

Native American Healing: A License to Practice?

| By Kenneth Cohen |

In 1993, I was one of several individuals invited to lecture to the National Institutes of Health officials, researchers, and educators at the Shenandoah Healing Exploration meeting near Washington, DC, as a way of “brain-storming” scientific and ethical issues in Complementary and Alternative Medicine (CAM) research. Hopefully, we would also be a positive influence on the recently formed Office of Alternative Medicine (OAM), and now, the National Center for Complementary and Alternative Medicine (NCCAM). I suggested that Native American healing is not a method of CAM but a spiritual tradition tied in with lifestyle, community, sovereignty issues, and land and culture preservation. For example, how can one be an indigenous herbalist if the trees are clear-cut and herbs overharvested for profit by Euro-American herbal companies? Traditional Healing cannot be taught in a university, though academic facets may be, such as ethnobotany or Native history and language. Thanks in part to my testimony, Native American traditional healing was not listed among CAM categories and kept below government regulatory radar for nearly 10 years.

Later that same year, a physician/administrator from the NIH attended a Native American healing ceremony I conducted at a conference in Kansas. When I asked for a “healee” volunteer, she agreed. I had just met her and did not know her health history. When the hour-long ceremony was finished, she confided, “My God! This stuff works! I was developing a migraine headache, and this is the very first time that one has been aborted without medication. I feel great.” She was also impressed because one of the honored guests at my presentation was the noted Anishinabe elder and herbalist, Keewaydinoquay, who spoke

in strong support of my work and philosophy of healing. The physician and I continued our conversations over the next few days. She agreed with my view that Native American healing does not fit into the CAM category and cannot be easily explained by western biomedicine. I mention this not to bring attention to my work but rather to explain how various influences conjoined to prevent dissection or simplistic understanding of this great tradition.

With the expansion of CAM research, funding, and public dialog, it is not surprising that “Practices of traditional healers” is now listed as a CAM category (<http://nccam.nih.gov/health/whaticam>) accessed 2-15-13), though I still contend that it should not be. The mission of NCCAM is to “to define, through rigorous scientific investigation, the usefulness and safety of complementary and alternative medicine interventions and their roles in improving health and healthcare.” (<http://nccam.nih.gov/health/whaticam> accessed 2-19-13). Although this seems an admirable goal, the terms “scientific investigation and usefulness” bring up ethical and cultural questions among indigenous people. I am especially concerned that the standards and scope of practice of traditional healing not be set by U.S. government agencies, but rather remain the domain of Native people.

On the one hand it is essential to train social workers, psychologists, and health-care workers in ways to work harmoniously with indigenous clients and to effectively address their concerns. The “MSW Aboriginal Field of Study” program launched in 2006 at Laurier University (Ontario, Canada) is an excellent example. Their website explains that it is “The first Master of Social Work program in Canada rooted in a wholistic Indigenous world view and

contemporary social work practice. The goal is to develop social work practitioners who demonstrate an understanding of and respect for the history, traditions and culture of the Indigenous peoples of Canada. This unique program includes the use of Indigenous elders, a traditional circle process, and Indigenous ceremonies.” The program includes both academic and experiential learning. (http://www.wlu.ca/news_detail.php?grp_id=1844&nws_id=10466) accessed 2-19-13).

On the other hand, if we are also speaking about “standards of practice and insurance requirements,” this could easily degrade into a high degree of government control. It is a slippery slope from regulating social workers' or other professionals' practice of traditional healing to regulating and licensing the healers themselves. In a worst case scenario, if traditional healing is government regulated and licensed, then licensing boards will tell traditional healers what conditions they can and cannot treat, what methods are acceptable, and determine who is qualified. This would be a disaster whether such boards are Native advised or not. Again, I am not denying that the gifts, insights, skills, and wisdom of indigenous people can greatly enrich a learner's educational experience and professional practice. I am only advising caution and that limits be placed on licensing boards' degree of control over indigenous culture, especially since such boards are notorious for expanding protection of their economic turf. To be clear, if a social worker is accredited to resolve a family issue using a Curanderismo *platica* (heart-to-heart counseling) or Hawai'ian *ho'oponopono*, will an unlicensed Curandero or Native Hawaiian be allowed to help a family with the same issues?

The gold standard for U.S. healthcare is captured in the phrase “evidence-based.” But many aspects of Native healing or outcomes cannot be measured because they involve a unique interaction of persons, time, place, and unseen forces. Who will determine which prayers, ceremonies, or other cultural practices are most effective or in what manner they are effective and thus worthy of inclusion in a conventional provider's repertoire? Will Sweat Lodges and Sacred Pipe Ceremonies be covered by insurance—thus being equated with specific sums of money and requiring no sacrifice on the part of the patient? According to many elders, this violates Native American ethics. And, once controlled by statute, will professionals utilizing traditional healing methods even be allowed to accept out of pocket donations, gifts, barter, or sliding scales? This would likely be seen as a breach of ethics, as it is for other government-regulated CAM modalities. If traditional healing or aspects of it is a matter of U.S. law, then anyone who breaks the law becomes subject to litigation. This could lead to a situation where social workers or psychologists who practice traditional healing as a part of their scope of practice or off-reservation traditional healers themselves may have to carry malpractice insurance (with provisions to cover traditional healing).

And I must add something that will certainly not be in the mind of regulators but which deeply concerns me. If Native healing practices are openly or widely taught to social workers, psychologists, and other professionals, the *Manitou* (Cree for “Spirits”) will be offended, as they are the proper “admissions committee,” and the only ones who can invite or guide a person along the Red Road (the path of Native American spirituality). I am not talking about stopping or inhibiting the development of integrative programs, only that it will require a delicate balance and Native elders' insight to determine what can and should be taught in a non-indigenous context.

Healthcare providers are not the only ones interested in Native American spirituality or who may wish to cash in on the lucrative CAM market. New Age groups have frequently tried to claim or usurp control of Native American

practices. An academy in Texas is offering an online degree in “Native American Shamanism.”¹ The site claims, “Anyone can learn to become a Shaman and benefit from its teachings, and through our program here at Divine Blessings Academy, we teach the aspiring shaman to go from beginner to advanced Master Shaman in just 4 easily understandable courses. While there are many Shamans living all over the world who had to suffer great hardships and long apprenticeships to receive the wisdom and power that flows through them, that is no longer required.” (http://www.divineblessingsacademy.org/Native-American-Shamanism-Degree-Program_c_62.html) accessed 2-19-13). To put this in a more familiar context, this is equivalent to saying that it is no longer necessary to go to medical school to practice surgery!

Similarly, various online churches and seminaries, some claiming to be “Native American” initiate people as “medicine men or women” so that they may then practice Native American medicine as a First Amendment right (free exercise of religion). One such organization offering “spiritual adoption” is the “Nemenhah” (http://www.nemenhah.org/internal/spiitual_adoption.html) accessed 2-19-13). I am not singling out these groups as unique. Rather I am pointing out that there are a wide range of organizations that, while misrepresenting Native American culture, offer a type of certification and accreditation. Although state supervised licensure is certain to have more checks and balances and greater indigenous input, we should consider that it could also be detrimental to the preservation of authentic native culture.

A basic question must be asked, “Do the benefits of government regulation of traditional healing outweigh the harm?” Implicit in this question is the issue of

¹ The term itself is problematic, as “shaman” is from the Tungus language family as spoken in Siberia, Manchuria, and Mongolia, and properly refers to spiritual practitioners from these and neighboring regions. The word shamanism has become a standard way for anthropologists, theologians, and non-indigenous people to refer to common spiritual elements among indigenous cultures. And there is certainly value in this pursuit. Yet, I have never heard Native Americans call a culturally approved Native healer a “shaman.” The English terms “traditional healer, medicine woman (or man), ceremonial leader, or interpreter” are generally acceptable if one does not know the designation used in the tribal language.

reciprocity: will the benefits of research and practice—including a portion of monies generated by licensing, education, and clinical practice—actually return to help Native peoples in their continuing struggles? In my opinion, government regulation of traditional healing is a quagmire with no clear solution. Rather, an emphasis should be placed on including more indigenous perspectives (including cultural competence) among courses for learners and professionals, developing more collaboration between traditional healers and conventional providers (as modeled by the Swinomish Tribal Mental Health Project and the Four Worlds Institute, among many others), and expanding the protection of Native rights (including spirituality and culture, of which healing is a part). But regarding matters of accreditation, licensure, scope of practice, and insurance, I worry about the real implications and long-term effects. I pray that those with legal and cultural expertise and wisdom greater than mine will provide guidance.

ADDENDUM

The question of licensure and regulation was once a matter of much contention among practitioners of qigong, a healing and meditative art with roots in Daoism, China's indigenous spirituality. For many years acupuncturists fought to have qigong included under their license, as though it is a medical or Chinese medical discipline. This was proven untrue, as the majority of Qigong literature is found not in Chinese medical texts but in Daoist literature. The U.S. government regulation of qigong failed to gain the necessary support, and now proof of competence rests with the qigong community of teachers and organizations. But those concerned with protecting the rights of cultural practitioners as well as the public's right of access must remain vigilant. (See Cohen, Kenneth “I'll Drag My Tail Through the Mud: Why Qigong Should Remain An Unlicensed Profession” *Qi: The Journal of Traditional Eastern Health & Fitness* 8:3 Autumn 1998 and “The Highest Standard is Free of Rules! More Thoughts on Licensing Qigong” *Qi: The Journal of Traditional Eastern Health & Fitness* 9:1 Spring 1999).

Closer to home, the issue of regulation of traditional healing was explored by Amanda Lokelani Donlin in *Asian-Pacific Law and Policy* (2010) 12:1, pp. 211—243. It is worth citing a portion of her excellent paper, titled “When All the Kahuna Are Gone: Evaluating Hawai‘i’s Traditional Hawaiian Healers’ Law” (extensive footnotes in the original).

“In response to the rapid decline of kāhuna and in an effort to preserve traditional Hawaiian healing practices, in 1998 the Hawai‘i legislature passed Act 162, now codified at Hawai‘i Revised Statutes section 453-2(c) (also known as the “Healers’ Law”). The Act 162 exempted the practice of Hawaiian healing arts from the general prohibition on unlicensed medical practice. Testimony in support of the exemption conveyed a need to improve the health of Native Hawaiians by using traditional Hawaiian healing methods. Supporters of the legislation also expressed an urgent need to keep alive the healing arts, which were at risk of fading away

with the elderly kāhuna, who were perishing at a rapid pace.

“Under Act 162, Hawaiian healing practitioners had to go through a certification process to be exempted from Hawai‘i’s medical license laws. Act 162, however, did not delineate what that certification process would be, and with subsequent feedback from the community, the law was amended several times in an attempt to create a culturally appropriate structure for certification. Today, the Healers’ Law puts certification into the hands of the traditional Hawaiian healing community. Several councils across the State are able to determine their own criteria for certification. This is in contrast to previous attempts at credentialing, which put the government in charge of determining standards.

“In spite of its allowance for community self-governance, many in the Hawaiian healing community have condemned the current form of the Healers’ Law. [emphasis added] Some who argue against the law maintain that rather than legitimizing

practitioners, it delegitimizes practices that are otherwise permissible under the Hawaiian traditional and customary rights provision of the Hawai‘i State Constitution. Another concern is whether the law actually preserves traditional Hawaiian healing practices or changes those practices to something that is not traditional or authentic. Additionally, the question of whether one must have Native Hawaiian ancestry to be a legitimate healing practitioner has been a contentious issue within the Hawaiian healing community.”

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