

**2019 Native American and Indigenous Peoples Day Symposium  
Student Learning Activities and Resources (UPDATED, 8-28-19)**

*Native American and Indigenous Perspectives on Health, Healing, and Well-Being*

**This year’s symposium offers your students multiple opportunities to explore and think about health, healing, and well-being in ways that most probably have not considered.**

Students will be challenged to consider the physical, mental, spiritual, social, cultural, communal, historical, and non-human dimensions of health, healing, and well-being. They will also learn how Western and Indigenous understandings and skills can enhance each other. Health care, in its many facets, is one of the most pressing and comprehensive issues confronting our world and is fundamental to our survival, happiness, and prosperity. It is an issue that concerns all of us and, therefore, is integral to the education we give students at TCU.

Native American and Indigenous peoples face numerous challenges related to health, healing, and well-being. Some are shaped by circumstances and experiences unique to Native communities, while others are shared with all peoples. Native cultures also have developed insightful and powerful perspectives and means for addressing these issues. Students will learn about these from our keynote speaker, [Dr. Patrisia Gonzales](#) (Kickapoo, Comanche, and Macehual) and at a **Health and Wellness Fair** staffed by skilled Native American practitioners.

**We especially encourage you to consider having your students attend both the Health and Wellness Fair AND Dr. Gonzales’ evening lecture.** Dr. Gonzales’ lectures will provide a conceptual framework, while the Health and Wellness Fair will give practical expression to this framework.

Dr. Gonzales will give two talks in which she will challenge students to think about the power of nature, place, and relationships as agents of healing. Students will also learn how Indigenous worldviews differ from Western explanations and how this impacts health, healing, and well-being. Her two talks are:

- “What Does Healing Entail? Traditional Indian/Indigenous Medicine (TIM) and Healing Ways,” (2 PM; Palko 130, limited seating)
- “Our Ancestors, Our Elders: The Four Elements and Plants are Our Grandparents,” (7 PM; BLUU Ballroom).

During the Health and Wellness Fair (4:30-6:00 PM; BLUU Ballroom) students will engage several skilled Native American practitioners at a series of tables, each one addressing an important issue related to Native American health, healing, and well-being. You will find a list of topics and brief bios of the practitioners at the end of this document. Students will go from table-to-table, have conversations with these teachers, ask questions, and collect written information. After attending the fair, your students can easily attend Dr. Gonzales’ 7 PM lecture.

Note: In order to insure an even flow of people and an ability for students to engage with presenters during the Health and Wellness Fair, we ask that you have your students sign-

up for a particular time to attend. Students can stay as long as they like (we anticipate students are likely to stay for around 30 minutes), but we are trying to avoid overwhelming numbers of people showing up at one time. Please have your students go to <https://www.eventbrite.com/o/20035357595> and select a time to enter and attend the fair. Students will find five time options for entering the fair. Each time slot has a limited number of open spaces. Your help in assisting us manage the crowd is greatly appreciated!

### **Student Learning Activities:**

The following Student Learning Activities can help students process what they encounter.

1. **Sovereignty over the life cycle:** In her book, *Red Medicine: Traditional Indigenous Rites of Birthing and Healing* (pg. 66), Patrisia Gonzales writes, "To be sovereign or self-sufficient, Native peoples must have control of the life cycle from birth through death." Have students write a reflection on the implications of this statement based on their encounters with Dr. Gonzales and at the Health and Wellness Fair: What does this statement mean? What challenges do Native peoples face in achieving this sovereignty/self-sufficiency? What steps are Native peoples taking to achieve this sovereignty/self-sufficiency? How does this statement apply to non-Natives, especially those involved professionally and politically in health and wellness care?
2. **Self-reflection on health, healing, and well-being:** Prior to the symposium, have students write a brief response explaining what their understanding and definition of health, healing, and well-being are, how they are achieved, and what related challenges exist. After the symposium, have students write a brief response explaining what Native American and Indigenous understandings of health, healing, and well-being are, how they are achieved, and what related challenges exist. Ask students to compare their personal understanding with those of Native Americans and Indigenous peoples, explaining why and how they differ and are similar. Have students explain one implication or conclusion they can make based on comparing their understandings with that of Native American and Indigenous peoples (either in writing or class discussion).
3. **Listening and Healing:** One of the most common themes in Native American interactions with non-Natives is the need for non-Natives to listen. Listening is an undervalued skill, but it is crucial to healing, as well as cultural understanding. Challenge your students to work on this skill when participating in the symposium activities and then have them articulate (verbally or in writing) what they heard, comparing their perceptions to that of others, to see how accurately they listened. Ask them to reflect on what the role of listening is in addressing Native American and Indigenous perspectives on health, healing, and well-being. It might be helpful prior to attending the symposium to have your students watch the TedxSydney talk by Dr. Judy Atkinson, [“The Value of Deep Listening—The Aboriginal Gift to the Nation.”](#)

You might choose one particular issue they encountered for further discussion in class. Discuss the relationship between listening and healing in the context of this issue, its role in the healing process (especially between non-Natives and Natives), challenges to listening, and the need for creating spaces or opportunities for listening. What did students expect to or want to hear and how did that compare with what they heard? Did presuppositions or stereotypes shape students' expectations, wants, and perceptions and, if so, how? For instance, were they disappointed, or did they dismiss/overlook or distort what was said because it did not fit their preconceived ideas or personal wants? How did students' own desires or particular needs (such as getting information to fulfill an assignment) affect their listening? How did students' reactions affect their listening? For example, if they felt defensive or skeptical or sympathetic, how did this affect their ability to listen? Judy Atkinson says, "With listening comes responsibility." After listening to the various people at the symposium, what responsibility does the student have? What responsibility does TCU have?

4. **Future change at TCU:** Have a discussion with your students or even your department about how TCU in general and your department in particular can engage Native American and Indigenous perspectives on health, healing, and well-being. You might consider these questions: Currently, how does TCU, your department, or your course engage these perspectives and issues? What specifically about these perspectives and issues could be incorporated into the curriculum? What do students (and faculty and administrators) need to learn about these perspectives and issues, and how can they incorporate Native American and Indigenous voices? How can your class or department find opportunities for learning from and working with Native American communities and qualified practitioners? How does understanding Native American and Indigenous perspectives fit into TCU's mission statement: "To educate individuals to think and act as ethical leaders and responsible citizens in the global community"? How are Native American and Indigenous peoples present or absent in TCU's Diversity, Equity, and Inclusion efforts? If you have this conversation, we'd love to hear about it and would be happy to assist you in developing future initiatives (contact us at [s.langston@tcu.edu](mailto:s.langston@tcu.edu)).

## Resources:

**Professor Sarah Deer** (Muscogee/Creek), addresses the **HISTORY OF VIOLENCE AGAINST NATIVE WOMEN** in her talk, "[Historical Resilience: The Story of Violence Against Native Women](#)" (Safety for Our Sisters: Ending Violence Against Native Women Symposium, Smithsonian National Museum of the American Indian, March 21, 2019). She is Professor of Women, Gender & Sexuality Studies -School of Public Affairs & Administration, Kansas State University.

She notes that "to understand the story of these numbers (i.e., the extraordinarily high rates of violence against Native women), we must understand the story of tribal nations."

Learn about **HISTORICAL OR INTER-GENERATIONAL TRAUMA** through this lecture by **Dr. Donald Warne** (Oglala Lakota), "[Impact of Unresolved Trauma on American Indian Health](#)"

[Equity](#)” (University of Washington School of Public Health; April 18, 2019) AND the brief presentation by **Don Coyhis**, [What the Boarding Schools Did to Our Community](#). Dr. Warne is Associate Dean of Diversity, Equity, and Inclusion, University of North Dakota School of Medicine & Health Sciences. Mr. Coyhis is president and founder of White Bison, an American Indian/Alaska Native non-profit charitable organization offering sobriety, recovery, addictions prevention, and wellness/Wellbriety learning resources to the Native American/Alaska Native community nationwide.

According to Dr. Warne, “The reason we have to understand these things (i.e., the historical treatment of Native Americans by Europeans and Americans), is that if we are ever going to get to equity we have to walk through truth, even when it’s unpleasant, even when it makes us uncomfortable.” In response to a question about developing programs in American Indian public health, he comments, “I went to Harvard to get my MPH (Master of Public Health) and I was impressed with how much my professors could talk about southeast Asia, they could talk about sub-Saharan Africa. They knew nothing about what was going on in Indian country. And, I think that’s a pervasive problem across public health academics, lack of understanding of Indian health . . . If you have the right leadership, these things can move forward and they are moving forward.”

Explore the concept of **INDIGENOUS HEALTH EQUITY** by listening to the webinar, [Indigenous Health Equity: Examining Racism as an Indigenous Social Determinant of Health](#), (Oct. 26, 2017) which addresses a number of topics including structural determinants of racism and Indigenous health; societal structures, racism, and health; social murder; environmental racism; epistemic violence and racism; anti-Indigenous racism in health care (reflected, for instance, in differential pain management); and more. Note: this webinar is part of [The Indigenous Cultural Safety \(ICS\) Learning Series](#), a monthly webinar series focused on Indigenous cultural safety. There are other available webinars that might be of interest.

See also [Florida State University’s Center for Indigenous Nursing Research for Health Equity](#), whose mission statement is “To partner with Indigenous peoples, communities, organizations, and supporters globally to attain health equity through research, education, and service.” On this site, there are many helpful resources, including the article, [“Nurses need to build trust with indigenous populations.”](#) Finally, check out the [Johns Hopkins Center for American Indian Health](#).

Investigate some of the issues and challenges surrounding **SUICIDE PREVENTION** among Native Americans by consulting the recent report by the [Centers for Disease Control and Prevention](#). Among all race and ethnicity groups, the largest increase in suicide rates between 1999 and 2017 occurred among non-Hispanic American Indian or Alaska Native females (up 139%) and males (up 71%). See also the [2018 CDC report](#) that concludes, “American Indian/Alaska Natives (AI/AN) have the highest rates of suicide of any racial/ethnic group in the United States.”

Read the stories about Shelby Rowe, one of the presenters at our Health and Wellness Fair, and her work in suicide prevention: [“She worked in suicide prevention. Then one day she had to save herself”](#) (*USA Today*, June 21, 2019) and [“Centers for Disease](#)

[Control release suicide stats](#). Native American women top the list with 139 percent increase” (*Indian Country Today*, June 25, 2019).

For a brief overview of some of the **HEALTH ISSUES CONFRONTING NATIVE AMERICANS**, see [Native Americans Feel Invisible in U.S. Health Care System](#) (NPR, Dec. 12, 2017) and [For Native Americans, Health Care is a Long, Hard Road Away](#) (NPR, Apr. 13, 2016).

Examine some of the **CHALLENGES FACING NATIVE AMERICANS CONSIDERING CAREERS IN MEDICINE** by reading, [Confronting the crisis: Attracting Native students to medicine](#) (*AAMC News*, October 30, 2018) and the accompanying joint report issued by the Association of American Medical Colleges and the Association of American Indian Physicians, [Reshaping the Journey: American Indians and Alaska Natives in Medicine](#) (which can be downloaded for free). According to one of the co-authors of the report, “The U.S. health system — including our medical schools — is failing the original inhabitants of this land.” One reflection of this failure is that 90% of U.S. medical schools have three or fewer American Indian-Alaska Native students.

See also [Rezzies in medicine: The new adventures of Native physicians](#) (*Indian Country Today*, June 19, 2019), where two medical students discuss what it’s like to navigate medicine as Native medical students.

To learn some of the **BASICS OF RELATIONSHIPS BETWEEN NATIVE AMERICAN NATIONS AND THE UNITED STATES**, see the following websites: [Bureau of Indian Affairs](#) (BIA), especially its [FAQs](#) section; [National Congress of American Indians](#) (NCAI), especially the guide (which can be downloaded), ["Tribal Nations and the United States: An Introduction"](#); and the National Conference of State Legislatures’ list of [Federal and State Recognized Tribes](#).

**Indian Health Service** is an agency within the U.S. Department of Health and Human Services that is responsible for providing federal health services to American Indians and Alaska Natives. To learn more about the agency and its activities, including why the United States is obligated to provide health services to federally-recognized tribes, see <https://www.ihs.gov/>. Each section of this website is very helpful, but there are many good resources in the [“Newsroom”](#) tab (especially the Fact Sheets).

**White Bison Wellbriety Movement:** This sustainable grassroots Wellbriety Movement provides culturally based healing for the next seven generations of Indigenous people; see <https://wellbriety.com/>. See also <http://www.sharingculture.info/wellbriety-movement.html>.

“Non-Native recovery approaches often look at addiction as an individual disease, ignoring the social, political, or economic roots of addiction. The indigenous experience adds a dimension of acknowledging sociopolitical causes without removing an individual’s need to do the hard work it takes to heal.”

**National Indigenous Women’s Resource Center** is a Native nonprofit organization that was created specifically to serve as the National Indian Resource Center (NIRC) Addressing Domestic Violence and Safety for Indian Women: <http://www.niwrc.org/>.

**Sovereign Bodies Institute** builds on Indigenous traditions of data gathering and knowledge transfer to create, disseminate, and put into action research on gender and sexual violence against Indigenous people: <https://www.sovereign-bodies.org/>.

**Urban Indian Health Institute:** The mission of the Urban Indian Health Institute is to decolonize data, for Indigenous people, by Indigenous people: <http://www.uihi.org/>.

**Association of American Indian Physicians:** AAIP's membership is made up of American Indian and Alaska Native physicians who are licensed to practice medicine in the United States. AAIP also offers an affiliate level membership for individuals who are not American Indian or Alaska Native physicians. A major goal of AAIP is to motivate American Indian and Alaskan Native students to remain in the academic pipeline and to pursue a career in the health professions and/or biomedical research, thereby increasing the number of American Indian and Alaskan Native medical professionals in the workforce. AAIP strives to improve the overall health of American Indian and Alaskan Native Communities through a variety of programs. AAIP has fostered several programs that directly address widely acknowledged disparities in American Indian and Alaskan Native health, including a Cross Cultural Medicine Workshop: <https://www.aaip.org/>.

**National Alaska Native American Indian Nurses Association:** NANAINA is a committed group of persons from every corner of the country, dedicated to the health and well-being of the American Indian and Alaska Native people. Some are American Indian, Alaska Native, some not. They are nurses, non-nurses, serving or not in communities and programs for American Indians and Alaska Natives: <http://www.nanainanurses.com/home.html>.

**Voices of American Indian Nurses:** Video produced by North Dakota State University School of Nursing highlighting perspectives of American Indian nurses and nursing students.

### **2019 Native American & Indigenous Peoples Health & Wellness Fair Topics & Teachers:**

- **Plants as medicine**

Annette Anderson (Chickasaw and Cherokee) is a Licensed Clinical Social Worker and a member of the Council for the [Indigenous Institute of the Americas](#) (IIA), located in Plano, TX. She is the founder of the IIA Seed Protector Education initiative which helps youth as well as adults grow through an understanding of the connection between plants and humans to the preservation of Native life ways.

- **Diabetes/Diabetes prevention and education - A Pre-Colonial Perspective**

Helen Bradbury, BA, RN, CCP, is a Registered Nurse and Certified Health Coach, with over 20 years-experience supporting people with long term conditions. From 2010-2017, she was the Diabetes Coordinator for the Special Diabetes Program for Indians at the Urban Inter-Tribal Center of Texas (located in Dallas).

- **Traditional Indigenous medicines**

J. Albert Nungaray (Puebloan) was a summer camp instructor at the El Paso Museum of Archaeology from 2010-2014, where he taught ancient tools, techniques, and medicines. He graduated from Texas Christian University in 2017 with a BA in History and Anthropology and was a founding member and officer of TCU's Native and Indigenous Student Association. He is currently working in the University of Texas at Arlington Transatlantic History PhD program.

- **Art as wellness**

Brian Larney is a Choctaw/Seminole artist whose art has been exhibited in a variety of places, including the Family Place in Dallas, the Mississippi Choctaw Museum in Choctaw, MS, the Choctaw Nation's Capital Museum, and the Oklahoma Choctaw Nation Headquarters. He also is president of [American Indian Heritage Day in Texas](#), a Dallas-based educational group responsible for the Texas legislature designating the last Friday in September as American Indian Heritage Day in Texas.

- **Spirituality and well-being**

Chebon Kernell is a member of the Seminole Nation of Oklahoma, a traditional leader of a Muscogee/Creek ceremonial ground, and the Executive Director of the Native American Comprehensive Plan for the United Methodist Church.

- **Inter-generational trauma**

Sandra Galindo Blackbear is a member of the Kiowa Tribe of Oklahoma, has lived in Dallas since 1963, and is a recently retired registered nurse who, among other things, worked with Native American women, children, and youth at an indigent health care clinic serving Native Americans in Dallas and the surrounding counties.

Johnna James is the Tribal Liaison for the Oklahoma Department of Mental Health and Substance Abuse Services. She is a citizen and enrolled member of the Chickasaw Nation. As an advocate and consultant for Indian country, Johnna's passion includes indigenizing prevention and treatment models and developing trainings and curriculums in a way that they address historical trauma so that they are meaningful and appropriate for indigenous people. Johnna earned her undergraduate degree in Business Administration from the University of Science and Arts of Oklahoma prior to earning her Master's Degree in Native American Leadership from Southeastern Oklahoma State University.

- **Missing and Murdered Indigenous Women**

Jodi Voice Yellowfish (Cherokee, Muscogee/Creek, Oglala Lakota) is a Dallas resident, and works on a variety of issues, including foster parenting and other aspects related to

the Indian Child Welfare Act, Missing and Murdered Indigenous Women (MMIW), and representations of Native American peoples.

- **Kinetic Prayer - Dance as Medicine**

Evelio Flores is of Coahuiltecan /Mexican descent, a pipe carrier, Sundancer, and currently leads Mitotiliztli Yaoyollohtli (Heart of the Warrior) Aztec Dance group. He co-founded Kalpulli Tonalpilli (Temple of Precious Sun) Native American Church in 2005 as a means of practicing and preserving the cultural traditions of the Indigenous Ancestors.

- **Suicide prevention and drug and alcohol abuse**

[Shelby Rowe](#), a member of the Chickasaw Nation, is the suicide prevention program manager for the Oklahoma Department of Mental Health and Substance Abuses Services, and the 2016 Chickasaw Nation Dynamic Woman of the Year. A public health professional, crisis intervention expert and suicide attempt survivor, Ms. Rowe has been a leader in the suicide prevention movement at the local, state and national level since 2007.

- **Indian Health Service**

Indian Health Service is an agency within the U.S. Department of Health and Human Services that is responsible for providing federal health services to American Indians and Alaska Natives. Barbara Roland, a member of the Cherokee Nation, is the Director of Behavioral Health for the Oklahoma City Area of the Indian Health Service, which covers Kansas, Oklahoma, and Texas. She is a Licensed Professional Counselor – Supervisor and consults with federal, tribal, and urban Indian clinics serving American Indian and Alaska Natives. She has provided leadership in suicide prevention services and suicide survivor recovery for twenty years.

- **Chickasaw Nation Department of Health**

The [Chickasaw Nation](#), with its headquarters located in Ada, Oklahoma, provides a large variety of health and wellness services and resources for its citizens (see the [Chickasaw Health Information Center](#)). Drucilla DeCoteau will discuss the Define Your Direction initiative and Heather Summers will represent the overall Chickasaw Nation Department of Health. Define Your Direction (DYD) is the Chickasaw Nation's Prevention Program, funded by a Partnerships For Success grant. DYD uses a multi-pronged approach to reduce underage drinking, prescription drug abuse and related deaths. It has a media campaign which includes the website [defineyourdirection.com](http://defineyourdirection.com), print media, video and Facebook, Instagram and YouTube. DYD is youth and community driven and has Youth Advisory Councils that play a major role in planning social media messaging, choosing which pro-social activities are implemented, how to incorporate cultural activities and assist with the implementation of all activities.



- **Moncrief Cancer Institute**

A non-profit community-based early detection and support center in Fort Worth that houses UT Southwestern's Harold C. Simmons Comprehensive Cancer Center which provides chemotherapy, cancer imaging, and access to the latest clinical trials. In an effort to provide early detection and support services to everyone who needs them, Moncrief Cancer Institute partners with over 50 hospitals and healthcare providers in more than 30 rural counties across North Texas. At the fair, Moncrief will provide education and screening information on their breast, cervical, and colorectal cancer screenings programs.

- **TCU Nursing**

TCU's Nursing faculty and students will be offering basic health information and screenings. Since 1946, TCU's Harris College has been educating students for excellence in nursing practice, health care, and educational settings.