

## Interview with Dr. Dawn Martin-Hill

UTMJ Interview Team (Meghan Kerr and Anna Kurdina)



*Dr. Dawn Martin-Hill*

**D**r. Dawn Martin-Hill holds a PhD in Cultural Anthropology and is one of the original founders of the Indigenous Studies Program at McMaster University. She is the inaugural Paul R. McPherson Indigenous Studies Chair. Dr. Martin-Hill's research is grounded in the principle that solution-based research in the area of Indigenous health must occur alongside building capacity for community collaborations. She has embodied this principle through her numerous community commitments:

serving as Chair of the Indigenous Elders and Youth Council to promote the protection and preservation of Indigenous Knowledge systems, serving as an expert witness on traditional medicines, and supporting reconciliation efforts to improve health services delivery to First Nations through the "Harmonization of Traditional Medicine" in partnership with Six Nations Health Services. While working with communities, Dr. Martin-Hill has led numerous grants funded by both the Social Sciences and Humanities Research Council (SSHRC) and Canadian Institutes of Health Research (CIHR) to conduct Indigenous knowledge research focused on Indigenous youth, women, language, ceremonies, traditional medicine and well-being.

**UTMJ:** Can you tell us a bit about yourself and how you became involved in research?

**DMH:** I'm Mohawk, Wolf Clan, Six Nations, and I have lived at Six Nations in the community. I have four children and eight grandchildren, and most of my research is responsive to what I see happening in my children's lives. For example, this morning, I was at my granddaughter's public speaking event, and I was thrilled that she wanted to present on water. She was amazing. One young girl presented on her dad being on drugs, the police coming to the school and taking her to the police station, and then how she found out her father died. Drugs destroyed her family and her love for her father. It just blows my mind to see how amazing our young people are, to be able to get up in front of a big group and share this as a seventh grader with so much grace. Another young sixth grader barely kept it together while talking about what her grandmother meant to her, what her grandmother taught her, and how her grandmother passed on. There was also another child who spoke on missing and murdered women.

To me, what is missing from the real discourse around Indigenous Knowledge and the Ways of Knowing, is that others have no idea how amazing not only our elders are,

but also how amazing our women are. They're incredibly hard workers; they can make a meal out of literally nothing. I know how amazing our people are, and seeing the poverty, abuse, ill health, and social pathologizing of my people set me on the path to set the record straight. Our people are incredible and it's unfortunate that non-natives in the West have not engaged with the wisdom and connection to this land. I thought it was a great loss to science, to not have this information shared, and I sought to correct it.

**UTMJ:** You mentioned Indigenous Knowledge and Ways of Knowing. Would you please expand upon what you mean by this?

**DMH:** I came to McMaster in 1985 to take anthropology courses and I noticed that I was the only Native there. I was incredibly incensed; I went to the Woodland Cultural Centre and looked for one of the elders, Reg Henry. He was a Faithkeeper, and I would tell him what they were teaching about us, such as 'how we're deviant' - that was the one that really got me. Meanwhile, he would tell me about all these amazing stories, the Great Law, and how the West is kind of foolish - and I would be set right, my mind would be back in a good place.

I worked with the Lubicon Cree, Alberta, for my Master's and PhD, along with many different nations and heard the same set of shared principles. When I heard from the Maori in New Zealand, I knew that science wants evidence and this thing called repetitive reliability, and I thought wow, we do that. All of these different nations have this and this is knowledge. At the time, I didn't know if I was the first to write about it, but I do know that I did not come across any literature that was referring to this as anything other than voice or story - but this is knowledge. I fought with all my supervisors, and had tough time, you know, but I also had support from a lot of the communities. They assisted me in articulating that this is not my voice or my truth or my plural knowledge. It wasn't an easy task. I published my first writing for the Woodland Cultural Centre. I talked about how Indigenous Knowledge is power. It was 1992, and I wonder if anyone was publishing at that time and calling it Indigenous Knowledge. Until about five years ago, I would get scoffed at for this topic. But Indigenous people would gravitate towards it and it was like I was finally articulating what they knew to be true. It was about resistance, resilience, self-determination, and ignoring what science was trying to tell us about ourselves.

**UTMJ:** Would you tell us about your current work on the reconciliation of Indigenous medicine and Western biomedicine?

**DMH:** I've done traditional medicine for quite a while, and I'm just publishing on it. I worked closely with the Makayla Sault and JJ cases, the two girls who refused chemo. The parents sought me out because I had done classes on traditional medicine and as well as why we need to begin reclaiming spaces within health centers. I was dragged into that whole drama and I ended up being asked by Six Nations to go to court for Six Nations, against McMaster [Children's Hospital], and I agreed. Later, I wrote a paper specifically for Western doctors and for health centres to help them understand our traditional medicine. We have dietitians, counsellors, seers, and diagnosticians. If you're depressed, you may need a false face mask ceremony, or you may need a friend. Then you have your spiritualist, which is what the West gets caught up in, but there's a number of people - singers that need to be there, and you need to prepare certain foods, and have this relationship with the animal and natural world. It's very all-encompassing, but it's pretty easy to understand.

There is this Mohawk program, Ohero:kon (o-ho-lo-go), where on Sundays, boys and girls would meet at a longhouse and learn about traditional tasks. They learn how to eat properly, eat traditional foods, plant, fish, and hunt. More importantly, they become amazing orators by their fourth year. I wrote a grant with the Clanmother Louise McDonald and my daughter, a PhD at U of T. We could document Akwasasne's community initiative and apply the Indigenous Ways of Knowing to an evidence based "intervention." We are just writing that up now, and our question was: is Akwasasne's intervention on rites of passage transferable to other communities? Before I could write up my results, five other Noshini Haudenosaunee [six nations] communities have implemented Ohero:kon. This proves that it is transferable and as other communities witnessed the transformative outcome of healthy youth, they sought to implement their own rites of passage. Over 1000 children have gone through the program over 16 years. The police in Akwasasne have acknowledged that there has been a great reduction in delinquency and they attributed it to Ohero:kon.

It's community healing that is critical. That's what the West doesn't understand. Ohero:kon brings aunts, uncles, and their teachings. It creates peer support for sobriety and for making good decisions. It helped heal the community, and that's what Indigenous Knowledge and Ways of Knowing is. It's collective and not individual. Unless we help each other and the families these kids are living in, you're not going to have a stronger child. It's a perfect example of Indigenous Ways of Knowing. It's all about moving away from those Western constructs that will always diminish our people's amazing resilience and our being; our existence is always diminished in those models.

**UTMJ:** Would you be able to describe the challenges that JJ and Makayla and their families faced while navigating the healthcare system?

**DMH:** I reached out to the President of McMaster after all the mess, and said, we have to fix this. Everyone from my community hates McMaster; they don't see the hospital and

the university separately. He listened, and he fixed it. There's now a Makayla ceremonial room that's absolutely beautiful, all dedicated to her. With Makayla, the problem started when her doctors involved the CAS (Children's Aid Society). The CAS wouldn't just take Makayla, but they threatened to take all the family's kids. People were missing all the facts in the media. Makayla had been on heavy doses of chemo for eleven weeks. They didn't understand that it was a nightmare to deal with. Makayla couldn't eat. Makayla hadn't been able to touch food for weeks. She was a skeleton. She had sores all inside her mouth. She was in so much pain, but she hung in there. I was so furious that this child had been through hell and was getting painted as "normal."

The hospital brought in mediators who were absolutely horrible. The doctor and chief would go up and say, "this is the 97% chance she has to live if she does the chemo. If she goes the traditional route, she has 0%." I would ask them if they had studies to back it up, and they would reply with, "well, there are no studies." Exactly. Nobody has done a study to see if my people's children would live through intense chemo for 32 weeks. It was tough, it was a battle between the two systems. They went right to court rather than talk to her and her mom. Her daughter said no, and she had a right to say no.

In court, I went over the history of when "the white man knows what's best for us." Let's go through the list of how that worked out for our people. I started with residential schools and the Sixties Scoop. I gave them Judge Kimelman's report on Sixties Scoop children who had fared worse and were often sent to pedophiles. This is just one more example of them claiming to know what's best for us and ignoring that we may have other methods of helping and healing. They were not refusing Western care. Makayla didn't and neither did JJ. They did everything - blood work, visits. We were supplementing both of them with diet and nutrition, making sure they were eating foods that our people eat, taking traditional medicine, and were under the care of the nurses from First Nations health services. The only thing they had opted out was chemotherapy. Our people don't have the same view of chemo. I was upset that everyone was thinking we were crazy people, when all they did was opt out of the one method, while opting for others.

I just think there is hypocrisy in the way the West portrays their science and their authority, while everyone else around the world is diminished and doesn't have anything to offer. It's time to get past that and I'm glad that McMaster stepped in. I took them to the communities where they reconciled and apologized. We just opened Makayla's room and literally there are three families waiting for us to cut the ribbon, so they could get in there with their sick children.

At no time did we say no to Western medicine, we want to take the best of both worlds and combine them. And that's co-creation. I'm doing that now with engineers to co-create sensors, tools, and apps for mental health and interventions. We need people to start with the assumption that we have something to offer. In the case of JJ and Makayla, the case was that we had nothing to offer. It's important for Canadian health care to understand their role in the oppression of Indigenous people. To move Indigenous Ways of Knowing forward, we need to address the past.