traditional healing process.

Journey/Imagination

The Tribal Doctor may utilize a procedure with the client that demonstrates a way to use imagination as a tool in the healing process. The client is assisted through a process that helps them visualize a situation of wellness in themselves and/or to visit a time when a trauma occurred in their life that may underlie their present mental or physical difficulties. The client is shown a way to begin to resolve those earlier trauma situations and find the seeds of healing in the process. Each Tribal Doctor has their unique way of utilizing this procedure in a healing situation. The process will be fully explained to the client prior to initiating the procedure.

The Medicine Wheel

The medicine wheel teachings allow the individual to reflect on an expanded and holistic worldview. Harmony and balance in life (emotionally, spiritually and physically) are dynamic lessons from the personal traits that are inherent to each client as teaching tools to promote awareness, self-esteem, and pride in one's identity, clan, and culture. An adaptation of the talking circle format can be used to involve all participants and promote respect for oneself, others, and the environment.

Energy Healing

Tribal Doctors have historically believed that their gift of healing comes from a positive spiritual source and that they are merely carriers and transmitters of healing energy. Most feel that it is a gift to be shared and when appropriately transmitted to the client has self-liberating effects and removes obstacles to their well being. This energy transfer usually occurs through a treatment similar to that described under "healing hands" and has the goal of moving the client to a sense of balance and a position of wellness. In the past, practices similar to energy healing have carried a religious connotation. As practiced by most Tribal Doctors these procedures are strictly non-denominational and are utilized only with the client's full understanding and acceptance.

Other Specialties

There are many other specialty areas practiced by Tribal Doctors. They include, but are not limited to bone setting, circulation, obstetrics, modified acupuncture, healing of historical trauma and many others. The type of practice conducted by the Tribal Doctor will of course depend upon their experience, training and connections.

Conclusion

The Tribal Doctors treatment goal, as a participating partner in the allopathic, complementary and tribal medicine clinical team, is to assist the person being treated to a condition of wellness by utilizing the treatment opportunities that this cooperative and team approach offers. By doing so, we

hope to dramatically improve the possibility of a client avoiding remission and extended hospitalization. The Tribal Doctors see themselves as servants of the people, obligated to share their knowledge and expertise to assist the client, their family and their community in maintaining a condition of wellness.

A suggested procedure would be to have a Tribal Doctor who possesses the appropriate skills and is comfortable with the procedure, perform an initial visit, or visits, with the client in an outpatient or inpatient location. The Tribal Doctor will then, preferably prior to other technically based evaluations, suggest a diagnosis with treatment recommendation that are compatible to the process, the physician may utilize the Tribal Doctor's diagnosis and recommendations in developing their concept of what tests to order, explorations to initiate, and treatments to prescribe. In most clinical settings, as they exist today, this procedure would be best initiated on a pilot basis, probably as a clinical study under grant.

A. INFLUENCES THAT CONTRADICT, LIMIT, OR INACTIVATE THE THERAPEUTIC EFFECT OF TRIBAL MEDICINE

Medications

- Narcotics – opiates
- Benzodiazepines

Lifestyle Factors

- No alcohol use within one week
- No cocaine use within one week

Psychiatric Conditions

- Psychosis

B. A SAMPLING OF CONDITIONS WITH RECOGNIZED POSITIVE RESPONSE TO TRIBAL DOCTOR TREATMENT AND SPECIFIC REFERRAL CONDITIONS

Tribal Medicine at Southcentral Foundation

Tribal Doctors or Alaskan Traditional Healers may employ one or a combination of the following practices:

- 1.Manipulation and massage of the abdomen, liver, or intestines
- 2.Application of heat and exercise of the extremities
- 3.Manipulation and massage of the muscular, circulatory and skeletal systems
- 4.Palliative care of dislocation and sprains
- 5.Maternal care
- 6.Preventive counseling on healthy living practices
- 7.Management of chronic pain
- 8.Facilitating effective utilization of allopathic treatment by recalcitrant clients
- 9.Unblocking energy flow (a technique somewhat like acupuncture)
- 10.Healing through story-telling and culturally derived forms of psychotherapy
- 11.Energy centering and cleansing
- 12.Use of prayer and ceremony
- 13.End of life counseling and care
- 14.Guided imagery
- 15.Spiritual care
- 16.Healing care

The Tribal Doctor may practice one or many of these gifts of healing, but is always aware that healing does not come from him or her but from an energy source. The Tribal Doctor is merely a conduit of this restorative energy.

C. CONDITIONS WITH RECOGNIZED POSITIVE RESPONSE TO TRIBAL DOCTOR TREATMENT AND SPECIFIC REFERRAL PROCEDURES

1. Post traumatic stress syndrome
2. Cultural counseling and understanding
3. Depression
4. Anxiety
5. Muscular, skeletal, and circulator problems
6. Marital problems
7. Acute stress reaction
8. Lifestyle changes
9. Wellness and healthy living initiatives
10. Cardiac rehabilitation
11. Release of neuro-muscular blocking
12. Diagnosis
13. Diabetes

Research results supporting the efficiency of Tribal Medicine in dealing with these conditions will be added to the upgraded Provider Guide inserts, in our revised document.

PROPOSAL PROCESS FOR THE INTEGRATION OF TRIBAL DOCTOR SERVICES INTO A PRIMARY CARE SYSTEM

Services

The services offered by Tribal Doctors will vary according to the professional skills of the Tribal Doctor staff and the level of acceptance and experience related to tribal/allopathic medical cooperation existing within the Primary Care System. It is expected that, as the proficiency and professionalism of the Tribal Doctor staff is demonstrated onsite, there will be a gradual expansion of services offered in the consultation, treatment, and diagnostic areas.

Initially Tribal Doctors may offer the following services.

Referral Process

Referral to Tribal Medicine may be the same as the referral process to other specialty clinics. The Family Medicine Clinic or Pediatric Primary Care Provider or Case Manager will fill out a referral form and attach it to the yellow copy of the PCS. The referral form and PCS will be faxed to the Tribal Medicine Provider. If the Tribal Medicine Provider is unclear about the referral, they or their representative will call the Primary Care Provider's Case Manager. The case manager will inform patients that they will be receiving an appointment time and date from Tribal Medicine, if after review by the Tribal Medicine Provider they are eligible for treatment. After review of referral and PCS forms, the Tribal Medicine staff will call referred patient and set up an appointment. The Tribal Medicine Provider will have final approval to accept referred patient for treatment.

There are many operational problems to be faced when a system tries to develop an inclusive process for Tribal, Complementary and Allopathic medicine. We will attempt her to outline some of what we have learned over the past decade of attempts at such inclusivity while admitting that we have

much to learn and along way to go. We would advise the reader who is considering such a project to proceed carefully and include in their planning team representatives of the principles involved. These should include but not be limited to Traditional Healers/Tribal Doctors, Consumers, Complementary, Allopathic medicine, Tribal Leaders and whoever else may have develops insight through their life and/or academic experience that would equip them for such a task. Of primary importance, we would place all participants on an equal footing regardless of degrees or lack there of.

Other services equally beneficial to the healing process, but presently seen as auxiliary to the medical process can be provided. These will include, but are not limited to, healing circles, traditional musical presentation for groups of clients, direct training in traditional practices for staff, and storytelling. The staff and the Tribal Doctor services outlined should be implemented following a brief training program.

Eventually, as the clinical climate becomes more supportive, the Tribal Doctor program may include massage, bodywork, and energy transfer healing. These skills, acquired over eons of tribal practice serve as the core of much traditional practice. It is a non-denominational process that, through massage and body/mind manipulation, helps to bring the client's mind and body into balance with spirit and has been evidenced to give a strong and positive effect to the client's immune system.

Another treatment that is practiced by various skilled healers throughout Alaska is the giving of supplemental herbs. The formulas for ingestion of these herbal supplements have been developed over many generations and their specific value to specific generations has been anecdotally evidenced over time. At the present time, traditional herbal supplementary treatment is being studied, evaluated, and prescribed in various hospitals in the U.S. and Canada. These services are presently not being offered by Tribal Doctor program at the Southcentral Foundation.

Tribal Doctors may initially have limitations imposed by the system on the practice of their skills. Such limitations include prescribing medications, herbs or supplements, and poking or body piercing.

The Tribal Doctor program should be supplemented in the future with additional staff (T.D.S.) whose skills will supplement and enhance the services that can be provided in the areas of consultation/diagnosis and treatment.

In addition, a Tribal Doctor consortium should be developed that will, among other services, provide a Tribal Doctor exchange program in the State of Alaska. This will mean an addition to the variety of treatment available, on request, by the medical staff and the client population.

Scope of Services as Evolving at Southcentral Foundation – A Southcentral Alaska Native Health Facility

Traditional medicine, or Native healing, involves meeting with a Tribal Doctor who attempts to learn as much as possible about the patient's situation by active listening, and the asking of appropriate questions. To arrive at a diagnosis, traditional practices such as dream analysis, intuition, prayer or meditation may be used. After the evaluation the Tribal Doctor will recommend a certain prayer, herbal remedy, or some other treatment for the patient's condition.

Policy

The Traditional Healing Department coordinates and arranges the provision of traditional medicine for beneficiaries. Patients will be informed that these services are completely optional for them, to be undertaken only if the patient chooses. Patients will also be informed that traditional medicine and western medicine should not conflict with one another, but that they should work together to enhance health and well-being.

Procedure

A traditional healing suite is located in the Primary Care Center or similar facilities and, will serve as a traditional healing area and office. Services are provided five days per week, or as deemed necessary. Each Tribal Doctor will advise the staff of his/her availability. A monthly schedule of availability is provided.

Appointments will be made through SCF Traditional Healing Department. Appointment slots will be left open for the same day appointments when possible.

The role of the Tribal Doctor advisory as well as direct. Recommendations will be made based on cultural perspectives of health/healing and traditional remedies (ceremonies, contact with other native practitioners). The Tribal Doctor may perform diagnostic measures, and offer prayers, healing hands, songs, supportive counseling, and other therapeutic interventions. Poking, body or tissue penetration of any kind is not to be advocated or utilized by SCF traditional healers at any time. The Tribal Doctor also serves as a consultant to the staff to increase understanding and awareness of traditional values, beliefs and practices. This can be accomplished by one-on-one interaction or by group presentations on items of interest.

Prayers may need to be scheduled on sacred land or at other times of the month/year per traditional dictates. Prayers and/or other traditional methods (i.e. diagnostic or therapeutic treatment) may be provided as part of the agreed upon treatment plan.

The Tribal Doctor may not charge for consults, prayers, or blessings performed during daily appointments.

1. The Tribal Doctor informs the provider of his/her recommendations, when appropriate.
2. The provider gives information on the diagnosis, treatment, and any restrictions that are important (such as being NPO before certain tests, physical limitations present, etc.)

3. The Tribal Doctor is available to see patients in the general hospital area upon request. The Tribal Doctor will also visit hospitalized patients upon request.

Waiver forms will be filled out at the time of appointment. One of the SCF/THP staff will assist the patient/family in completing a waiver form. Language interpretations will be provided.

Charts are kept on all patients seen by the Tribal Doctor and are stored in a locked cabinet. The sponsoring program is responsible for updating charts.

An evaluation of the Tribal Doctor should be done every six months. Items to be examined are chart review and a bi-annual evaluation of performance from patient satisfaction survey.

Tribal Doctor Practice in a Southcentral Alaska Native Health Clinic

The following self-statements were developed by the Tribal Doctors working with the authors of this paper and are included into as reinforcers for the practice assumptions that have been made.

Tribal Doctor I

This Tribal Doctor supports the patient's initial and immediate need by explaining and giving a better understanding of their health condition and the diagnosis that puts them in the hospital, surgery or upcoming surgery, and treatment. Treatments such as physical therapy, surgery, recovery, cancer treatment or whatever the condition is that brought them to this point in healing and recovery. The Doctor does this through talking and listening to the patient (including their family members and/or extended family) praying and/or reading their favorite scripture of their faith that assists in their healing and recovery and doing Talking/Healing Circles with them. The Tribal Doctor assists them in connecting with their religious affiliations locally to further support their healing and recovery. They may also alleviate anxiety by the utilization of prayer as a means of releasing blocked emotions and fears related to their medical diagnosis and/or hospitalization.

The Tribal Doctor also uses traditional visualization techniques in walking and talking with them in their journey to recovery and healing. This technique has been effective in relieving anxiety, fears related to their illness, and pain symptoms. We assist them in coming to a place of harmony and balance. We guide them to the source of their belief system as an assist to healing and help them find the source of their symptoms that might not be a part of the scientific method of diagnosis. When applicable, and with the client's permission, this information is relayed to their primary physician and/or nurse on duty. My years of working with clients diagnosed with cancer, AIDs, diabetes, heart disease, lupus, dementia, Alzheimer disease, as well as, with the physically and mentally challenged, the blind, the deaf, loss through death, divorce, or illness, families with loved ones in prison and with elders whose demise is imminent, has broadened and enhanced my ability to help clients work through difficult and sad times. During a healing conference workshop, an elder described this Tribal Doctor as having a special gift of "walking and helping the elders walk to their ending in a dignified and sacred manner".

This Doctor does cultural presentations, facilitates talking circles, leads training workshops on Traditional Ways of Being and the nature of Traditional Healing and the healing process of energy transfer (energy healing) that occurs as a result of the positive bonding between the Tribal Doctor and the patient. I see my role, at this time, as an extension and/or liaison between the patient and the hospital physician, nurses and other medical service providers.

Tribal Doctor II

Initially, Tribal Doctors find out what a patient is suffering from, their symptoms and what treatment they have had since they come in without their history of medical treatment. By talking with them and using the Doctors traditional healing knowledge, the Tribal Doctor can determine what they can do to help them. Sometimes it is required to go back to their childhood and find out what sort of trauma they have suffered that is easing physical problems in their adult life and thereafter work on these problems. In some cases, unresolved anger will cause physical symptoms and these issues have to

be investigated. When their physical issues require interventions not permitted in the Tribal Doctor's position at the facility, the patient then gets referred to other sources of help. Grief is another important area the client may need help in. Major losses that have not been looked at will manifest in bodily illness and these must be addressed. Chronic stress and depression are areas where many clients need help. Tribal Doctors treat them with breathing exercises and counsel them using prayers, talking and telling stories. These methods are effective for deep hurts, such as past abortions and other losses that effect a client's self esteem and ability to be productive in life.

Tribal Doctors would like to be able to comfort people that are admitted to the hospital, but thus far their position does not allow this. Tribal Doctors are capable of helping clients who are facing difficulties such as terminal illness or pain following surgery, but so far they see only patients who are ambulatory and able to come into the office, unassisted.

Family relationships are most important to the healing of an individual and issues of forgiveness, family history and happy memories are areas where discussion can happen. In order for health to be re-established a person must be looked at from all perspectives; mental, physical, emotional and spiritual.

The Tribal Doctor feels that Alaskan Native people need to return to the healthy foods of the land and they must be encouraged to eat these healing foods. For example, beach greens, high fiber edibles, fireweed and others.

Exercise, which includes walking and dressing properly for the weather is very important. A Tribal Doctor will counsel in these areas in order to prevent illness. Socialization is a healthy behavior and the Doctor's encourage clients to make an effort to attend public gatherings where other native people are. This way they tune into and learn to listen to their own body.

Clients are encouraged to maintain a positive attitude to keep themselves balanced and healthy. Sometimes a client needs to consider service to the community and are encouraged to seek out such opportunities.

Anxieties that stem from spiritual experiences are addressed and put into their proper cultural context and cleansing there by reducing or eliminating any distress caused by such experiences.

Nearly all clients benefit from cleansing accomplished through blessings or meditation.

Talking circles are important for clients to learn about themselves and it helps them to see that they are not the only ones who may be suffering and also helps them to discover how to work together for healing. All of the Tribal Doctor's clients have felt the traditional healing process has helped them.

VII. THE PATHFINDER

I initially envisioned the Pathfinder position in 1992 when I was searching for a culturally appropriate title and job description for clinical and non-clinical professionals working within our Native health agency. This term has existed at many times and in many places and it seemed appropriate to our emphasis on culturally appropriate medical practice. The term was adopted for non-clinical intake staff in the Behavioral Health Department for a period of some years.

During the time when the Southcentral Foundation staff began deciding on the nature and function of the new primary care building, that would house and unify Allopathic, Integrative, and Tribal Medicine, it became clear to us that the Pathfinder position, as outlined in the following job description, would be necessary to properly implement and direct the concept as we conceived it.

In the initial stages of the program conceptualization to be implemented in the spring of 2001, the full implementation of this concept may be limited by realities of space and program coordination.

The initial stages of the Southcentral Foundation program were implemented in the Fall of 2001. The Pathfinder concept was adopted in part, but the full implementation of our concept was not deemed feasible due to realities of space, staffing, and program coordination problems. Despite these limitations, the program was initiated as staff positions directed to a holistic view of client treatment and client involvement in their healing process.

It may well be that health service providers contemplating the development of program that follow the "Circle of Healing" model may have to initiate their efforts in a limited way due to these system realities.

We follow a more "purist" view and offer a hypothetical job description for the position of "Pathfinder" as we perceive it. We see this as a core position to the "Circle of Healing" concept in the areas of diagnosis, treatment planning, and patient involvement.

Circle of Healing - Pathfinder

This position should serve as an initial contact, with a selected group of clients, entering or re-entering the Primary Care Traditional Healing/Integrative Medicine Program, collectively to be known as The Circle of Healing Treatment Facility. The incumbent will develop with each incoming client a strategy for the clients' treatment plan and resulting healing plan appropriate to their needs. These treatment strategies will involve a wide spectrum of services that will compliment, supplement and enhance the client's medical experiences. This position, working as a member of a treatment/healing planning team will assist the client in developing an understanding of the treatment opportunities that Traditional Healing Practices, Integrative Medicine and Allopathic medicine offers them. It will assist the client in developing the skills necessary to participate in the planning and development of their treatment/healing program.

Essential duties and responsibilities should include the following. Other duties may be assigned.

1. Up on initial contact with the client the Pathfinder will review with the client their medical history to date and the client's view of the level of re-mediation/healing that has taken place as a result of these experiences.
2. The Pathfinder will review with the client their complete treatment history and suggest areas in which services in integrative, traditional and allopathic care may supplement or replace their existing program. These recommendations will be developed after an initial intake meeting with the client and concurrent consultation with the "Circle of Healing" treatment team.
3. The Pathfinder will participate in treatment team meetings, which will evaluate the clients immediate health needs and suggest further traditional, integrated and allopathic approaches that appear to be realistic supplements to the clients present care plan.
4. The Pathfinder will possess and demonstrate the ability to apply to the clients needs a high level of knowledge regarding a wide spectrum of treatment opportunities, in the integrative, traditional and allopathic service areas.
5. The Pathfinder will be able to create a climate of empathy and mutual respect with the client and demonstrate a level of caring that would encourage the clients to utilize treatment recommendations and participate fully in the development of their individual healing plan.
6. The Pathfinder will possess the ability to assume an objective position in consultations and meetings with clinical traditional staff regarding the client's needs.
7. The Pathfinder will serve when necessary as the client's representative in reviewing and re-developing the existing treatment model.
8. The Pathfinder will demonstrate experientially developed skills as they participate in the planning and further development of the "Circle of Healing" model.
9. The Pathfinder will maintain the required treatment records in the form established by SCF.
10. The Pathfinder will provide, at staff consultations and treatment, appropriate supporting research and affective analysis of the clients healing history as evidenced by their prior treatment experiences.
11. The Pathfinder will possess the ability, through their cultural base and academic work experience, to interpret and understand the client's medical history and to elicit from the client their strengths that could be developed as part of the treatment/healing plan that may have not been evidenced through prior contact. This may have occurred either through a lack of cultural interpretation or a lack of trust and willingness on the client's part to participate in previous diagnostic meetings.
12. The Pathfinder will participate in ongoing review of client satisfaction and quality assurance, related to activities provided through the "Circle of Healing".

The focus of this position is holistic in nature, with emphasis on a valid and comprehensive view of the client's treatment experience to-date with prospects for developing an effective healing plan in concert with the client.

The Pathfinder will meet for the second time with the client and discuss their proposed plan with them. They will receive the client's inputs and questions, answer them to the best extent possible, and supply the client with specific information on the disciplines being recommended. These will be either in a written form or accomplished by assisting the client in using the computerized Internet available at the primary care center building. Ideally, a medical information site will be developed within the clinic that will include computers, medical and library resources, listing of community and international cultural events and approved community sites for family and individual support services.

The Pathfinder will introduce the client to the computer services. The computer section should have individual sites that tie into Internet sites locally, nationally, and internationally. A training program should be available to assist the client in utilizing this resource for a description of the effects of medications they are prescribed and making a connection to medical and support groups specific to their dysfunction. This will include contacts with sites exploring innovative procedures.

The information site and the Pathfinder should support the client in effective utilization of this resource for themselves and their families. The Pathfinder will also set up the initial appointments for the client onsite and/or deliver recommendations for initial treatment at offsite locations.

As treatment progresses, the client will be free to call the Primary Care person (Pathfinder), report on progress or lack of progress in their program and request supportive information as to how to proceed with their treatment/healing process.

Implementers of this approach should always have in mind the overview of the program, as well as, the immediate aspects of it that will take place on campus and in the surrounding area. A major consideration will be how this program will develop over several years and how it can bring the client to a level of wellness that will cut down on their need for outpatient or inpatient contacts and makes them a health resource for their family.

Initially, we will implement aspects of these programs that are presently considered safe practice in our present world of excessive litigation. At every step of the way we should be sure we are in line with the goals of the institution, the community and the client. Where these goals clash, efforts should be made by teams representing broad interests to bring about convergence.

While these operational considerations will be necessary to support a partial implementation of tribal medicine/traditional healing practices into a receptive health service agency, the eventual goal must be full operational partnership between the three medical disciplines – Tribal, Allopathic and Complementary.

While there are aspects of Tribal/Traditional Practice that may conflict with medical and malpractice and indeed religions/cultural concerns, the eventual goal should be the development of a culturally based process of evaluation and education that will lead to an amelioration of those concerns. It should accomplish this through, among other procedures, a process of continuing education/training

that will explore the strengths and weaknesses of the three major disciplines, move to discard the ineffective and incorporate the effective in a working partnership

In particular, this system should demonstrate the wide range of services offered by tribal medicine over the years and the manner in which non-linear approaches to diagnosis, treatment and healing have proven effective in a multitude of instances.

A key component necessary for the successful implementation of this concept will be an in-staff appropriate continuing education/training program. A Circle of Healing emphasis within this process of continuing education/training at all professional levels would include, as a core procedure, instruction and hopefully learning for all participants within the talking circle model. This would assure all participants of a voice in the proceedings and the opportunity to participate as equals from their own level of professional strength. Whether their training and experience was acquired in the hall of academia and the contemporary clinical setting or in an equal but more culturally based way through inheritance, mentoring anecdotal history, spiritual evidence and experience in the field.

Experience has shown the necessity of having continuing education/cross-training programs related to the coordination of Tribal, Allopathic, and Complementary Medicine. It should be developed mutually to have the programs involved and conducted by an out of system professional versed in these disciplines. This will avoid having the process contain too much emphasis on system procedures and insure the inclusion of clinical and cultural realities related to these efforts at coordination. In other words, while it will be necessary to develop effective referral and scheduling procedures within this process, the main focus of this continuing education/training process should be directed to an understanding of clinical, cultural, and procedural realities that will impact on the programs success. Diagnostic, treatment, and client initiative procedures should form a clear base of understanding between these three medical disciplines. It should no longer be assumed that the attainment of a M.C., Ph.D., or other advanced contemporary degree equips an individual for this participatory process beyond the specifics of their training and field experience. Each must contribute from their base of knowledge and experience and each should expect to broaden their knowledge of the diagnostic, treatment, and healing process as a result of their participation.

VIII. SUMMARY – THE TASKS BEFORE US

It seems appropriate to support our explanation of the role and level of function of a Tribal Doctor within a circle of healing or related clinical setting by examining their role, or potential role in similar situation statewide, nationally, and internationally.

In the area of diagnostics, Tribal Doctors have demonstrated the ability to meet with the client and to “feel” what is going on with the client physically and emotionally. They have, in many instances, been able to translate that into specific areas of the body where blockages occur, where there are difficulties and what areas of their body that should be more completely examined with x-ray by the attending physician.

The Tribal Doctors also have ability to work with the attending physician to enhance their understanding of the client's strengths. They can clarify in which the client has strengths and capabilities that can be part of the whole process of treatment. The Tribal Doctors can also assist the attending physician in locating areas where there are functional difficulties and clarify those for the physician as to the nature of those difficulties. Tribal Doctors have been very effective in meeting with clients that are terminally ill and help them prepare themselves by accepting the fact of their upcoming death and helping them to lower their emotional, as well as physical pain during the process of dying. The Tribal Doctors also have the ability to meet with clients new to the hospital and by bonding with them illicit from the clients information regarding their feelings about hospitalization and their upcoming treatment. They can acquire insights about prior medical history that the attending physician may not have available to them from existing records.

The Tribal Doctors also have worked very well as part of a case study team, meeting with physicians and nurses to discuss progress of a particular client. They can illustrate areas in which the client is having difficulties and assist in developing a plan of action that would help the client have a more effective hospitalization that would lead to a better recovery time after discharge.

The Tribal Doctors have also functioned as a training team to help nurses, physician's assistants, physicians, and other various personnel in understanding the whole concept of the client. This includes an understanding of the mind, body, spirit, and interplay between them. From a general health basis, a greater understanding of the client's state of mind and state of health, leads to an improvement, not only during the inpatient period, but also the post-discharge period.

Working from an understanding of traditional beliefs relating to the Circle of Healing, the Tribal Doctor can assist the client directly and indirectly, to achieve a harmonious interaction of mind, body, spirit, and natural environment. This maximizes the client's ability to achieve healing and wellness. With this generalized understanding of the potential role of the Tribal Doctors within our system, we can more specifically outline the potential function of our Tribal Doctor staff within the realities of the Contemporary Health Service System, while understanding their increased service potential when the situation allows.

With all of this as a beginning process, we must say –

It is time to remember what we have been told of the visions of our native prophets in the Black Hills. During a time of great sorrow and destruction, they wept and prayed for the salvation of their nations and all nations. They were shown that the restoration of the hoop of life (the joining together of all the nations in a harmonious manner) could be restored within seven generations. They were shown that it would take the coming together of people of like mind, body, and spirit from the four directions, black, white, red, and yellow bringing their unique gifts of life and overcoming distrust and avarice.

We are told we are presently in the time of the restoration of the hoop and are shown daily, the consequences facing us as a people if we do not bring this vision to pass. We see this as a time of great danger and great promise.

We must take the risk of laying down personal ambition and greed. We need to find our way to the good red road, the trail of contribution, cooperation and caring. We need to do this for our children, for the faces still beneath the earth, for all of mankind and for all life upon Mother Earth.

We must, if we wish our way to survive, open our senses to the music of the spirit and return to our given role as caretakers, as protectors of our little blue globe, Mother Earth.

Mitak'oyas'in,

Bob Morgan

Black Elk's Vision

“Then I was standing on the highest mountain of them all, and round about beneath me was the whole hoop of the world. And while I stood there I saw more than I can tell and I understood more than I saw; for I was seeing in a sacred manner the shapes of all things in the spirit, and the shape of all shapes as they must live together like one being. And I saw the sacred hoop of my people was one of many hoops that made one circle, wide as daylight and as starlight, and in the center grew one mighty flowering tree to shelter all the children of one mother and one father. And I saw that it was holy” (Black Elk Speaks, as told to John G. Neihardt, University of Nebraska Press, Lincoln, 1961)

CONCLUSION

This paper is a work in progress. We hope that it's reading will elicit comments and suggestions that will help us along our way. Our intention is to add a section on dysfunctions that commonly affect minority groups with suggestions, demonstrations, and references that indicate a path of healing for these disorders. Those that we presently are considering include substance abuse, domestic violence, diabetes, otitis media, tuberculosis, and a range of immune system related disorders.

Historical Trauma

The Circle of Healing concept offers a process for linking health services to community based formal and informal efforts to examining the linkage of historical trauma to many of the social and physiological dysfunctions that are presently being treated at the clinical level.

Historical trauma has been defined as the cumulative social and emotional wounding that may have occurred over the generations in minority groups functioning within a dominant social system.

Time has shown the importance of developing a community/clinically based treatment program, possibly following the model offered by Eduardo Duran that has a strong, appropriate cultural base and diverts in major ways, from the Euro-American mental health model.

The emphasis on wellness, as opposed to disease, concepts seem to be key to resolution of this problem. Community and family involvement in the development of the diagnosis, treatment, and healing process, in core, to the effectiveness of this effort. These treatment approaches must support the integration of culturally based knowledge and insights demonstrating the importance and power of wellness into all aspects of treatment for the individual, family and community. The next re-write of the "Circle of Healing" will give emphasis to the detailing of existing and proposed models of treatment for this dysfunction.

This paper has emphasized a suggested process for effective inclusion of Traditional Healing practices/Tribal Doctor practices into the diagnosis treatment and healing continuum. Future re-writes will include an emphasis on Complimentary/Integrative Medicine, special attention will be given to specialties such as chiropractic, acupuncture, herbs, massage, homeopathy, aromatherapy, electromagnetic, ayurvedic, oriental and spiritual practices among others.

-And so the process continues.

We would be happy to add to our list of associate writers for an expansion of effort into related areas or to participate with others in their efforts to develop a path of healing.

Beyond our focus on the provision of appropriate and effective health services we see primary related needs.

We are now entering an era where the practice of medicine and the concept of healing will embrace all appropriate sources of information and wisdom. It will not be an overnight happening but the fact that it will occur directed by what is now and what needs to be.

We have to move away from the model of “doing business as usual” and toward a concept of social and professional life that consistently values human need and principle above the “bottom line”. Somehow, we have to realize and share the gifts we have been given in a way that brings about the healing of our people – all people.

Appendix 1

GROWING STRONG TOGETHER

Submitted by Tina Melin, M.T.

As you all know we have had several wellness conferences and the Rural Providers Conference in Anchorage and here in Kotzebue as well as in other villages around the state. From my own privilege and honor of going along on this journey led by the people, my own feeling is that the wellness movement is taking hold and great leaders are emerging from the people and the seeds are growing as so many have worked so hard for so long towards the Circle of Healing, where all healing is self healing, where to be well is to be at peace and in balance with our Creator, within ourselves, with each other, our families, our communities and our environment.

The people of this region have expressed their desire to take responsibility for their own health and happiness. We are not alone in suffering from illnesses of the mind, body and spirit that are manifested in painful and destructive ways such as alcohol and drug abuse, violence and suicide. There are many historical, spiritual, social, cultural, and environmental factors that have contributed to this suffering. Our health care system and government programs, although with good intentions, have not always provided the help that is needed. The healing must begin within each individual. Only then will our families and communities find relief.

The people of this region wish to put their heads and hearts together with guidance from our Creator to attempt to get to the root of the cause of suffering. They are working to acknowledge the truth to help ease the suffering and overcome these barriers to wellness. They have their own legitimate ways of knowing how to do this. Those of us who are a part of the Health Care System need to work together with them and wish to look to our Creator first, their ancestors, the elders, the young people, each other and their environment and cultural values. They wish to remember the healthy ways of the days of old blended in with the new. They wish to acknowledge historical trauma and understand it and overcome it. They wish to work through the sadness and grief of the loss of so many loved ones over the years and hit it head on. They wish to regain and strengthen their cultural identity and pride. They wish to help themselves and each other to get on that path to health and stay there.

From an unknown source - 2001

An Interview with Grandmother Jean

Will you give us your background and tell us about the healings that you do?

GJ: My name is Jean; everyone knows me as Grandmother Jean. As to the healings, I don't do them, Great Spirit does them. I use my body as a vehicle for the energy to move through, but it's just something that I was born with. I inherited it from my grandmother and my great grandmother, who were both Cherokee. They passed this ability down to me, just the same way you would inherit the ability to have creative energy; talents like singing, writhing, or dancing. We inherit certain spiritual abilities like healing or teaching. Teaching is spiritual because to teach is to relay spirit wisdom. When you teach, you help to guide and direct the person. These things are not learned in any school. Everything is learned by doing, by hearing. I am now an elder, it's important to understand that what I do is to quiet my heart so that it's steady and stable, tranquil and serene. The healing is simple because the energies go through me, having been called with prayer and sincerity. You need to be able open up your spirit, open up your heart, receive that energy...and allow it to go through you. You don't heal. Creator heals. You're merely a vehicle. I am a citizen of the world; I am, by the creator's choice, a Cherokee. I am a woman by his choice as well; and I know who I am. I'm blessed because I walk...I walk my medicine path and my peace path. I walk with assurance that I'm being guided to walk. I do the work of giving thanks and knowledge and thanking everything that is part of the world, not just the people. You see, you yourself have to be healed before you can help people with healing. I'm just doing g what I can to help others. Just the same way I was helped. In this lifetime it's very important to know when to take and when to give. Knowing that gives you a very strong feeling because now you are using a part of yourself that before was not being used. Before, you weren't sensitive enough to use it...to help people in time of stress, fear, sickness, worry, despair and confusion. So I don't say that I'm a healer, I merely walk my path.

(Appendix 2)

History of Traditional Healing at SCF as an Alaskan Native Health Program Meets the Challenge of Change

1980's - Southcentral Foundation's Behavioral Health Services department began giving emphasis to traditional practices of American Indians. Various aspects of these traditions such as the talking circle were gradually incorporated to give cultural relevancy as well as an increased effectiveness to various clinical approaches.

1991 - Study conducted by Southcentral Foundation to evaluate the effectiveness of traditional healing practices in their programs. Results supported further program development.

1995 - SCF serves as a major base for the training of community health service providers in culturally based treatment procedures throughout the early 1990's, and in 1995 conducted a very successful conference entitled "For the Healing of Our People." It was universally acclaimed as a major base for the development of cooperative endeavors in these areas.

1995 - Dr. Micheal Trujillo of the IHS pledged the support of the IHS to the revitalization and strengthening of the working relationship between traditional healers and the IHS.

1995 - Group of Alaska Natives and American Indians establish Dinlishna, a non-profit corporation devoted to the support of traditionally based practices in Alaska. Part of its mission was to determine which allopathic health services would most likely accommodate indigenous healing practices.

1996 - Dinlishna and Southcentral Foundation sponsor a meeting between traditional healers and representatives of IHS. This meeting supported Dr. Trujillo's coming to Alaska to meet with traditional healers in Anchorage. Trujillo asked traditional healers to best determine how the IHS could address and incorporate traditional healing in its overall mission.

1997 - HIS Native Hospital, transfers its traditional healing program to Southcentral Foundation. Southcentral Foundation hires a coordinator and contracts with UAA-Institute for Circumpolar Health Studies to conduct a research project on traditional healing practices of Alaska Natives. A Yup'ik healer is hired to act as liaison with other healers in the community.

1997 - Southcentral Foundation and Alaska Native Foundation, together with Dinlishna sponsored the second in its series of healing conferences entitled, "Healing from the Four Directions." This was another successful program that further illuminated ways in which traditional and contemporary medical practices could cooperate and it has led into a yearly conference devoted to these goals entitled healing from the four directions. The fourth in this series of conferences was held in the fall of 1998.

1998 – Southcentral Foundation moves to strengthen the Traditional Healing Program with the addition of a community-recognized Traditional Healer to its program

1999 – Southcentral Foundation inaugurates a procedure, involving its council elders for the certification of its first Tribal Doctor.

2000 – Southcentral Foundation adds a second Tribal Doctor to its program.

2001 – Southcentral Foundation puts into operation its Primary Care II building and initiates a comprehensive health care program that includes allopathic complementary and tribal medicine.

1999 – Present -Southcentral Foundation continues to re-organize its Traditional Healing Program/Tribal Doctor Program for full implementation of this program within the Primary Care System. Second Tribal Doctor certified and employed. Continuing efforts to find an effective way of “partnering” Tribal, Allopathic and Complementary medicine. The effort continues.

(Appendix 3)
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(Appendix 4)

This developmental plan is attached as a guideline to services that logically could be developed to fall under the umbrella of a program of Traditional Healing practices. Each item is presently being developed at level two (activities) as an on-going work. For further information contact the author.

Traditional Healing Program

Proposed Five Year Plan

Mission Statement:

We encourage the re-emergence and protection of the teachings, healing practices, and ceremonies of the original inhabitants of Alaska. We see this as a means of assisting Alaska Natives and American Indian families in developing a balanced and effective response to the physical, emotional, mental, and spiritual challenges that occur as they contact a rapidly changing environment. We support the development of treatment and educational services that will assist native people in choosing what they wish to adopt from the dominant culture, what they must adapt to, and what they must retain and restore to its original strength and integrity.

Goal One: Service Delivery

The Service Delivery Goal is to assure the provision of Traditional Healing Services, which meet the needs of Alaska Natives and American Indians in appropriate locations where a professional supportive environment has been developed.

Goal Two: Program Management

The Program Management Goal is to provide administration and management that will implement the delivery and facilitate the development of Traditional Healing Services for Alaska Natives and American Indians.

Goal Three: Support Services

The Support Services Goal is to provide support services, which facilitate the management, development, and enhancement of the Traditional Healing Program.

SERVICE DELIVERY (1)

A	<p>GOAL:</p> <p>HEALING SITES</p> <p>To identify and match the individual and community needs for Traditional Healing Practices in suitable cultural environment and locations.</p>
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A-1	SCF
Objective 1	Traditional Healing Practices (THP) will consult with the administrators of selected programs within Southcentral Foundation (SCF) to develop an appropriate referral vehicle to and from THP/Tribal Doctor/ Consultation.

A-1	SCF
Objective 2	THP staff will develop a process of referral through which Tribal Doctors will be able to directly treat referral clients and consult with Primary Care and Mental Health staff.

A-1	SCF
Objective 3	THP/Tribal Doctor Program will implement consultation/treatment services in partnership with appropriate SCF departments.

A-1	SCF
Objective 4	SCF/THP staff will meet with the heads of ent and develop a needs statement, how they envision working with THP, to be prioritized and implemented during Phase II.

A-1	SCF
Objective 5	THP staff will implement the findings of "Bridges to the Future" and evaluate the effectiveness of each program on an annual basis.

A-1a	SCF Primary Care Center
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A-1b	SCF Behavioral Health Services
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A-1c	SCF Dena-A-Coy
A-1d	SCF Early Headstart/Headstart Program
A-1e	SCF Pathway Home/Adolescent Program
A-1f	SCF Dental Program
A-1g	SCF Optometry Program
A-1h	SCF Mental Health Program
A-1i	SCF Elder's Program
A-2	AK NATIVE MEDICAL CENTER
Objective 1	THP/Tribal Doctor staff will plan and implement consultative/treatment services at the Alaska Native Medical Center (ANMC) in coordination with appropriate ANMC staff.
A-2a	Individual treatment of referred clients by Tribal Doctor
A-2b	Group treatment of referred clients by Tribal Doctor (Healing Circle, etc.)
A-2c	Consultation between THP/Allopathic Medicine regarding referred clients
A-2d	Consultation between THP/Complementary regarding referred clients
A-3	OFFSITE HEALING
Objective 1	THP/Tribal Doctor will visit off-site health agencies to familiarize them with our existing and proposed THP services.
A-3	OFFSITE HEALING
Objective 2	THP/Tribal Doctor will implement consulting/treatment service in off-site health facilities
A-3a	THP Individual/Group as contracted with offsite agencies

A-3b	Consultation between THP/Allopathic medicine regarding referred client as contracted with offsite agencies
A-3c	Consultation between THP/Complementary medicine regarding referred client as contracted with offsite agencies
A-4	TRADITIONAL HEALING CENTER
Objective 1	THP staff will collaborate with appropriate SCF Administrative and Clinical staff in the planning and development of a Traditional Healing Center.
B	EDUCATIONAL SUBGOAL
	To develop and deliver educational and training programs to familiarize and train health service providers in the delivery of traditional healing practices.
B-1	IN HOUSE TRAINING
Objective 1	THP/Tribal Doctor will respond as requested to new hire and on-site training of staff in the areas of cultural training and community health needs of the Alaska Native/American Indian community
B-1	IN HOUSE TRAINING
Objective 2	THP staff will develop appropriate procedures for planning integrative medicine treatment strategies with the medical and mental health programs in SCF.
B-1	IN HOUSE TRAINING
Objective 3	THP/Tribal Doctor staff will implement service as developed in "Bridges to the Future."
B-2	WORKSHOP CONFERENCES
Objective 1	THP Staff will develop and present 2-3 day workshops on THP related materials for public presentation
B-2	WORKSHOP CONFERENCES
Objective 2	THP/Tribal Doctor staff will coordinate with SCF administration in the development of Traditional Healing Programs at the Alaska Native Cultural Center.

B-2	WORKSHOP CONFERENCES
Objective 3	THP/Tribal Doctor Program will sponsor and participate in the development of Traditional Healing Practices and integrated medicine.
B-2a	SCF/THP Sponsor – Participant “Healing of Our People” Conference in Honolulu, Hawaii 2000
B-2b	SCF/THP Presentations on Traditional Healing on-going at AK Native Cultural Center
B-2c	THP Training 1 – 3 days Anchorage Inter-agency THP/ Complementary Medicine
B-2d	SCF/THP Conference presentations nationally and internationally
B-3	UNIVERSITY INTERSHIPS
Objective 1	The THP Program will develop an expanded internship training program in the areas of Traditional Healing and Integrative medicine with local and out-of-state universities (i.e. University of Anchorage Alaska, Alaska Pacific University, Washington (WAMI), Smith, Dartmouth, and others who have expressed interest in supporting Traditional Healing Practices.
B-3a	THP will continue and expand university internships in the following locations: THP interdepartmental, UAA, APU, and UAF.
B-3b	THP will continue and expand its participation with the WAMI Family Practice Residency Program
B-3c	THP will develop an internship exchange with the out of state internship programs like Dartmouth Medical, Smith College, University of Washington, University of Arizona.
B-4	UNIVERSITY BASED COURSES
Objective 1	The THP program will continue to respond to local university requests for guest lectures and adjunct professor involvement.
B-4a	THP will continue and expand SCF/THP involvement in consultation and course development deliveries to southcentral Alaska universities.

B-4b	THP will expand the services of B-4a to include universities throughout Alaska.
B-4c	THP will expand the services of B-4a to include universities and medical schools in the Lower 48.
B-5	MENTORSHIP PROGRAM
Objective 1	THP staff will continue to develop and support THP mentorship programs with Tribal Doctors.
B-5a	THP will coordinate/cooperate in the development and expansion of Traditional Healing mentorships within SCF.
B-5b	THP will cooperate with existing Traditional Healing mentorships in the State of Alaska. i.e. Rita Blumenstein's program at The Place.
B-5c	THP will network with existing THP mentorship programs on a national and international level.

PROGRAM DEVELOPMENT (2)

C	GOAL: PROGRAM DEVELOPMENT To identify community and individual needs for traditional healing; and to develop programs to meet those needs.
C-1	SCF
Objective 1	THP staff will determine program/project requirements including the expansion of existing programs and funding needs as part of the short and long range planning process.
C-1	SCF
Objective 2	THP staff will research potential funding sources from federal, state, and private sector as well as our community support list.
C-1	SCF
Objective 3	THP staff will assemble proposals and grant applications for funding sources operating within our program interest parameters.

C-1	SCF
Objective 4	THP staff will develop an operational format uniquely respectful of traditional values while satisfying the report, funding, and clinical formats of SCF.

C-1	SCF
Objective 5	THP/Tribal Doctor staff will coordinate with SCF administration in the development of Traditional Healing Programs at the Alaska Native Culture Center.

C-1	SCF
Objective 6	THP/Tribal Doctor Program will sponsor and participate in the development of Traditional Healing Practices and integrated medicine in Alaska.

D	GOAL: COORDINATION
	To develop a network of facilitation and cooperation with community health and educational providers at local, regional, state, and national levels

D-1	REFERRAL LIST FOR TRADITIONAL HEALING
Objective 1	THP will develop and monitor a listing of local and regional Tribal Doctors, as well as their specialties and contact information

D-1	REFERRAL LIST FOR TRADITIONAL HEALING
Objective 2	THP will network with similar services on a national and international level through the use of internet and community contacts.

D-1a	THP will develop and monitor the extent possible a list of Traditional Healers, their specialties and contact information with the State of Alaska.
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D-1b	THP will expand D-1a to the national and international levels through the use of the internet and community contacts.
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D-2	CREDENTIALING SERVICES
Objective 1	THP staff will coordinate with the Alaska Native Medical Center, other Anchorage based health service facilities and Elders Councils throughout the state of Alaska in the development of reality-based credentialing procedure for Tribal Doctors of various specialties.
D-2	CREDENTIALING SERVICES
Objective 2	To internet with Tribal Doctor programs nationally and internationally to build an information base of effective procedures in other venues.
D-3	PUBLIC RELATIONS
Objective 1	THP staff will attend and present at a wide variety of Alaska based traditional healing, contemporary medical, psychological, social work, educational, and related conferences and workshops.
D-3	PUBLIC RELATIONS
Objective 2	THP staff will expand to present and attend traditional healing related conferences and workshops at the national and international level as reality dictates.
D-3	PUBLIC RELATIONS
Objective 3	THP staff will present SCF progress in implementing the THP plan and the nature of various aspects of its program on local radio and television stations.
D-3	PUBLIC RELATIONS
Objective 4	THP staff will expand Objective 3 as feasible to the national and international level.
D-3	PUBLIC RELATIONS
Objective 5	THP staff will develop articles for duplication regarding THP five year plan progress.
D-3	PUBLIC RELATIONS
Objective 6	THP staff will develop appropriate brochures and training material regarding THP and SCF programs.
D-3	PUBLIC RELATIONS
Objective 7	THP staff will assist in the final publication of "Bridges to the Future"

D-4	COMMUNITY LIASION
Objective 1	To develop strong working relationships with health service agencies, educational systems, and community programs through the involvement of THP procedures in all coordination efforts such as: Treatment Referrals Material/Publication development Program Coordination Internships Staff Exchange National Community Elder & Advisory Meetings Council
D-4a	To attend and present at a wide variety of Alaska based traditional healing, contemporary medical, psychological, social work, educational, and related conferences and workshops.
D-4b	To expand D-4a to the national and international level as reality dictates.
D-4c	To present SCF progress in implementing the THP plan and the nature of various aspects of its program on local radio and television
D-4d	To expand D-4c, as feasible, to national and international levels.
D-4e	To develop articles for duplication regarding THP 5-year plan progress.
D-4f	To develop appropriate brochures and training materials regarding THP and SCF programs.
E	GOAL: TECHNICAL SERVICES To conduct financial management and acquisition procedures, which enable program continuity and growth.

E-1	FINANCIAL MANAGEMENT AND ACQUISITIONS
Objective 1	THP staff will develop comprehensive procedures for inter-agency cooperation in grant development related to the services outlined in the five-year plan.
E-1	FINANCIAL MANAGEMENT AND ACQUISITIONS
Objective 2	To develop a staff position to specialize in E-1, Objective 1
E-1	FINANCIAL MANAGEMENT AND ACQUISITIONS
Objective 3	To develop a list of appropriate THP supported funding through the federal, state, private, and local agencies.
E-2	RESEARCH
Objective 1	THP staff will develop a research program on an in-house and interagency basis directed to the support and development of the THP five-year plan. The results of a coordinated effort in this area will be fundamental to the development of our program as outlined. Existing ties with such agencies as the Circumpolar Health Program and UAA will be fundamental to its success.
E-2	RESEARCH
Objective 2	THP staff will develop as in-house and interagency information clearing and storage site that will serve to keep the THP up to date on cutting edge developments in the areas of Traditional Healing, integrative, and complementary medical practice coordination.
E-3	EVALUATION
Objective 1	THP will develop an appropriate culturally sensitive system of evaluation to support the validity of the structure of THP from programs A-F. This system should be developed using existing models from the international, national, and local level to the nature of THP procedures. The resulting model should be unique to the needs of the Native communities of Alaska.

F	GOAL CURRICULA & COLLECTIONS To conduct and apply research to assist us in developing, implementing and evaluating traditional healing programs.
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F-1	TRADITIONAL HEALING LIBRARY
Objective 1	The existing Traditional Healing library should be expanded into a multi-site collection connected by internet. Such sites as the Alaska Native Heritage Center, UAA, APU, UAF, Circumpolar Health, and State of Alaska collections should be included.

F-1	TRADITIONAL HEALING LIBRARY
Objective 2	THP should, as funds are provided, connect by internet with similar collections on a national and international basis. These should include Harvard Peabody museum, The Smithsonian Native Center, and University of Colorado.

F-1	TRADITIONAL HEALING LIBRARY
Objective 3	THP staff will implement the findings of "Bridges to the Future" and evaluate the effectiveness of each program on an annual basis.

F-2	SPECIMEN COLLECTIONS PREPARATION AND MAINTENANCE
Objective 1	SCF/THP should coordinate in system and with existing programs to develop, catalog, research, and develop means of utilizing existing cultural collections related to the healing process.

F-2	REPATRIATION COLLECTIONS PREPARATION AND MAINTENANCE
Objective 2	SCF/THP should coordinate in system and with existing programs to develop, catalog, research, and develop means of utilizing existing cultural collections related to the healing process.

F-2	PRPATRIATION COLLECTIONS PREPARATION AND MAINTENANCE
Objective 3	SCF/THP should enhance the efforts of F-2, Objective 2 by connecting with anthropological, archeological university collection to identify existing studies, paintings, recordings and artifact collections that could assist in the re-emergence of ceremonies and healing processes forgotten or made vague by time.

F-2	REPATRIATION COLLECTIONS PREPARATION AND MAINTENANCE
Objective 4	SCF should support the emergence and utilization of culturally based treatment programs in off-site programs (i.e. Rita Blumenstein herbal studies and healing circles at "The Place" in Wasilla)

F-3	OTHER ETHNOGRAPHIC STUDIES
Objective 1	The SCF/THP program will be involved in intercultural study efforts in coordination with such programs as Stonybrook Medical in New York.

F-3a	F-1 and F-2 The concept could be expanded to intercultural study efforts in coordination with such programs as Stonybrook Medical in New York.
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