

Recovering Health through Cultural Traditions

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Northwest Indian Drug and Alcohol Treatment Center and Northwest Indian College's Traditional Plants and Foods Program.

Embracing the Wealth of Where We Come From

Native foods and medicines have the power to heal our bodies and spirits. We return to the full potential of who we are by getting our hands in the dirt, living with the seasons, and using traditional knowledge to care for ourselves. We carry the teachings of our Elders, give back the gifts that we receive, and leave gifts for those to come.

It is a cold misty day in the thick of winter. In a classroom at the Northwest Indian Treatment Center 22 patients finely chop Western red cedar leaves into bowls. The sweet smell fills the classroom and several people reminisce about the ways that their families use cedar. One man from the Makah Tribe recounts how each spring he and his family strip the pliable bark, roll it into coils, and later separate the smooth inner bark from the rough outer bark. He describes the way the inner bark is soaked and then cut into long straight strips that are woven into artful baskets and hats, which offer shelter from harsh summer sun and winter rain. Another man shares how he uses dried cedar leaves as a purifying smudge. He remembers how he was taught to bundle the branches into little brooms to cleanse homes and other spaces.

Patients pour boiling water over their cedar, and then cover their heads with towels to make a facial steam. As they inhale, aromatic oils in the leaves help fight infection, stimulate circulation, and boost immune function. It is an easy, effective and readily available remedy to combat winter colds and coughs.

Later in class we discuss many more uses of cedar. Patients are amazed at how scientific studies confirm cultural teachings. A woman from Skokomish says, "Modern science is fi-

nally catching up with what our ancestors have known for generations."

This is the moment I hope for as an educator. The patients are remembering who they are and where they come from. They are beginning to recover their own wealth, and therefore to heal themselves and each other. Not only is this one of the greatest tools for recovery, but it is what the patients carry home from these events and their recovery spreads to others.

Treatment Center Setting

The Northwest Indian Treatment Center (NWITC) is a 45-day drug and alcohol residential treatment program in Elma, Washington. It was created by the Squaxin Island Tribe to address an unmet need for culturally based treatment centers for Indian People who grew up on reservations. Each year about 220 patients from Washington State and other nearby regions are served. The program specializes in treating people with chronic relapse patterns related to unresolved grief and trauma, including historical trauma from colonization.

The Treatment Center weaves culture into the fabric of the program. In the words of June O'Brien, director between 1994 and 2011,

Patients must be able to see themselves in their recovery. Their culture is their medicine. Native plants, singing, drumming, a sweat lodge, beading, and support from local native spiritual communities are part of the program. These act like pillars to hold patients up during their recovery. When patients' traditions are honored in the healing process, retraumatization is less likely to occur.

Based on data from tribes and/or outpatient programs that referred patients to the Treatment Center, 77% of patients remain clean and sober or consume less than before they entered the program.

The *Traditional Foods and Medicines Program* was created by the Treatment Center in 2005 to increase patients' access to and knowledge of medicinal plants and native foods, such as berries, wild greens, seafood, and game. Weekly three-hour classes give patients hands-on opportunities to learn about the nutritional, ecological, and cultural importance of wild foods and medicines. Twice a month, tribal elders, storytellers, and cultural specialists speak as part of the program. A monthly class is offered to patients and their family members. This helps families see what their relatives are learning and teaches activities that families can do together at home.

In 2009 NWITC partnered with the Northwest Indian College Cooperative Extension to jointly deliver the *Traditional Foods and Medicines Program*. The Northwest Indian College (NWIC) main campus is at Lummi Nation near Bellingham, Washington. Extended campuses are at the Swinomish, Tulalip, Muckleshoot, Port Gamble S'Klallam, Nisqually, and Nez Perce Reservations.

NWITC and NWIC serve many of the same families. Directors from both programs agreed that when people receive teachings from a variety of sources the result is amplified.

The Treatment Center and the Northwest Indian College have a long history of working together to serve tribal communities and families. They collaborate on developing innovative curricula that blend teachings about traditional foods and medicines with culturally based addiction counseling. Plus they offer train-the-trainer workshops that increase the number of community educators capable of teaching on issues related to community gardens, diabetes prevention through traditional plants, herbal medicine making, first aid, and native culinary arts.

The partnership also benefits patients who want to enter college or get jobs related to working with traditional foods and medicines. Upon graduation from the Treatment Center, patients receive a Traditional Foods and Medicines Certificate with 2.7 continuing education unit (CEU) credits. Several graduates have secured jobs in related areas, including plant restoration, community gardening, teaching, and cooking traditional foods.

Culturally Grounded Education

The *Traditional Foods and Medicines* curriculum honors native styles of learning and teaching. One regular guest speaker, Kimberly Miller (Skokomish) said that she was *shown* how to do things. Elders rarely gave spoken explanations; they assumed people would learn by watching and doing. Patients respond well to this type of learning. When they practice knowledge through all their senses, they take ownership of it.

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Patients learn how to identify, grow, and harvest plants in three on-site teaching gardens. *The Medicine Wheel Garden* was designed and built by patients in 2005. Its shape honors the four directions. Each of the eight beds has a theme. Some include plants for beauty and flavor, some for spiritual medicine, and some for healing specific conditions, including diabetes, digestive problems, anxiety, insomnia, respiratory disorders, and infections.

Many plants like raspberry leaf, lemon balm, mint and yarrow are made into nutritious teas to stock a tea dispensary. Patients also harvest herbs to make oils and salves for healing the skin and easing muscle pain and arthritis. Roots are infused in honey to make cough and cold medicines. The Treatment Center nurse reserves some medicines in a traditional plants pharmacy and dispenses them to patients as needed.

The Native Berry Garden teaches patients to identify, harvest, and prepare huckleberries, strawberries, blackberries, gooseberries, salmonberries, thimbleberries, and others. Wild berries are one of the most prized cultural foods that are thought to increase health and longevity. Scientific research supports this. Berries are loaded with nutrients including vitamins, minerals, fiber, and antioxidants.

In the *Traditional Foods Garden* patients and staff work together to cultivate nutritious vegetables and fruits that can be prepared in class or incorporated into daily meals. Educator Elizabeth Campbell (Spokane Tribe) reminds patients that organic gardening is not a new fad – it is simply a return to the way Salish ancestors grew food by using techniques without the use of pesticides or synthetic fertilizers.

Garden activities include building soil health, planting seeds and starts, maintaining perennial foods, natural pest control and, of course, harvesting and eating the fruits of our labor. Favorite foods in this garden include *Inchelium* red garlic, *Ozette* potatoes, kale, and the three sisters: corn, beans, and squash.

In 2011 program staff implemented a compost project. With about 35 people eating three meals a day at the treatment center, over 15 gallons of food waste is generated per day! Much of this, along with yard debris, cardboard, and paper is now being turned into fertile compost instead of garbage. Soil studies are incorporated into classes. For example, according to Seattle Tilth,¹ one gram of healthy soil is home to as many as 500 million organisms including bacteria, yeast, algae, protozoa, and insects! These tiny creatures can build soil nutrients, hold water, and ward off plant diseases. Patients are surprisingly enthusiastic about creating living soil for the garden.

Teaching games have become a favorite part of program classes. Instead of taking mundane pre-tests and post-tests to track changes in knowledge, patients helped develop interactive games like Berry Bingo, Native Plants Survivor, and Traditional Foods Jeopardy. During these interactive exercises, patients become playful and work together as they test their knowledge. Laughter breaks through the grief that often accompanies the trauma behind addiction.

Generosity is an important cultural value that is woven into the program. Dr. Rudolph Rýser (Tietnapum-Cowlitz) is a regular guest

1. The mission of Seattle Tilth is to inspire and educate people to safeguard our natural resources while building an equitable and sustainable local food system. (See: <http://seattletilth.org>)

speaker who teaches that generosity, which involves both giving and receiving, is a measure of health in Indian Country. In his words:

A person cannot be considered generous if one is unable to receive gracefully and with some fanfare. At the same time, one cannot be considered generous if one only receives and does not give with fanfare. Giving and receiving generously contributes to a strong person and a strong community.

Patients take pride in leaving behind something that will contribute to the healing of future patients, just as previous patients made medicines for them. In this way, they become part of a continuum of healing. This may be the first time after many years of addiction when patients begin to feel they have something valuable to give. In healing, they become healers.

Storytelling is a powerful cultural tool for learning. Roger Fernandes, a Lower Elwha² storyteller and artist, regularly participates in the program. He says, “Stories are guides for transformation. They do not necessarily give us answers; they give us the framework to find our own answers. They help us find a sense of purpose and meaning.” For example, many Salish stories are about creatures that find themselves in conditions where they are trapped. By learning how coyote transforms himself into a new being to get out of a trap, patients can reflect on how they might let go of the parts of themselves that promote their ad-

2. The Lower Elwha Tribes is located north of the Olympic Mountain Range on the Olympic Peninsula in the United States. (See: <http://www.elwha.org/>). Roger Fernandes describes himself as an urban Indian whose great-grandmother was Annie Ned from Sequim. (See: http://www.turtleislandstorytellers.net/tis_washington/transcript_r_fernandes.htm)

diction and seek a new sense of self. Roger is currently collecting Salish stories about plants, which are helping to deepen patient knowledge about the complexity and richness of plant knowledge in Salish culture.

In classes, Western scientific studies are used to affirm cultural knowledge about the uses of native foods and medicines. For example, an archaeological study by the University of Washington’s Burke Museum and others found that before European contact, Salish people ate over 300 seasonal foods from a variety of ecosystems. At that time, people did not suffer from many of the chronic diseases that are rampant in Indian communities today. Salish elders say, “Our food is our medicine. If you are sick, eat your traditional foods.” Using information like this can give students a sense of confidence and pride in their traditional ways of knowing. They remember that their ancestors had sophisticated ways of understanding and caring for their world.

Program Outcomes

Perhaps the greatest strength of the Traditional Foods and Medicines Program is that it helps patients remember what they already know. Their faces light up when they recognize a plant that is important to their family or community. Something floods back into them as they recall harvesting medicine in the mountains with their aunties or fishing for smelt on the river. Stories emerge from forgotten places. A sense of pride and enthusiasm comes over them as their culture is validated and affirmed. They are able to see their own wealth.

Based on patient interviews, a majority of patients who enter the treatment program purchase most of their foods at mini-marts

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and have little or no access to fresh fruits and vegetables. Many referring reservations are considered food deserts. Patients' leisure activities are often sedentary and most lack regular balanced meals. Learning about how to grow, gather, harvest, and prepare plant-based foods and herbal medicines increased patients' access to highly nutritious foods. It also teaches them healthy physical activities that can combat obesity and diabetes. Several graduates reported that they have started their own gardens. Others have integrated native foods into their diet and have consumed less unhealthy foods like sugar, refined carbohydrates, and poor quality fats.

Evaluation interviews show that patients can name at least twice as many foods when they graduate compared to when they enter the program. One woman named smoked fish and fry bread on her intake form, and then salmon, halibut, salal, seaweed, urchins, clams, scallops, sweet grass, fiddlehead ferns, blackberries, strawberries, salmonberries, dandelion, nettles, boots, and barnacles on her graduation form.

Our program staff often sees graduates at tribal events. We are heartened to hear that they are applying what they learned through the program into their lives. Many patients take new skills and knowledge they have learned through the program and teach those around them. They also seek out new knowledge from their elders and cultural specialists. Their enthusiasm has fueled a growing tribal interest in traditional foods and medicines throughout Indian Country. Our Northwest Indian College Cooperative Extension Office has witnessed this through receiving almost weekly requests for our educators to speak at events or to provide classes.

Many graduates are inspired to enter or return to college through their learning experience in the program. In the last year 12 graduates have entered the Northwest Indian College and have taken classes in plant and food related subjects. One graduate just completed an internship as a botanist for the North Cascades National Park. Another is enjoying working for a local plant nursery and attributes her interest in plants to the project.

The *Traditional Foods and Medicines Program* is being used as a model in other indigenous communities in the Northwest and around the world. In the past year, 55 educators from over 14 tribes completed trainings and are sharing the knowledge they gained. People from Alaska, Canada, and across the United States have visited the treatment center to learn about how they can incorporate elements of the program in their own communities or organizations.

One treatment center graduate who went on to become a student at the Northwest Indian College and complete an internship in native plants said this about the program:

My experience at NWITC and being re-connected with the plants helped to ground me spiritually. In the midst of such a deep addiction, my spirit was not even with me. I found comfort in the way that I was not ashamed by not having the knowledge or remembering the things that I was taught, because almost everyone there was on the same page. The program has touched my life in every way: spiritually, emotionally and physically.

What I really liked was the hands-on learning. It really is the old way of life. That deep and spiritual connection is al-

ways there because it is in our blood. From the time of my great great grandparents and through the shift in colonization, we have carried that in our blood.

One of the most challenging periods in a treatment program occurs when the patient moves from the inpatient facility back to their home. This may be the very place that enabled their addiction initially. Often, the cultural support that was available during their stay at the Treatment Center is no longer available. The treatment center and the Northwest Indian College are working together to build support systems for graduates that include educators, mentors, cultural specialists, and community health programs that will increase the likelihood that they will maintain their sobriety.



About the Author

Elise Krohn, M.Ed. is a native plant specialist and herbalist who has been working and teaching in tribal communities for the last twelve years. She began her training in 1995 with a Clinical

Herbalist certificate at the Southwest School of Botanical Medicine and has since completed a two year program in advanced herbal studies, a Bachelor of Science in Pre-Medicine, and a Master of Education in Traditional Foods and Medicines. In 2005 she completed a certificate program in ethnobotany with the Center for World Indigenous Studies. Krohn is the former (2004-2007) head gardener and educator for the *People of the River Healing Garden* at the Skokomish Tribe. Since 2005 she has been a program coordinator, educator, and curriculum developer for the *Traditional Foods and Medicines Program* at the Northwest Indian Drug and

Alcohol Treatment Center and the Northwest Indian College's *Traditional Plants and Foods Program*. She is the author of the book *Wild Rose and Western Red Cedar* and the co-author of *Feeding the People, Feeding the Spirit*. Her blog can be found at www.wildfoodsandmedicines.com.

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