Miyupimaatisiiun in Eeyou Istchee: Indigenous healing and community engagement in health and social services delivery[1]

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Introduction

LResearch shows that culture and language are among the most important determinants of Indigenous health because they: influence the accessibility to the health care system and health information; increase compliance with treatment; strengthen the delivery of preventative programs and services; and can improve lifestyle choices (NAHO, 2008; Czyzewski, 2011; Health Canada, 2009; NWAC, 2007; Reading & Wien, 2009; Robins & Dewar, 2011). Indigenous-based approaches to healing and wellness have received increased recognition and acceptance by the mainstream Canadian health community, and both the federal and provincial governments have acknowledged the need to provide culturally safe health and social services (NAHO, 2008; Martin-Hill, 2003).

The Cree Nation of James Bay in northern Quebec was the first, and is still the only, First nation[2] in Canada to take full control of health and social services on a regional scale subsequent to the signing of the James Bay and Northern Quebec Agreement (JBNQA) in 1975 (CBHSSJB, 2004: 41; Torrie et al., 2005: 238). Specifically, the Cree Board of Health and Social Services of James Bay (CBHSSJB) has a dual function - that of a regional health council[3] and that of a *Établissement de santé et de services sociaux* which "maintains a public establishment belonging to the classes of a hospital centre, a local community service centre, a social service centre and a reception centre" (CBHSSJB, 2004). Its uniqueness[4] rests on the fact that the CBHSSJB is an Intergovernmental Health Authority co-funded by the federal and provincial governments to serve the particular health care needs of the Cree population, self-administers the health and social services in its territory (region 18), and is linked with the provincial health care system (NCCAH, 2011). Today, the Cree receive health and social services through a community-responsive system marked by complex bureaucratic and fiscal arrangements between the federal, provincial and Cree jurisdictions. In 2005, the CBHSSJB began a process of integrating Indigenous approaches to health and wellness by creating local Miyupimaatisiiun Committees in order to engage

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2. For a summary of Aboriginal health systems and legislation in Canada see NCCAH, 2011
3. as per the *Act respecting health services and social services, R.S.Q., c. S-4.2 and Act respecting health services and social services for Cree Native persons, R.S.Q., c. S-5*
4. Although the JBNQA also created the Nunavik Regional Board of Health and Social Services, according to the sources consulted its mandate is only designated by the *Act respecting health services and social services, R.S.Q.*, c. S -4.2, therefore it functions as a regional health board but not as a public health and social service establishment

community members in the management and delivery of health and social services. The Cree Nation of Chisasibi took an active role in this process by developing a series of measures aimed at mobilizing community participation in defining a local vision and principles for integrated health and social services through a community driven research project that was initiated by the Chisasibi Miyupimaatisiiun Committee.

In order to better understand the current efforts of the community of Chisasibi in implementing Eeyou (referring to a Cree person) healing practices, we will focus on how the research partnership developed and evolved over the past five years, and reflect on some key elements for community-university research partnerships. We begin with a brief context on community engagement in service delivery in Eeyou Istchee and follow with a narrative of our collaboration. We will close with our reflections on the achievements and challenges that we believe illustrate how community driven research can foster agency and empowerment by forging local participation in knowledge creation and mobilization.

Cree control over health and social services

In 1975, the James Bay and Northern Quebec Agreement (JBNQA) legislated Cree control over the management and delivery of health and social services through:

- the creation of a Cree Board operating under provincial jurisdiction
- the transfer of fiscal responsibility to the province
- the transfer of federal health infrastructure to the province and later to the Cree

Section 14, Chapter S-5 of the JBNQA formally recognized Cree values and traditions in regard to the development and delivery of health and social services. In 1978, the Cree Board of Health and Social Services of James Bay (CBHSSJB) was created to manage and administer health and social services for the Cree and non-Cree populations in the James Bay region. Finally, in 2002, *An Act respecting health services and social services for Cree Native persons* (R.S.Q. c. S-5) reiterated the province's responsibility for encouraging the Cree population "to participate in the founding, administration and development of institutions" and for providing appropriate services by taking into account the linguistic and socio-cultural characteristics of the region (Government of Quebec, 2012).

Despite the legislative authority recognized by Section 14, community-responsive service development and delivery reflective of Cree ethos have only recently been implemented following the signing of the Strategic Regional Plan (SRP) in 2004 (Torrie et al., 2005). This implementation gap was due to the failure of both governments to properly and fully implement Section 14. The SRP states that "all services should be provided in accordance with the cultural values and realities of the Crees" and calls for the integration of "traditional approaches to medicine and social services" (CBHSSJB, 2004: 8-9). Among the measures outlined, the CBHSSJB has initiated a process to determine the future directions and integration of culturally-based "Cree Helping Methods" within the current health system (CBHSSJB, 2004: 29). The local Miyupimaatisiiun Committees have been mandated to assist local band councils and to act as liaisons between community members and the CBHSSJB (CNC, 2009).

Chisasibi Miyupimaatisiiun Committee: Local engagement in service delivery

The existence of Community health committees in Aboriginal milieus were initially envisioned in the federal Indian Health Policy (1978), but they were never formed in the Cree territory except on an ad hoc basis and never as permanently functioning organizations (Torrie et al., 2005). The situation began to change with the creation of the Miyupimaatisiiun Committees in 2005. These committees are composed of local institutional representatives, at least one Elder and one youth member, and other community members appointed by the band council. They are responsible for reviewing matters related to community wellness and for assisting "the Council in implementing effective policies and strategies to promote the health and social welfare of the residents" (CNC, 2009: 3). In essence, the Committees serve as an interface between community members, the band council, and the CBHSSJB. Their mandate can nonetheless vary, depending on the community context. At the time of writing this

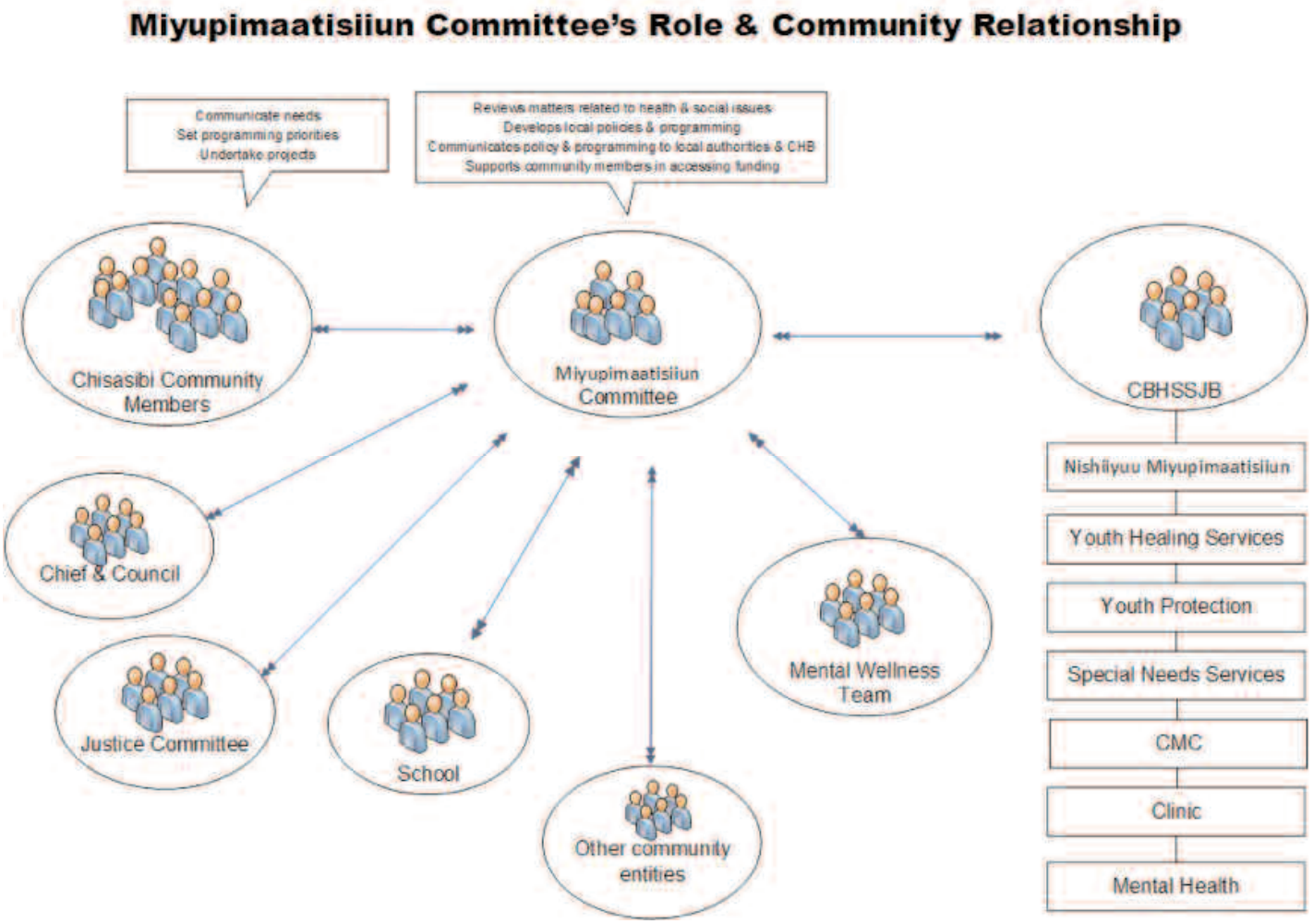

Figure 1. Chisasibi Miyupimaatisiiun Committee as envisioned by Cree Nation of Chisasibi

*CMC – Community Miyupimaatisiiun Centre (community clinic or equivalent of CSSS)

article, the authors are aware of only the community of Chisasibi and of Nemaska (out of ten Cree communities) having enacted a by-law to establish a local health committee in 2009 and 2012 respectively.

In the case of Chisasibi, the Miyupimaatisiiun Committee is primarily concerned with mobilizing community participation in defining a local vision and principles for integrated health and social services and with increasing the appropriation of service delivery by community members in a way that directly meets local needs and a long-term vision of care and wellbeing. This orientation, developed at a Special General Assembly in 2009, was in response to the failure to properly communicate the SRP to the community, resulting in the disengagement of community members from the process. The Committee secured funding for two community-wide symposiums at which the SRP could be formally presented. More importantly, the symposiums sought to create a space for dialogue between community members and local service providers in order to:

- determine community needs and priorities in terms of health and wellness,
- suggest how the gap in service provision could be bridged, and
- establish guidelines for the development of a long-term vision for a local wellness plan.

Doing research with and for communities: where do we start?

Indigenous scholar Shawn Wilson (2008) maintains that research is a space for building relationships, and together with the community, to cocreate the tools necessary to ensure that these relationships are sustainable in the future. This 'conversation-in-relation', a foundational concept in Indigenous Studies, has guided our research approach from the onset, but as we will explain below, theory was not the starting point of this collaboration and the research framework and ethical principles were formally established later on. The shared values that nevertheless underlined our collaboration were that any research project needs to have a relevant and practical application for the community; that the research process is co-determined by the community and the researcher in the spirit of reciprocity and respect; that all local knowledges (community narratives, personal stories, spiritual expressions, etc.) are fully recognized and valued both as theory and praxis; and finally, that the aims are to foster community agency and empowerment, in this case to develop an integrated model of well-being and living a good life. There was also an element of serendipity in how this collaboration was born. Our personal and professional experiences greatly helped us put in practice these shared values and build a strong and fruitful relationship.

Larry: *It's been 20 years that personally, I have been initiating projects, bringing facilitators and cultural resource people in the community so that people can gain a deeper understanding of the ceremonies and practices that we have. For myself, it was never really a quest for these things, it was more a quest for personal healing but I ended up with certain gifts. I personally experienced family violence and abuse and, as with many other individuals, I abused alcohol and drugs. I was very fortunate that when I ended up in a juvenile detention centre in Montreal I managed to negotiate what would be the first formal bush placement in Eeyou Istchee. I thought I did that just to avoid the penal system but what I got out of there was more than just that, what I got out of there was a deeper understanding of who I am. And it is true, connecting with the elders and gaining a deeper understanding of our cosmology, our world view, has helped me do the work I choose to do, which is addressing or attempting to change the perceptions in the community about why things are the way they are. If you look at Native people in general, health wise, I think it needs to be relearned. I mean, statistically we are in the negative side. Like diabetes, obesity, violence, abuse…there is something there that needs to be understood.*

There are many ways to understand illness or disease. But the most important thing to establish that foundation is a positive cultural identity. Because it has been such where people have always been dominated or colonized, thinking that their cultures are subservient or less than. It is through that ignorance that this continues. So it is the understanding at that level that needs to happen. Also, it has always been the case where external authorities determine what is good for us. And what we are doing today is trying to build it from the ground up and have some sort of engagement where we take ownership of any programs or any initiatives that we do. It would work better that way because we know what the realities are in our communities. Having worked for Anishnawbe Health in Toronto I know that integrating culturally safe health and social services is feasible and beneficial for individuals and their family. We have these institutions that are charged with the responsibility for the wellness in our communities, so why not? Why not integrate our ceremonies in there if they are perceived to be helpful, beneficial, or done in a way that helps individuals take responsibility for their lives…why not? Personally I don't think that we can work in isolation of the institutions that we have to address the state of our communities. I think the resources are there and is just a matter of creating that collaboration. We just have to create the safety and the opportunity necessary so that the community can take action. So, in 2009, when I was elected Community Health Representative in Chisasibi for the Health Board I

took the Strategic Plan and tried to understand what the mandate was in terms of implementing Cree approaches to wellness. At the same time the Band passed the Miyupimaatisiiun Committee by-law and funds were available to engage community members in defining a local vision and mandate for wellness.

Ioana: *My initial intention for my PhD research was to explore socio-cultural constructions of resource development of Cree youth and their role in the decision-making process related to resource development. This interest stemmed from my work with the Cree Nation of Nemaska in the environmental impact assessment process for the Rupert River diversion project (2005-2006) where I began to better understand the social impact of hydroelectric development on everyday life in the Cree Nation. My attempts at mobilizing community youth and local institutions around the research topic proved to be a total failure. In 2009 I met with members of the Nemaska Youth Council to discuss my research in the community. Although some interest was shown and I had prepared some specific questions, the conversation instead focused on 'catching up' on community life and my own experiences since I moved back to the city (I had lived in Nemaska for two years prior to returning to do the PhD). Nothing specific came out of that meeting and I was certain that the topic did not resonate with their priorities and concerns at the time.*

In October of the same year, I met with the Chisasibi Chief to discuss my research interests there, hoping to get a better idea on what the community might need in terms of research. All the topics I enumerated where satisfactory, I was given a letter of consent to conduct research in the community, and was told to stop by once I have 'made up my mind'. This was quite a surprize since I had been spending a lot of time reading literature on knowledge mobilization, decolonizing research methodologies and participatory action research, all of which call for researchers to co-develop their research topics with the community. But co-creation is not as obvious as I had thought.

While I put my own research on hold hoping to better gauge local needs, in January 2010 I was asked to facilitate a community consultation on health and social services in Nemaska. Although I didn't know much about how the health and social service system functions in Eeyou Istchee, together with the local Cree Health Board representative, we organized a three-day meeting with a one day pre-meeting and a one day post-meeting consultations. All sessions were audio recorded and it was recommended that they be made available to the local radio to be played at a relevant time (either lunch or in the evening) so that the community members that were not present can familiarize with the issues discussed. I also drafted a report that was eventually presented at the Cree Health Board meeting. In October 2010, I was asked to repeat the activity in Chisasibi. I gladly accepted since I wanted to spend more time there for my own research needs (building closer relationships with community youth). This exercise turned into a long-term relationship with the local Miyupimaatisiiun Committee which in the end helped frame my research in terms of the community needs. Practically, for me, this has meant that even though my initial intention was to only conduct life-story interviews with the youth, my methodology was flexible and inclusive, and eventually changed to accommodate the research needs as the project evolved over the past five years.

Mobilizing community participation through research partnerships

The Miyupimaatisiiun Committee received a mandate from the community to expand Eeyou healing programming in Chisasibi (CMC, 2010). Between 2009 and 2010, it facilitated a nine-month Transfer of Traditional Knowledge project intended to increase community participation in traditional activities such as sweats, Sundance, traditional harvesting, food preparation, and counselling. Eeyou healing services were also made available. Within a three-month period, there were over 400 interventions (out of a total population of 3,015 people aged 15 years or older), which indicates that Eeyou healing can have a role in existing services (CMC, 2012; Statistics Canada, 2012). Healers are now being used by the CBHSSJB Mental Health Department and the Residential Schools Counselling Services.

While counselling services have continued, the questions raised during the symposiums indicated the need for a community roundtable on Indigenous healing. Along the way certain tensions arose between the Committee (and more specifically its focus on Eeyou healing implementation) and its institutional partners in the community. We therefore saw a need to draft a short literature review on how Aboriginal healing is conceptualized and implemented elsewhere in Canada. Similar to the experience of Aboriginal nations throughout Canada, Chisasibi community members wanted an open forum in which issues of transparency, appropriation, and ethics could be discussed. Based on the literature review two roundtables were held in early 2012.

The first focused on specific aspects of Eeyou healing and how it can address the root causes of illness and psychosocial issues in the community. The second discussed concrete steps that the community can take for the implementation of Eeyou healing services. The consensus emerged that although Eeyou healing may not be relevant to all community members, it *does* respond to the needs of a considerable portion of the Chisasibi population. It was underlined that the perspective should not be presented as an "either/or" issue but simply as diversifying health and social services in order to respond to as many needs as possible. The long-term goal, when using either clinical approaches or Eeyou healing, is to help individuals achieve balance in their lives. The community identified three major aspects for implementation: broad community activities focused on awareness; interagency coordination; and strategic management (CMC, 2012).

Building social capital and community awareness

To increase community awareness of Eeyou healing, the Miyupimaatisiiun Committee suggested that an on-the-land program be ethnographically documented and its results presented to the community, preferably in a video format. In April 2013, we put together a film crew and documented a two-week land-based healing program developed by Eddie Pash, a Chisasibi elder. In addition to the filming, we took the opportunity to work with Eddie and develop a program curriculum to be presented to the Cree Board of Health and Social Services of James Bay as well as to the courts as a justice diversion measure. The document now serves as a model for other Cree communities and the Chisasibi program is the first bush healing pilot program to operate in Eeyou Istchee. A 30 minute documentary was also produced and released earlier in 2014 and was presented at the *Healing Together with Land and Culture: Gathering of Wisdom Conference* in Whitehorse and at the National Native Addictions Partnership Foundation (NNAPF) national conference Honouring Our Strengths (HOS, 2014). These two conferences helped the Committee validate the process undertaken in Chisasibi and its relevance for other Aboriginal communities in Canada. The workshop conducted at the HOS 2014 was ranked first and is now in the process of being developed as a toolkit in collaboration with the NNAPF.

We also approached the Nishiiyuu Miyupimaatisiiun Department (see Figure 1) which is mandated to provide integration for traditional approaches to medicine and social services within the CBHSSJB. We were therefore invited to participate in the Department consultation activities as representatives of Chisasibi and attended various meetings with the Council of Chishaayiyuu (Elders' Council). This included presenting a draft of the documentary for comments to the elders and collaborating with the department in the final edits of the land-based healing curriculum.

A second major achievement for this research collaboration was securing external funding form Health Canada to develop a multidisciplinary intervention team in Chisasibi. The planning processes as well as other culturally relevant activities undertaken in Chisasibi between 2010 and 2014 were made possible by the CBHSSJB Community Initiatives Fund, which ended in 2014. The Miyupimaatisiiun Committee nevertheless believed that the programming developed over the past five years responded to the community needs and closed some of the gaps in service provision in terms of health and wellness.

We therefore submitted a proposal for a Mental Wellness Team program with Health Canada in September 2013. The proposal was accepted and in November we received confirmation that Chisasibi secured $250,000 over the next three years (2013-2016). The first instalment of the funding envelope served to begin training for Community Addictions Workers in collaboration with Nechi Institute (an Aboriginal organization that teaches culturally safe intervention methods). It has also allowed the community to establish a full-time administrative team that is now greatly facilitating the Committee's work and strengthening institutional collaboration.

Finally, the Cree Nation of Chisasibi is currently developing a community vision and principles for integrated health and social services. The aim of the Community Nishiiyuu (contemporary Cree) Model is to establish an institutional structure, standard practices, and programming for Eeyou healing. In the short term, the project outcome includes the completion of a Strategic Health Plan (2014-2017) for the Miyupimaatisiiun Committee. It is hoped that this process will have a Nation-wide impact as the CBHSSJB is negotiating a new Strategic Plan with the Quebec Ministry of Health and Social Services. Part of the negotiations includes the development of Nishiiyuu Miyupimaatisiiun (previously, Cree Helping Methods) programming to be submitted for consideration to the Ministry. Recent developments are very promising, as the community of Chisasibi was invited to participate in the negotiations.

Ethics Challenges

Because we had to function within the CBHSSJB institutional arrangement as well as that of the university, we faced some challenges in terms of research ethics. First, some community research partners found the formal university ethics review redundant and an administrative barrier to local activities, since our collaboration was already three years into the process. From their perspective our relationship was already based on trust and reciprocity and a signed research agreement was not need to validate this. Second, since the land-based program is not regularly held as is dependent on CBHSSJB funding schedule, it did not align well with the university ethics approval process. Third, although the Nishiiyuu Miyupimaatisiiun Department was given a formal research agreement to sign, given the hectic schedule of the Director we did not receive a copy in time to submit to the university. Nevertheless, these challenges helped us to continuously reflect on the ethical implication of doing research in the community. In conducting interviews with the youth we realized that sometimes the formal approach to signing a consent form at the onset can be intimidating and that it can be done during or after the interview.

Although this seems counterintuitive from a formal ethics process, in our case, some youth we interviewed had prior negative experiences with social services which included complicated release of information procedures that created insecurities to sharing personal experiences. By initially approaching interviews on a more informal basis and over the course of a couple of days, we were able to establish an environment of trust and allowed the youth to better understand and trust the formal ethical process that framed the research in which they participated. It also enabled us to respect the institutional ethics requirements while honouring individual experiences and needs of the participants. In addition, although research agreements are key to clarifying knowledge ownership, consent and benefits, communities can still exercise control over all research conducted within their territories through a close collaboration with the researchers before and after such agreements are signed. Indeed, ethics engagements do not expire once the data has been collected, they constitute a foundational element of research that extends to data analysis and the knowledge mobilization process that follows the formal 'end' of field activities. Finally, this experience has better prepared us to negotiate administrative burdens in a way that respects both the individual research participants and the institutional partners.

"If research hasn't changed you as a person, then you haven't done it right"[5]

For the Cree Nation, exercising jurisdiction over the social welfare and health of its members is an expression of self-governance and empowerment. This responds to the vision of a Cree society where "individuals are well balanced emotionally, spiritually, mentally and physically," where "families live in harmony and contribute to healthy communities," and where "communities are

5. Wilson, 2008: 135.

supportive, responsible and accountable" (CBHSSJB, 2004: 8). Incorporating Cree values and practices into service provision means moving beyond the Western medical model in order to base programming on Cree healing and caregiving practices.

Our experiences have shown that a successful implementation rests on a variety of factors. Firstly, an inclusive and respectful dialogue between community members, service providers and management is essential because it creates the appropriate conditions for defining a collective vision of care and wellbeing. Secondly, mediating institutions, such as the Miyupimaatisiiun Committees, ensure that community needs and worldviews are incorporated into the development of health and social policy and programming. Thirdly, the success of local initiatives depends on their integration into regional institutional and financial arrangements as well as into the broader policy context. Fourthly, even though the institutionalization of Indigenous healing is still a matter of debate within Aboriginal nations, a structured approach with validated ethical and cultural protocols is central to building trust in the healing practice itself and to strengthen individual relationships between community members and healers.

Finally, in order to be successful, local initiatives need a dedicated group of individuals whose particular skills and knowledge can facilitate an equitable dialogue, initiate collective reflection, and maintain transparent and respectful communication. The role of research and community-university partnerships in this types of processes is key in terms of mobilizing knowledge locally and nationally. Indeed, a true partnership cannot be limited to consent forms and community research agreements. In fact, community research partnerships can only be built in time and through an open and reflexive dialogue around the kitchen table, in community halls, and during long-distance travels. From the perspective of the researcher, sharing authority over the research process may sometimes be a daunting task, as often, this type of close relationship can open the door to many tensions that exist in the community. Finding dedicated community research partners and embedding the research process within existing community institutional arrangements is not easy and sometimes not achievable, nonetheless, we believe it should be a principal goal of community-university partnerships.

Conclusion

Ideally, doing research with Aboriginal communities means co-developing the overall research objectives before the actual research activity (fieldwork) starts. This includes negotiating the role of the researcher according to what the community needs and less to what his or her initial research objectives may be. It also means that the methodology must remain flexible and inclusive, open and receptive to the inevitable changes that take place *during* the research process. Both the researcher and the research partners must be ready to face a steep learning curve both in respects to theory and to practice. In this instance, the researcher had very limited knowledge of cultural safety theory and practice, but under Larry's guidance, who is both a Sundance Chief and a community addictions professional, the learning curve was well mediated. In addition, only by spending extended periods of time both on the land and in the community, taking part in day-to-day activities, sharing personal stories and family moments, through experiential learning and building close relationships with community members, a mutual understanding of wellness and care was possible. Conversely, institutional ethics policies can sometimes seem redundant and paternalistic from the perspective of the community, as it happened to us, but retrospectively it has forced us to take the time and reflect on the potential transformations and outcomes of the research project for the community. Indeed, this experience has kept us in constant self-reflexive dialog that in the

end has shaped not only the resultant knowledge but a growing awareness of the transformations that we have experienced as individuals embedded within a research collaboration.

Aboriginal healing is neither monolithic nor static but a contemporary expression of knowledge systems and values reflecting the rich cultural diversity of Canada's First Nations, Métis and Inuit communities (NAHO, 2008). Aboriginal healing encompasses a variety of beliefs and practices that are not uniformly acknowledged or used across the country. Indeed, each practitioner makes use of various treatment methods that best respond to his or her client's needs (herbal remedies, sweats, ceremonies, etc.) and operates within specialized fields of practice (involving spiritualists, midwives, healers, medicine women/men, or herbalists). These practices are nonetheless interrelated, as each practitioner can hold a wide range of specialized knowledges while reflecting particular conceptions of identity, place and health (Martin-Hill, 2003; NAHO, 2008).

Not only is healing as a concept both diverse and multiple but the role and characteristics of Indigenous practitioners also raise issues of authenticity and authority as well as of exploitation and appropriation (Martin-Hill, 2003; NAHO, 2008). These contemporary realities can challenge cultural principles and values as service users' needs and circumstances evolve. Thus, community participation in the development and implementation of Indigenous healing is central not only to a culturally appropriate service delivery but also, and especially, to building a collective conception of care and wellness that is in keeping with local knowledge and worldviews. Because Indigenous communities and their client base are heterogeneous, local community members require the appropriate conditions in which this negotiation can take place.

Our experiences illustrate that respect, reciprocity and accountability are the main determinants of an equitable dialogue that is in line with the broader process of decolonization and self-determination. We also hope that the personal stories we shared have shown how autonomy and wellness are intricately linked and how healing functions as a decolonizing force. In essence, it reflects the political agency in which uncertainties, conflicts, apprehensions, and compromises are continually renegotiated in Indigenous communities. They have also validated the approach of doing research with and for communities - to take a strength based perspective in which the everyday acts of resistance are celebrated. And finally, to honour the relationships with the community as a valid academic and political endeavour.

Glossary

Miyupimaatisiiun	Being alive well
Eeyou	A Cree person; also, a human being
Eeyou Istchee	Land of the Cree people
Nishiiyuu	Future generations of Cree

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