

FOURTH WORLD

JOURNAL

CENTER FOR WORLD INDIGENOUS STUDIES

WINTER 2026 VOLUME 25 NUMBER 2



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Artwork from "Emita. Healing Hands, Cleansing Hands: An Unexpected Farewell" by Randy Chung Gonzales, 2026.

The Fourth World Journal is published twice yearly by DayKeeper Press as a Journal of the Center for World Indigenous Studies.

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ISSN: 1090-5251

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DAYKEEPER PRESS

Center for World Indigenous Studies
PMB 214, 1001 Cooper PT RD SW 140
Olympia, Washington 98502, U.S.A.
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Licensing agents:

EBSCO PUBLISHING, Inc. Ipswich, Massachusetts,
USA GALE GROUP, Inc. Farmington Hills, Michigan, U.S.A.
INFORMIT, RMIT PUBLISH, Ltd. Melbourne, Australia,
ProQuest LLC, Ann Arbor, Michigan USA

This special edition was supported by the

rwjf robert wood johnson
foundation

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ON THE COVER

Woman at the annual outdoor market, Puno, Peru.
Photograph by John Amato, 1999.

LUKANKA

Lukanka is a Miskito word for “thoughts”

Leslie Korn, Ph.D., MPH
Executive Editor

This special issue of *The Fourth World Journal* is devoted to women’s traditional medicine as a vital source of knowledge, practice, and resistance. Bringing together healers, activists, scholars, and artists from across global Indigenous and diasporic contexts, this issue’s focus challenges dominant frameworks of health by foregrounding cultural, relational, and place-based experiences of health and healing.

We read academic analysis, narrative, and creative expression, presented by a wide range of voices, practices, and geographies, that illustrate how women sustain and adapt healing traditions. Each contributor identifies the diverse ways in which Indigenous epistemologies arise from a sense of place and belonging, often rooted in ancient traditions, and how this commonality shapes research and decision-making relevant today. From this perspective, traditional health and healing arise from culture and lived experience, while recognizing that the enduring effects of colonization shape traditional health care practices today.

Several authors explore the intersection of feminist and Indigenous methods. As we learn about local customary traditions, specific ecosystems, plants, and agents of healing, what emerges is a shared worldview rooted in reverence

and reciprocity, tying people and their stories to the land and cosmos.

“Bridging Worldviews: Integrating Indigenous Medicine into Clinical Perspective” opens the issue by examining the integration of Indigenous healing knowledge into contemporary clinical practice. It sets the stage for the big questions when we ask: What is identity, and how does it inform our healing practices? How do these differing worlds integrate? Can they? Should they? If so, how? Drawing on her Sámi and Italian backgrounds, Loytomaki emphasizes the importance of her ancestors’ knowledge and transmission, the plurality of methods, and ethical integration. She defines practical, personal approaches to navigating epistemological challenges across different medical systems, while exploring the relevance of the objectives and strategies outlined in the World Health Organization’s Global Traditional Medicine Strategy (2025–2034).

“Yakama Women at the Longhouse: Huli-Carried Medicine and Traditional First Food Ceremonies” examines the relationship between personal experience and collective life within the Yakama Longhouse tradition. The paper discusses women’s roles in Washat religion, presenting knowledge as relational, embodied,

and transmitted from elders to the young. Using Huli (wind) as a guiding framework, the enduring and evolving nature of Yakama women's healing knowledge emerges from the land, water, ceremony, and spiritual responsibility.

“Wombs, Washes, and Wisdom: Translational Ethnobotany and the Plant Healing Practices of Haitian Women in the Diaspora” explores community-based research conducted with Haitian women living in New York City. The authors identify ethnobotany as a discipline that has historically excluded the study of women's health and has not often engaged women as researchers. They demonstrate how feminist participatory research, born of collaboration among academics, community knowledge keepers, and herbalists, can transform into culturally grounded resources that support community health and the preservation of local knowledge.

“Nomadic Tribes and the Integration of Health, Wellness, and Traditional Ecological Knowledge in India” examines nomadic and denotified communities whose health practices exist largely outside dominant medical institutions. The author examines how mobility, relationality, land, and caregiving shape health care amid continued marginalization imposed by colonial systems, despite efforts at legal remediation. By challenging public health models premised on biomedical dominance, the author calls for approaches that value traditional healers alongside mobile knowledge systems.

“The Healing Power of Māori Women's Ancestral Mark” employs a feminist analysis grounded in Indigenous knowledge systems and draws on the experiences of Māori women in Aotearoa. Through a detailed exploration of moko kauae, the author analyzes how patriarchal values brought by colonial rule affected traditional Indigenous gender relations, asserting the power of Mana Wahine as a framework for understanding women's authority, identity, and well-being. The discussion underscores the importance of Indigenous epistemologies within feminist and health-related scholarship.

“Oral Testimonies of Traditional Medicine: A Kamëntsá Woman's Legacy” approaches storytelling as a relational practice through which healing knowledge sustains itself and continues the discussions of the ongoing effects of colonialism on Indigenous medical practices. Through the teachings of a Kamëntsá *mamita*, the authors frame storytelling as a source of resilience and collective well-being. They show how narrative, ritual, and care for women's bodies, including reproductive health and midwifery, endure despite numerous social pressures.

“Revitalizing Kichwa Midwifery: Medicinal Plant Knowledge for Pregnant Women in San Martín, Peru” examines the revitalization of Kichwa midwifery practices in the Peruvian Amazon. The authors explore how women sustain ancestral reproductive practices grounded in plants, spirituality, and intergenerational knowledge transmission. This examination is situated thematically across this diversity

of papers within a broader history of colonial reproductive violence, including the mass sterilization of approximately 300,000 (predominantly Indigenous) women, during the Fujimori government (1996–2000). Despite the persistent pressures on women and their practice of traditional medicine, the authors highlight the resilience of Indigenous midwifery as a cohesive force central to community health and cultural continuity.

This journal issue concludes with two illustrated stories: the first is a short story accompanied by a poem that serves as a tribute to a traditional healer and teacher, Ema, a *curandera del monte* who guides one of the authors on his path toward becoming a traditional healer. Through narrative and verse, the work honors Ema as a teacher and keeper of ancestral wisdom. The story reinforces the tradition of knowledge passed from one generation to the

next, emphasizing the responsibility placed on those entrusted to carry and preserve these teachings. By combining storytelling, poetry, and illustration, the story reflects Indigenous ways of knowledge transmission: learning and remembering, experience, relationship, and spiritual guidance. Ultimately affirming the continuity of healing traditions through lineage, devotion, and respect for ancestral knowledge.

“Feathers of Wisdom: Words and Art Illuminating the Legends and Myths of Indigenous Women Throughout the Ages”, by Leigh Podgorski and Kait Matthews, is reviewed by Amelia Marchand in the book review section, accompanied by a featured story and artwork from the book.

As always, we welcome hearing from you.

Leslie Korn, Ph.D., MPH
Executive Editor

Bridging Worldviews

Integrating Indigenous Medicine in a Clinical Practice

A Multicultural, Multifocal Perspective

By Sandi Löytömäki, MOMSc

ABSTRACT

Within the context of the World Health Organization's new Global Strategy on Traditional Medicine (2025–2034), this article employs Indigenous Research Methodologies to examine the integration of Indigenous medicine into contemporary clinical practice. Drawing on personal reflexive ethnography, the author proposes moving beyond a dualistic framework and the notion of “second sight” toward a multifocal perspective that weaves together narrative, Indigenous teachings, and scientific discourse. This approach emerges from a mixed Indigenous and multicultural identity that articulates Indigenous medical practices, integrative medicine, and Western biomedical science. The analysis includes a critical review of traditional, integrative, and complementary medicine, biomedicine, gender disparities in healthcare, and the historical role of women, with particular emphasis on Sámi traditional medicine. Finally, the article discusses clinical experiences that engage with the four objectives of the WHO strategy: evidence, safety and efficacy, integration into health systems, and community empowerment.

Keywords: Indigenous medicine (IM), clinical integration, Indigenous research methodologies, multicultural identity, multifocal thinking, traditional medicine (TM), traditional knowledge (TK), Indigenous women, Sámi traditional medicine (STM)

Ethical Statement and Acknowledgments

Rectitude

When I narrate stories from the past, relay my memories, or share Indigenous teachings, if I cause offense to anyone or to their knowledge, culture, or traditions, I offer my apology and ask

for understanding. For all I can truly speak to is my own experience and the universal truths entrusted to me, which I live by and through the guidance and brilliance of my Ancestors, Elders, and Ancient Ones. I stand on the shoulders of many generations of giants. We—the reader, all other living beings, and I—stand together within the circle of life.

Gratitude

I am taught by my Ancestors, Elders, and Ancient Ones that gratitude feeds the universe, completing and welcoming the cycle of what is received. I come to you carrying many generations before me and many generations yet to follow. I would not have risen through the challenges and struggles of life, standing in my strength, without my teachers, mentors, and Elders in the physical world; my children and my grandchild; and my spiritual Ancestors, Elders, and Ancient Ones. I humbly give thanks for the web of love and life that flows through me as a result of your support.

Thank you.

Introduction

Systematic integration of Indigenous Medicine (IM) within the western clinical context requires structured frameworks that include: respect for all knowledge systems, support for self-identity, cultural safety, and the empowerment of practitioners and patients, while ensuring clinical safety and efficacy. Ideally, this occurs within sacred space, honoring universal and scientific principles, professionalism, integrity, and ethical conduct.

This discourse has been shaped over a lifetime, encompassing four decades of service. I reflect upon the ethical integration of Indigenous Medicine teachings in a clinical setting. I ponder life experience, personal mixed-blood identity, knowledge systems, community and

healing systems, challenges and opportunities experienced. Journey with me, removing the ‘romance’, sharing life’s relational complex—finding oneself, one’s family stories, the ‘roots’ of one’s personal tree. Living as uniquely designed, I stand strong in any wind, growing new branches for future generations’ nourishment.

In this discourse, italicized words are words directly from my Ancestors, Elders and Ancient Ones (AEAO)—my helpers. Doing this denotes respect and honor, allowing a direct relay of their transmission, reminding all that I stand on the shoulders of many giants. I am not who I am today without all who came before me.

Personal Reflexive Statement, Acknowledgement of Lineage

“As a woman I have no country. As a woman I want no country.

As a woman, my country is the whole world.” (Woolf 1938)

My name is Sandi Ayahwehwhah Divine Light Bearer Abdal Sami Japdev Kaur Atl Chuatl Löytömäki. I am a helper of people, one who is one with the wind, carrying the light through the dark, a generous friend who always listens, one who whispers the name of god, becoming one with god, keeper of the sacred waters, who found a hill. My tribe is human—a woman of the whole world, essence and lineage, a global Indigenous person of mixed blood. My genetic lineage represents all colors of the human rainbow, many lands. My spiritual lineage represents multifaceted traditions of humanity. My environmental lineage is rooted in the oldest rock of the back

of the Turtle, the Canadian Shield, mixed with universal intrusions, the land of the boreal forest. I live now where the trees are standing in the water, in the Great Lakes forest region.

My paternal ancestry descends from the Sámi people through Finnish territory, a people resettled, living a physical life, experiencing the death of cultural life, and having previously migrated *from the Ural and Himalayan mountains*. My maternal ancestry is mixed blood through northern Italian territory, previous the vast expanse of *'silk road' territory*. Here, blood from several continents is mixed. I am a product of human migration—Ancestors seeking peace, experiencing displacement, the aggressors, the oppressed, seeking a better life in the 'New World'. I am a descendant, a product of cultural trauma, religious conversion, conditioning, inter-generational trauma, societal rejection and colonization. I am a survivor of sexual, physical, mental and emotional abuse. I am *sisu*¹. I thrive. I am resilience. Born in Canada to 1st generation immigrants, I am a settler in Canada. My heart is nomadic, my caribou herd in spirit (joining me after the Canadian government culled a herd in the northern territories). I walk, wander and travel, studying our human nature. I live in a culturally diverse urban center, witnessing the depravity and beauty of humanity daily. As 'edge-walker,' my spirit resides in the bush or mountains, while the Ancestors have me serve in the urban jungle, fully connected nature asserting herself in the cracks of the sidewalk.

I am Mama, a single mother of two beautiful children (and many more through our house).

Now, Ahku-Mummu, grandmother. Called by many titles in the various traditions, in my clinical practice, I use Indigenous and Integrative Medicine Practitioner and Osteopathic Manual Therapy Practitioner (OMPT). My foundation is not recognized by any Canadian government or insurance system. My osteopathic hands are bound by the Canadian Medical system, as they 'legally own' the terms Osteopath and Osteopathy. I strongly refute the application of the title shaman—a historical, anthropological, patriarchal term, an abstraction of one Indigenous word for one type of medicine person, applied to many without context, in the early days of its inception, excluding Indigenous medicine women (Krippner 2002; Löytömäki 2005). I stand in the fullness of the teachings belonging to my ancestral origins, belonging to humanity.

Once there was a time when we all walked together—the men, the women, the children together. Then, the men stepped ahead of the others, leaving the women and the children behind. Then, the women stepped ahead of the others, leaving the children behind – the men walked in front, behind were the women and behind them were the children, on their own, raising themselves. At some point in the journey, some women remembered. They stepped ahead of the men, and began to remind all to walk together. They brought some of the children with them, some refused to move. They brought some of the men with them, some refused to move. Now—as humans—we have some men, women

¹ Sisu is a Finnish cultural concept referring to sustained inner resilience and determination in the face of prolonged adversity.

and children walking alone. We have some women and children walking together. We have some men and children walking together. We have some men, women and children walking together. One day, we will walk together once again.

Literature Review

Integrating Indigenous Medicine Systems into Clinical Settings

Indigenous Medicine systems have existed since the dawn of time, informing current therapeutic and medical practices. The language of traditional medicine, colloquially and in research, uses a diverse array of terminology in reference to Indigenous Medicine ways of knowing. Recognizing the limitation and evolution of the English language, I choose to use Indigenous Medicine (IM) upon the guidance of my AEAO and my training with the Center for Traditional Medicine/Center for World Indigenous Studies (CTM/CWIS). I do this in recognition of: the shoulders I stand on, vast cultural influence, my lineage and ancestry, processes and principles allowing knowledge systems to adapt as the world and all her people shift, change, grow and evolve.

Human history of oppression includes an impact on Indigenous Medicine practices. Medicine people were tortured, murdered, knowledge went into hiding or became ‘secretly’ protected, residential schools (Waldram, Herring, and Young 2006), and similar institutions converted people to the oppressive nation state. Indigenous practices were obscured or

discredited by linear patriarchal, religious, and scientific actions. Over time, many Indigenous Medicine practices fell silent and changed; they were given other names, for example, Osteopathy from ‘lightning bonesetting’ (Hildreth 1938; Lewis 2012; Still 1908) or integrated into other therapies, modalities (Grossinger 1995a, 1995b) or religions, for example, the Christianization of Sámi traditions (Kuokkanen 2000, 2007; Helander-Renvall and Markkula 2017; Jacobsson, Ouma, and Liu-Helmersson 2021). Thus, protocols and processes at times disappeared, were adapted and changed. Any evidence of variations or remnants, historically discredited through the socio-political history of biomedicine, their quest to dominate other medicine ways, relegating them to current complementary and alternative approaches (Grossinger 1995a, 1995b). This translates into a systematic exclusion of Indigenous medicine traditions from mainstream healthcare. People-driven use of Indigenous Medicine ways (TM, T&CM, TCIM) is facilitating a global resurgence and recognition of these practices. Although oppressors of Indigenous cultures worked hard to extinguish people, what they failed to understand is that the knowledge of Indigenous cultures belongs to human universal knowledge and is never ‘lost’. Thus, it will always make its return, eventually.

Integrating Indigenous Medicine ways into clinical settings has become a global health priority. Culturally grounded partnership with Indigenous and Traditional Medicine people is essential, especially when healing traditionally is considered relational, spiritual, physical, mental, emotional, land-informed and embedded in individual and community

practice. Successful programs are emerging in various countries and across circumpolar nations, both privately and within organizations and institutions, encouraging respect for epistemic differences while providing usable data for clinicians and policymakers. Collaborative care models recognize the importance of including Indigenous Medicine people (healers) alongside regulated health professionals to improve access, acceptability, and patient health outcomes. This also requires explicit protocols to navigate confidentiality, consent and scope of practice.

World Health Organization (WHO) Global Traditional Medicine (TM) Strategy

The WHO compiled 2 Global Traditional Medicine Strategies beginning in 2014. Each strategy's vision was developed through extensive global and regional consultations with Member States, partners and representatives of Indigenous Peoples. The initial strategy laying the foundation (2014-2023) for exploration and discussions of TM, the current strategy (2025-2035) replaces and builds upon the first.

The strategies for 2019-2023 and 2025-2035 share common goals:

- Improve regulation for safety, effectiveness and quality
- Integration of TM within health systems to move toward of equitable healthcare worldwide
- Develop rigorous scientific research, bridging the gap between TM and biomedicine methodology

- Building competency across biomedicine and TM health sectors

Each strategy reflects the evolution of global healthcare needs, evolving attitudes toward TM and advances in scientific research. A closer review of both strategies reveals differences in terms of their focus areas and approaches (World Health Organization 2013, 2025).

The first strategy (2019-2023) was designed as a short-term framework, while the second (2025-2035) extends the timeframe and shifts focus to long-term goals such as: ensuring sustainability, fostering international collaboration and strengthening research infrastructure with an enhanced approach to TM as a legitimate component of global health systems. There is recognition of the need for cross-border collaboration, such as knowledge sharing between governments, TM practitioners, academic institutions and international organizations. While the initial strategy called for international cooperation, the current strategy frames collaboration as a central theme.

One of the key innovations of the current strategy is the recognition of land and ecology concerns in TM, demonstrating a growing comprehension of TM. It places a stronger focus on sustainability, especially in relation to the conservation of medicinal plants and the responsible sourcing of traditional medicine products. This recognizes concerns of biodiversity loss and overharvesting of medicinal plants.

Technology and data governance are ever-growing phenomena with great potential for use

and misuse. The current strategy introduces a focus on the role of digital health technologies in the promotion, monitoring and integration of multiple modes of medicine, as digital platforms are exploding and providing improved access. Policy framework is also expanded to address broader global health challenges, including the need for TM to contribute to primary healthcare, universal health coverage and emergency preparedness.

A welcome addition in the 2025-2035 strategy is the broader conceptualization of health. This current strategy recognizes that TM is often rooted in comprehensive health systems, which view health in preventative, promotional and integrative contexts.

Another benefit of the 2025-2035 strategy is that it upholds the rights of Indigenous Peoples while promoting their knowledge and practices related to TM. This is with the forward glance of achievement of the highest attainable standard of health and well-being for everyone through access to safe, effective and people-centered TCIM.

The Importance of Women within Indigenous Medicine

“Woman is the First Environment. In pregnancy, our bodies sustain life. At the breast of women, the generations are nourished. From the bodies of women flows the relationship of those generations, both to society and the natural world. In this way, the earth is our mother, the old people said. In this way, we as women are earth.” (Cook 2016)

For millennia, Indigenous women have occupied central roles in medicine traditions serving in a variety of medicine ways, including (and not limited to): healers, midwives (birth and death), custodians of plant wisdom, spiritual wisdom, primary caregivers, counsellors, ritualists and ceremonialists. Resistance to colonial suppression is a historical and current reality. Indigenous medicine people adapt to life, sustaining cultural medicine amid global and biomedical pressures. A 2025 publication from the Center for World Indigenous Studies (CWIS) highlights how Indigenous women, despite systemic violence, continue to resist erasure by carrying forward healing traditions rooted in the land and community. (CWIS Editor 2025) Grandmothers and Elder women serve as profound bridges between past and present, safeguarding ecological and medicinal knowledge, fostering relational worlds, and mentoring younger generations in kinship and land stewardship (Helander-Renvall and Markkula 2017; Jacobsson, Ouma, and Liu-Helmersson 2021; Struthers 2003).

Sámi traditional medicine (STM)

I was 10 years old, sitting on the bed, playing with my cousin Helena, a decade older than me. She was visiting from Finland. I remember everyone saying she was crazy, labeled ‘schizophrenic,’ the first and not the last time I heard that word. She seemed normal to me—sad, and normal. Through the years of letters back and forth, changes in her handwriting would reveal a coming hospitalization. Helena told me

stories. Stories of how we were ‘reindeer’ people – how we had to move – how the reindeer still sometimes come to visit the original family farmhouse. It would be many years later that I would align geopolitical resettlement with our name change. Years following, I would ‘come out of the closet’, honor our *Noaidi* lineage, and take back our Finnish resettlement name (the Canadian government had cut our name in half upon my Grandfather’s arrival). And still, many years passed before I had the physical proof of what I already knew and felt inside. Through genetic testing, proof was real and true. My spiritual side led me to know my full physical roots.

Sámi traditional medicine (STM) encompasses an integrative worldview combining spiritual, physical, mental, emotional and environmental dimensions of health, rooted in the cultural practices of the Sámi people across vast Sapmi territory (Norway, Sweden, Finland and Russia). Cultural expression is rooted in the relation of people with their land; thus, as there are variations in the land, there are similarities and differences within language, culture and tradition across Sámi regions. Religious influence amplifies this.

Finnish Sámi healing systems (*noaidi vuohtha*) are embedded in kinship, land-based subsistence, Lutheran Christian-Indigenous encounters and resettlement. Predating and alongside Christianization, healing practices were mediated by ritual specialists (*noaidit*), household caregivers, and midwives. Practices

often combined prayer, song/sound (examples: *joik*, drumming), touch, and a vast oral materia medica of reindeer, plants and minerals. While missionary, anthropological and legal sources long emphasized male healers (‘shaman’), historical records and oral histories also attest to women ritualists and the essential role of women as caregivers, midwives and transmitters of *arbediehtu* (ancestral knowledge) (Helander-Renvall 2005; Sexton and Buljo Stabbursvik 2010).

Colonial and state institutions have historically marginalized STM. In Finland, residential schools ensured the homogenization of Sámi children into the Finnish state, as in other circumpolar states (Waldram, Herring, and Young 2006). Colonial assimilation and Lutheran missions criminalized or stigmatized Sámi ritual specialists. This contributed to secrecy, selective transmission and the partial masculinization of the historical record. As Sámi women establish their voice, stand in their identity, they lead a new way in identifying and preserving traditional knowledge (TK), traditional ecological knowledge (TEK) and traditional medicine ways (Helander-Renvall and Markkula 2017). Contemporary studies indicate that healing persists as a living adaptive practice, often negotiated by women within families and between parallel systems (parish, clinic, healer). Women have historically played a pivotal role in the transmission and practice of STM, despite facing challenges and gender bias. Sámi women have maintained and adapted their healing practices, ensuring survival and relevance in contemporary society (Helander-Renvall and Markkula 2017; Kailo 1993, 1998).

Elina Helander-Renvall, a Sámi woman, healer and prominent scholar, has extensively studied the transmission of Sámi traditional knowledge (STK). She emphasizes the importance of recognizing and respecting the gendered dimensions of knowledge transfer within Sámi communities. Her work indicates the need for inclusive research methodologies that honor the contributions of women in preserving and revitalizing STK and STM (Helander-Renvall 2005; Helander-Renvall and Markkula 2017). The SAMINOR surveys (Kristoffersen et al. 2017) indicate a higher prevalence of traditional medicine use among Sámi populations than among their Norwegian counterparts, highlighting the enduring value placed on STM practices. The marginalization of STM by mainstream healthcare systems, coupled with forced migration, erosion of Indigenous languages and cultural practices, threatens the continuity of these healing traditions. Efforts to integrate STM into formal healthcare settings face obstacles related to standardization, validation and cultural sensitivity. The fire is not extinguished. STM represents a rich tapestry of knowledge and practices that reflect the extensive connection of the Sámi people and their environment.

Disparities in Healthcare

Health disparities among women globally and in North America are a significant public health concern, characterized by differences in health outcomes and access to care influenced by factors such as race, socioeconomic status, accessibility to regular care, geography and systemic bias. Indigenous women encounter a unique intersection of gender, racial discrimination and marginalization within healthcare systems.

Indigenous women in Canada and throughout North America face health disparities rooted in the legacy of genocide, colonization, systemic racism, cultural dislocation and controlled resource allocation. The imposition of European norms and values through systematic conversion significantly disrupted Indigenous social structures, particularly those that empowered women. Structural determinants, including poverty, inadequate housing, and limited access to education and employment, further compound health challenges. Indigenous women are more likely to experience racism and sexism from healthcare providers, leading to mistrust and reluctance to seek care. The mental health of Indigenous women is adversely affected by historical trauma, including ongoing experiences of discrimination. The discrimination not only affects their access to healthcare but also the quality of care received.

Multicultural Indigenous Identity and Indigenous Research Methodologies

Multicultural Indigenous identity intersects in complex ways within healthcare research and practice, demanding culturally attuned approaches and methodologies, ethical engagement and epistemic justice. Western linear paradigms impose external definitions of health, data governance and the 'Indian quantum'—how much Indian blood makes an Indian (Thornton 1996). This type of linear approach often ignores the rich epistemologies, diverse identities and sovereignty over knowledge. There is an ethical need to allow a specific culture to define its identity (Kailo 1993; Kovach 2021; Tuhiwai Smith 2022; Waziyatawin and Yellow Bird 2012). And

what of the displaced person, or their future generations? Do we ignore and negate them because they are a product of human oppression, having or choosing to live or belong to another culture? If we, as humans, as researchers, inadvertently apply linear colonial concepts with singular cultures, how then do we approach multicultural identity within one person, one family, multiple communities? Humans have been migrating and inter-marrying across cultures for centuries, often for the benefit of health and evolution.

Indigenous Research Methodologies (IRM) embed cultural values, such as respect, responsibility, reciprocity, relevance and relationality, into every stage of research, driven by self-determination (Alfred 2009; Cajete 2006; Kovach 2021; Tuhiwai Smith 2022). Such methodologies, in best practice, prioritize relational accountability, the integration of Indigenous worldviews and community protocols. Indigenous worldview, fundamental to Native Science, must be considered during research (Cajete 2006; Kovach 2021; Tuhiwai Smith 2022). Healthcare research and practice must reflect the fullness of the practitioners' and the patients' identity to appreciate cultural competency and avoid cultural bias.

The definition of health and healthcare services can vary in biomedical, Indigenous Medicine, complementary and integrative models, as well as from culture to culture and with literacy and fluency of language, often with health equating to "feeling better" (personal clinical experience). Ensuring language is comprehensive and understood is foundational to a beneficial

outcome. Recognizing multicultural Indigenous identities also requires attention to data governance, including how health and cultural information is collected, used and shared.

Method

Being mixed-blood, carrying multiple Indigenous lineages within, academically trained, I approach this research not as an outside observer, but rather as someone who has navigated the complexities of multicultural global Indigenous and Euro-centric settler identity, while combining Indigenous medicine practices within a variety of western contemporary clinical settings.

I have chosen adherence to current best practice Indigenous Research Methodologies (IRM). The use of a feminist reflexive ethnographic perspective, within this context, serves many benefits, allowing for:

- full discussion of intersecting issues, maintaining cultural respect
- maintenance of responsibility of myself, the practitioner as dictated by the Ancestors, Elders and Ancient Ones, and to all others
- share who I am, how I live, my experience in the world (my unique cultural and tradition adaptations) – without cultural or tradition appropriation
- recognition of similarity which exists in human experience, yielding multicultural adaptation, while also recognizing differences and uniqueness
- a bridge for demonstrating a living example of spiralist Indigenous thought to co-exist within a dominating linear framework.

Along with this approach, I enact *Etuaqpmumk* – Two-Eyed Seeing, the ability to see with one eye the western approach and to see with the other eye, the Indigenous approach. Kailo also refers to a similar experience as Sámi second sight:

“...the Sámi women do have a sort of second sight that distinguishes their struggle from that of mainstream non-Indigenous ‘feminists’ oppression. They are forced to “see double” – their own and the colonizing culture as two circles that criss-cross and separate in separate and different ways depending on the onlooker”. (Kailo 1998)

Marrying these concepts, it is also necessary for me to take this approach from the linear (two), into the quantum. To sacred geometry, creation, multiple circles intersecting, moving multiple circles (spirals) and enact a multifocal lens. In this way, I am able to fully account for all my lineages, the physical and spiritual reality I live daily, my Indigenous Medicine ways, my Integrative Medicine ways, along with my Eurocentric Western ideology, scientific, therapeutic and biomedical approach. Every time I add a new modality or learn from a new cultural tradition, I add another circle. I am grateful we as human beings are hard-wired and soft-wired for this.

I also enact an affirmative practice in all my research activities, as I hold this in my clinical practice and daily life. By this, I mean the application of affirmative care (Mendoza et al. 2020). Through affirmative care, I validate and support the self-identity of those I serve. I honor and celebrate self-identity and simultaneously validate oppression experienced and felt, previous and current.

Maintaining this perspective allows me to share my history, cultural context and lived experiences, while also sharing research of others’ history, cultural context and lived experience; knowing those reading this discourse also have history, cultural context and lived experience which will resonate. This helps me maintain the sacred space and ceremony of research.

To this end, throughout this paper, I maintain the ethics and teachings of my Ancestors, Elders and Ancient Ones. I strive to achieve current best practice for informed research in choosing the methodology and creating a comprehensive (although limited) literature review. Throughout the narrative, I maintain the confidentiality of all people involved, sharing specifics only with express permission. As well, I share universal principles of Indigenous medicine principles, without sharing knowledge that requires instruction, training and demonstrating a level of mastery before implementing in service to self or others.

Theoretical Framework

The questions I began asking were taken with inspiration from Murray Sinclair (Bailey 2024):

- Where am I from?
- Where am I going?
- Why am I here?
- Who am I?

Then, first without words, following words emerging from the wind:

How does a woman, identifying as mixed blood, multicultural global Indigenous, earth-centric, Eurocentric settler heritage,

navigate the integration of multiple Indigenous medicine lineages, traditional teachings, integrity and ethics, western scientific academic training, multiple complementary modalities within all clinical healthcare settings experienced, with the best level of practice?

These questions inform all research, all my researcher positionality and reflexivity statements.

Results

Discussion includes researcher positionality and reflexivity while attending to the 4 aims of the WHO Global Traditional Medicine Strategy 2025-2035. These four aims are to: strengthen the evidence base for TCIM; support safe and effective TCIM through regulatory mechanisms; integrate safe and effective TCIM into health systems; and empower communities, optimizing TCIM's cross-sector power.

Researcher Positionality and Reflexivity I

Beginning this process, recognition emerged from the cocoon I had wrapped myself in for the past 14 years. That cocoon was my 'spiritual sabbatical' and advanced learning in human form. Meaning, recovery to original essence from full multisystem organ failure, requiring regenerating tissue, relearning skills and returning to full active service. This death journey (fighting for survival, surrendering to death, returning to a severely damaged body, regenerating all tissues), every moment of every day, tested and used all the teachings I had formerly received, and, as

needed, added new teachings from the AEAO. This is another story. I am on the edge of the cliff, in the final stages of full resolution of, at times, intractable searing chronic pain - the moth burning in the fire, the butterfly emerging out of the primordial ooze of the cocoon, drying their wings in full vulnerability. My days of rest in the sacred space of my spiritual sabbatical, coming to their cyclical moment of end, consequent with this beginning, action in the next level.

My ethical positioning is fully rooted in my relationships with: AEAO, the CTM/CWIS, mentors, teachers and Indigenous Elders; a variety of rural and urban Indigenous communities, multiple religious, spiritual and cultural communities. Academically (western linear), my ethical positioning is fully rooted in WHO and NIH international gold-standard clinical and human-subject research standards, and in the laws of the lands I live in and serve.

I do not facilitate ceremonies or rituals that are not mine or are a singular culture's tradition. Rather, my specialty is helping others create multicultural, multi-spiritual ritual and ceremony, and assisting them when asked. Thus, my ongoing obligations and responsibilities are to all of life and all its stages. I have a personal commitment and responsibility to reciprocity across all cultures and all life. I am dedicated to the preservation and protection of sacred traditional knowledge. My understanding is that traditional Indigenous Elders share knowledge when one has shown proficiency in learning and acting on the previous instruction. The 'secrecy' or withholding of information is a recognition that when humans, in general, have knowledge

that is beyond their current ‘ability to respond’ (responsibility)—they have the potential to misuse it, which can create harm. I witness this reality every day in my clinical practice and life. Thus, I speak to the universal principles I can, that create, maintain and sustain balance.

Walking the Multifocal Path – Multicultural Identity as a Strength in Healthcare Integration

Multicultural identity is a multifocal path merging several cultures, traditions and ways of being. This can serve as a bridge between communities. Unique insights can be gained from moving around all circles, viewing life from different vantage points, and implementing a multifocal lens. Fluency of language is required to serve this multifocal path. Without multiple languages, adapting English as necessary to meet ‘my people’ where they are at. Flexibility and fluency allow conversing with the world’s leading scientists and physicians, as easily as speaking to the homeless person who has stopped me on the street, “you look like someone I can ask this question to”. This fluency developed as I needed to synthesize many knowledge systems, take complex subjects and make them understandable to engage people. I choose to educate, to explain why it is important for them to consider and act on suggestions. Relating their experience directly is a way of building understanding, self-awareness and motivation. After all, my Ancestors taught me: *knowledge for the sake of knowledge is meaningless. It becomes wisdom when it is taken into action on a daily basis*. If I am to help people make permanent change (the directive I

am charged with), then I must do what is needed to assist them in making their change.

Carrying Multiple Medicines – The Complexity of Multicultural Indigenous and Integrative Medicine Practice

My Ancestors describe me as an ‘all-purpose’ Indigenous Medicine person – meaning, in my lifetime, I must learn all the ways of medicine. I must master the art of altered states of consciousness (ASC), to receive the information necessary to assist those I serve. Travelling in all realms, serving all people, also means mastering the art of internal and external communication (in Western words, intuition).

Carrying multiple medicines means I have a responsibility to service – to master each service, respond and provide appropriate service at the appropriate time. This means I must practice and prove my efficiency and effectiveness to my AEAO, mentors and teachers. When I am learning a new service, I create case studies, with full informed consent, followed by self-analysis. This marries Western standards for case studies and human subjects research, with old-style ‘apprenticeship’.

In this responsibility to service and safety for patients, with decades of experience, recognizing all cycles of life, I use tools of the trade so that the person will be able to fully integrate the service. A few examples regularly present in my practice include: not providing plant medicines or bodywork until the person is hydrating consistently – ensuring they will be able to process the detoxification that will occur;

not providing advanced breathing exercises if they are not using their lungs properly while breathing – ensuring there will not be a cascade of physiological challenges. It is my responsibility to know all functional anatomy (physical and energetic, BMSE) and be able to track all that is happening within and surround the individual while I am working with them. One does not know how to track energies until one can track a red fox moving across the Canadian shield.

Carrying multiple medicines, which are inclusive to Earth and all cycles, means I have a responsibility to the Earth in all service. To this end, my ability to respond includes helping people recognize their body is their Earth, the relations of their body and the Earth, and join their mind and body in a new way. In this way, I am a ‘quiet eco-warrior’. Meaning, one of my contributions to restoring balance to the Earth from human actions is to help people understand how their Earth functions, so they can better understand how the Earth, herself, functions. In this way, as they take better care of their Earth, they naturally begin to take better care of the Earth that surrounds them.

Walking in Many Worlds – Beyond Second Sight and Two-Eyed Seeing

For me, second sight, or two-eyed seeing, is definitely a step forward. It moves from the linear into a Venn diagram, using two intersecting circles. In the reality of an interconnected universe, there are more than two intersecting circles. Thus, I suggest the multifocal move into many intersecting Venn diagrams.

As we engage the moving spiral (in expansion or contraction) and add another factor beyond the two circles, we move from the linear to the exponential. As we continue this, the exponential grows, known as the Fibonacci spiral. Perhaps this is why the number 3 is considered a number of creation in many cultures and traditions? As we add another factor, the exponential gains begin to increase. I will use these teachings to help people understand the power they have at hand when they take solid, consistent actions. Depending upon their orientation, I can walk the mathematical or geometric world, the visual world, or the sacred world of disciplines from traditions in my Ancestral lineage.

Universal principles unite all my knowledge systems. I discover beauty in universal principles on a daily basis. First, that they can be applied across all levels of existence and remain true. Second, the initial understanding remains constant, while over time the depth grows and evolves. Third, they are often present long before being ‘proven’ in science.

Perspective and perception are fundamental in the way we see the world and the way we interact with the world. Also fundamental in the way we are able to be a pure observer or bring in bias and judgment. Being able to walk in many different worlds at the same time, helps me navigate many realms in a clinic setting, including: different patient expectations, different ages and gender of patients, different belief systems, cultures and traditions of patients and/or their families, clinic expectations, community expectations, inter-professional

expectations and unique root causes of ‘similar’ medically diagnosed illnesses. I am also able to switch through different physical clinic settings for service, including urban health clinics, home settings, hospice, rural clinics, community gatherings, serving indoors or outdoors. Hospitals in Canada have been a challenge; however, I have been warmly accepted in international hospitals that recognize traditional Indigenous Medicine. All experience helps me develop the skill and proficiency to hold true to my multi-cultural integrity, ethics and responsibilities.

Sacred Space – Physical and Spiritual Environment

Within a Western, Eurocentric, linear perspective, a safe space is primarily considered physical. In the past few decades, there has been recognition that this extends to the mental and emotional realms. Within the multiple Indigenous teachings I walk with, safe space is sacred space, and is considered in all internal and external aspects of one’s being. Meaning, sacred space must be created and maintained across body, mind, spirit and emotion (BMSE) in physical, social, environmental, financial and energetic realities.

Different therapeutic and medical modalities have regulating bodies that dictate conduct and protocol for practitioners, including ethical considerations. As countries become more aware of cultural competency and abusive situations, measures are also being put in place in some clinics and hospitals to ensure that all patients, practitioners and staff are in a safe

environment, often described as patient-centered or family-centered care. Sometimes, over-regulation can lead to a feeling of adjudication and stressful interactions. Many complementary and alternative therapies and modalities lack regulatory bodies. Sometimes ethics teachings are included, sometimes not. Our fast-paced, quick-fix, bio-hack coaching programs are growing in popularity, as a general acceptance of speed learning occurs. I am often reminded of the process of mastery, and how it perfectly aligns with what science is discovering about neuroplasticity. CEUs are beneficial for promoting ongoing learning in a culture that struggles with its value. And, challenges can arise when complex topics are being taught in a shortened timeframe, limit relational ability, or practitioners are not fully aware of the ethical responsibility of informed consent, making patients aware of their new skills. Regulation and continuing education, ideally, can facilitate growth, evolution and sacred space at all levels for individuals.

Sacred space is also important in relation to the physical space. Within all my Indigenous Medicine traditions, there are processes for the creation and maintenance of appropriate physical healing spaces, including appropriate energy in healing spaces. This is adhered to, independent of the type of space I am in. There are times in hospitals, in contemporary clinic settings, in ‘closed air buildings’, where it is challenging to express traditional healing tools and rituals. I must then adapt to the environment, create ways where the energy can move, as it would move if I were using the same tools directly. As an Indigenous Medicine practitioner, it is not my

place to restrict what is necessary and needed for someone's benefit. Rather, I must adapt and provide the best of the best service to the best outcome for the individual. Approaching each session with a patient as a sacred and solemn act, filled with honor and respect, is a way to maintain sacred space at all levels. Ensuring both the physical space and the spiritual or energetic space is cleaned, physically and energetically, between patients creates a safe, sacred space for the next patient. At a biomedical level, this includes following best practice public health standards.

If, for any reason, I am not able to create and sustain a sacred space for those I serve, then I must, on direction of the Ancestors, remove myself from service. This may mean taking time off if I need restoration. Or, it may mean leaving the office space I am in and finding a new space, or adapting a space to my needs. Thus, physical and spiritual considerations are always being negotiated to create, maintain and sustain sacred space.

Weaving Sacred Protocols – navigating multiple Indigenous Ethics

I sit in prayer for many hours every few weeks, weaving 3 different prayers into my braids. It requires a whole week, several hours a night, to braid all the braids extending from my scalp. As I do this, I am reminded that each individual strand is stronger when woven with the others. Being multicultural, in order to acknowledge all aspects of myself, I have had to create inclusive individual rituals translating to daily habits, and inclusive ceremonial practices—assisting my balance and development, marking significant

life events, transitions, or passages. This assists me in being my authentic self while maintaining authenticity to my full lineage. Through this, I continually create a new perspective on self, along with stable processes and protocols that are well practiced, a way of living. The repetition and practice allow for full adaptability.

Having to weave multiple ways of knowing, at first, required an un-learning (like unravelling a braid) – I needed to remove the shackles of conditioning that bound my unconscious and conscious mind. To be comfortable in myself, in the way I saw and experienced the world, in the current state of human depravity and the true state of human potential, it was instrumental for me to understand multiple perspectives, to carry multiple sets of responsibilities, to stay true to my spiralist Indigenous style of thought. The universal teachings are my foundation. As life continues, my comprehension and ability to act with universal teachings continue to expand. I am able to maintain a balance between my Indigenous Medicine teachings and all other practices.

With learning new ways and integrating the best of all ways, I am able to witness a single point, a line between two points, a relation to all interconnectedness, within and around. The mastery I was directed to attain in my Indigenous teachings carried over as a way of being to all scientific training, often to the dismay of others. Despite their responses, I continue to apply what I know to any new learning and situations. When I bring my medicines to people in a clinical setting, I am the tightly woven braid of many complex strands, living the ethics and integrity

of my Ancestors. I bring all I am, then outwardly express that which is needed in that moment for their unique nature to flourish.

Healer, Healing - Healing Historical Divisions

The cosmology I live with includes the understanding that all life is living, sentient and able to communicate with one another. Humans, being the youngest kingdom of the Earth, are still in the process of learning and living this reality. They are currently the only kingdom which systematically destroys themselves, all other life and the Earth they live upon which provides, nourishes and sustains them.

We do not have to look far to see this as a truth. Western linear thought is endemic with short-term thinking, exclusion, cultural and hierarchical bias. This has maintained divisions in all aspects of life for millennia, being reflected in the internal divisions many humans experience. This creates a lack of balance in the individual and the world. The Indigenous thought I live with is inclusive, including long-term thinking, with the concept of the many generations before, the current time, and the many generations that follow. For me, this is an ideology based on the concept of *creating, maintaining and sustaining balance, necessary for sustaining life.*

The word heal derives from a 13th-century usage meaning the restoration of wholeness. When the human body and human being are in wholeness, it is a dynamic, interconnected unit of being at all levels, fully resilient, in its abilities

to regulate, adapt and rebalance itself. Thus, the colloquial use of the word healer, is in relation to someone who assists with the rebalance. Healing, fundamental to Indigenous Medicine traditions and all world healthcare traditions, is an individual act of rebalance in a dynamically integrated world, affecting the rebalance of the world. Once again, emphasizing that the individual and the world are not separate from one another. As I enact my ability to create, restore, maintain and sustain balance within myself, I am better able to enact my ability to assist others to create, restore, maintain and sustain balance within themselves. Each individual act of balance serves to balance the larger web of life we all exist in.

In this way, historical divisions humans have experienced within themselves, between them and their kind, between them and other living beings of Earth, between them and their relation with Earth, between them and their relation with universal realities, also return to balance, restoring wholeness to all. When I act on this in my walk of life, I make the way easier for all those who come along, having already blazed a trail.

Sacred Relations – Trust, Relationship, Co-Creative Partnerships

When speaking about sacred relations, I am using the word sacred in its older meaning, the sense of being entitled to respect or reverence. Given the understanding that all is alive and interconnected, the consequent step is that

all that is alive is worthy of respect. This is the foundation of sacred relations within my life and within my clinical practice.

I arrive at practice with the understanding that I do not heal or cure anyone. Rather, I have some training and skills, translating to current-day expertise, which allows me to be a guide and share the wisdom I have gained with others. I facilitate my patients to activate their internal ability to self-heal.

Trust, relationship and co-creative partnership are instrumental within the Indigenous Medicine paradigm I walk with. They first begin within the practitioner–trust, relation and co-creation with one’s teachers, mentors, Ancestors, Elders and Ancient Ones. Also, trust, relation and co-creation with respect to all aspects of self is fundamental. As proficiency is demonstrated at these two levels, then and only then, the practitioner can begin their journey with serving others—exercising relation and trust with those they serve, knowing the healing (rebalance) process is a co-creative endeavor.

Building sacred relation requires process, time and relating to a person as a whole being (internal and external). Sacred relation is challenging to create in 5 to 15-minute sessions addressing one issue only, being told to book a second appointment for another issue, a common linear medical and therapeutic perspective. If wanting to treat root causes in place of symptoms, sessions need be inclusive of reality. Relationship building is a foundation to a successful outcome. Thus, in the process of co-creation, the individual builds

a better relationship with all aspects of their self. Sacred relation, as a universal principle, exists on all levels, replicating the true functional integrated universal reality. In relation to all, I recognize it is an honor and a privilege to serve.

Conclusion

Throughout this research, I found myself constantly translating between different Indigenous worldviews, each carrying similarities in universal principles and distinct cultural protocols for Indigenous Medicine practice. I also found myself constantly translating between Indigenous (spiralist) thought, Western Indigenous research and Indigenous research written by Indigenous people, Western scientific linear thought and protocols, quantum reality and an integrative discourse. I held true to all questions within the theoretical framework, ensuring they were answered in narrative, teachings and discourse. All emergent themes also align with the WHO Global Traditional Medicine Strategy (2025-2034) objectives.

In my quest for self-identity, bringing the universal principles of the Ancestor’s teachings into action in my daily life, living up to the task placed in me upon my return to this world, re-establishing my practice after my spiritual sabbatical, and returning to research and sharing information outside a clinical practice, I anchor in my multicultural ways. The multifocal reality I am is the bridge, which affords me to interact respectfully, with honor, in different Indigenous communities with different physical and spiritual world Indigenous Elders. This reality is a bridge

that affords me to interact respectfully, with honor for a variety of patients – men and women, non-gender individuals – with age, culture, religion, personal life choice and tradition variance. This reality allows me to share a unique lifetime experience, from

claiming one's identity to living one's true nature. In sharing there is hope, that we, as humane humans, might learn from each other so we may enhance one another, enhance healthcare for all and in the process enhance clinical integration programs.

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This article may be cited as:

Löytömäki, Sandi. 2026. “Bridging Worldviews: Integrating Indigenous Medicine in a Clinical Practice.” *Fourth World Journal* 25 (2): 01–23.

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Sandi is an Indigenous and Integrative Medicine, and Osteopathic Manual Therapy Practitioner with over 40 years of experience supporting individuals in restoring balance within their body, mind, and spirit. She holds a Joint BSc in Kinesiology and Psychology, with a specialization in neurobehavioral studies, from the University of Waterloo (Canada); a Certificate in Traditional

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Yakama Women at the Longhouse

Huli-Carried Medicine and Traditional First Food Ceremonies.

Part 1

By Hailey Allen

ABSTRACT

In this article Hailey Allen (Yakama) explores the role of traditional medicine among Yakama women as a vital expression of Indigenous knowledge and a fundamental aspect of Longhouse (*Washat*) cultural continuity. Referred to as the Seven Drums Religion, or Waashat and Washani, the Longhouse Religion of the Columbia Plateau, including the Yakama, is better understood as a spiritual way of life rather than a formal religion. This study employs an immersive, participatory framework, utilizing elder interviews, Longhouse ceremonies, ceremonial runs, and community knowledge, alongside the harvesting of sacred First Foods: salmon, roots, berries, deer, and water. These elements are central to Longhouse practice. Anchored in the metaphor of *Huli*, the Sahaptin term for wind, Allen illustrates how Yakama women embody the cyclical and relational transmission of knowledge, thereby fostering cultural continuity and ecological stewardship through generations.

Introduction

I situate this paper within my lived experience as a Yakama woman, while recognizing that my perspective represents only one voice among many and does not portray the Yakama tribe, or any Indigenous group, in its entirety. My understanding is shaped by the guidance of my elders and by my personal journey. I remain profoundly grateful to occupy the ever-shifting and evolving role of student, with various opportunities to learn from the land, the wisdom of my elders, the guidance and inspiration of the children for whom I write, as well as the future generations. In undertaking this work, I aim to articulate my perspective as an Indigenous woman with respect and humility, while supporting the engagement of Indigenous

young women, adult women, and elder women within our community. I aim to encourage scholarship and activism guided by Yakama cultural values and grounded in Indigenous ways of knowing, supporting a research practice that is both community-centered and generates culturally resonant knowledge.

I approach this research as a woman of mixed Indigenous heritage, descended from the Yakama and Umatilla tribes, with Jewish and African American ancestry. My work examines the roles and contributions of women within the Longhouse tradition of the Yakama community, a community to which I am profoundly connected and within which I have actively participated and learned throughout my life.

Throughout my paper, and in shaping my research approach and methods, I have relied on the remarkable work of Yakama scholar Dr. Michelle M. Jacob, whose book *Yakama Rising* continually informs my work through a Yakama Indigenous feminist decolonial lens. Additionally, inspired by the work of Leanne Simpson, “Water as theory”, I have entered a way of thinking that grounds the wind as my theoretical anchor in order to uncover and understand the relational transmission of Yakama knowledge and traditions. The Sahaptin word for wind is *Huli*, and I use this as my conceptual framework to view and embrace the principles of the wind as a living force that nourishes the continuity and resilience of relational transmission of embodied knowledge, while also accounting for the sometimes harsh and unpredictable impacts of its force.

This project ethnographically explores Yakama women’s traditional medicine through the Longhouse religion (Washat), emphasizing the interconnected, relational, and spiritual dynamics between water, land, First Food Ceremonies, and women’s roles as cultural bearers and keepers of knowledge. I examine how Yakama women and elders have preserved and adapted traditional knowledge and practices in the face of numerous obstacles.

Stories in Motion: Yakama Legends, Women Elders, and Gatherings

Legend of Winaawayáy (South Wind)

In the Yakama oral tradition collection *Anakú Iwachá* (The Way It Was), the story of Winaawayáy (South Wind) conveys themes of

environmental degradation and restoration, spiritual power, the resilience of culture through matriarchal knowledge transmission, the origins of natural landmarks and wind forces, the cyclical patterns of wind and weather, and the importance of mental and physical preparation.

The legend describes the battle between the North Wind (Atyayáaya) and the South Wind (Winaawayáy), both divine beings. Winaawayáy is the descendant of Tick and Louse, who are stewards of Chawnápamípa (Hanford and White Bluffs, Benton County, Washington) –a fertile and abundant land rich with all kinds of animals, roots, berries, and medicines. The story depicts Winaawayáy’s determined efforts to defend the land of the Chawnápamípa from the relentless Atyayáaya, who, alongside his Cold Wind brothers and sister, seeks to freeze, devastate, and ultimately conquer the land and its inhabitants for his own dominion.

Winaawayáy emerges as the bridge between two regions and two worlds—the Plateau and the Coast, Land and Sea. He is a descendant of both the Chawnápamípa and the North Coast, born from the powerful sea creatures of the sacred ocean and the fertile, life-sustaining lands of the Plateau. He inherited the special powers of both lineages. The significance of both places lies in their enduring ancestral presence and deep spiritual meaning, which highlights the vital importance of place-based traditions and practices. The land is revered as part of their ancestry, and all beings in that space are considered relatives.

I intend to draw attention to an aspect of the story that, although not extensively addressed in the text, holds profound significance — the role of the grandmother. Without her wisdom, patience, and determination, their story would have had a very different outcome. Crucially, through the matrilineal connection to his grandmother, Pityachíishya (Ocean Woman), Winaawayáy is trained and prepared. The grandmother is the keeper of medicinal knowledge and the sacred recipes of the ocean. She prepares medicine from the sea's most formidable beings—killer whales, sharks, eels, and walruses. This medicine has a dual nature, both a weapon and a life-sustaining force.

Winaawayáy endures years of preparation guided by his grandparents, which demonstrates the innate but cultivated nature of intergenerational guidance through years of ceremony, discipline, and repetitive tasks. The embodied knowledge is not generated instantaneously; instead, it is cultivated and nurtured through years of relationship with all relatives— the land, water, air, animals, and human lineage.

The time comes when Winaawayáy finally confronts Atyayáaya. With the guidance and medicine from his grandmother, he can stand firm where his uncles and fathers before him had fallen. The triumph ripples through the region, rebalancing the natural world and ensuring that the winds blow in season, and the rivers thaw, and that life replicates and sustains itself. The

battle itself is reflected through the marks on the land—canyons, ridges, springs, all witnesses to these ancestral events, inscribing Yakama knowledge onto the very earth. The story also carries a warning: if the land faces harm again, Winaawayáy vows to return. This exemplifies the responsibility and enduring commitment to protecting the environment that the Yakama people honor and uphold. In her book *The Gift of Knowledge: Reflections on Sahaptin Ways*, the late elder, Virginia Beavert, Yakama scholar and linguist, describes the legends surrounding the landmarks that have been passed down through generations by her grandmother: “Legend Woman is a sacred woman who will grant your wishes. At this place by Eel Trail, she lies on her back near the top of a mountain, her arms outstretched, and is said to be embracing you lovingly. You are supposed to approach her with respect and love” (Beavert 2019)

In this legend, we witness the duality of Huli (wind), with its transformation inherently ambivalent, capable of both healing and harm, renewal and destruction, as well as medicine and toxicity. This narrative illustrates layers of lessons, paralleling the decisions we face when stewarding our environments, also emphasizing the struggle between forces of creation and those of destruction. It demonstrates that through the reverence for matriarchal wisdom, a commitment to ecological care, and the transmission of knowledge across generations, cultural and environmental resilience can endure.

A Yakama Elder's Perspective: Martina's Longhouse Reflections

I sat down for an interview with my stepmother, who has been a part of my life for nearly thirty years. She is a Yakama elder whose lineage spans several longhouse communities, including Satus, Toppenish Creek, Rock Creek, and Wapato. I conducted the interview in person, and although it was not audio recorded, I documented her words verbatim during the conversation to ensure an accurate representation of her reflections.

When asked to recall a childhood memory that reflected being raised in traditional Longhouse or Washat ways, Martina shared, "Having to sit still and not speak. I think back then, you only spoke when spoken to. You had to be disciplined."

Her early connection to the Longhouse was interrupted by boarding school. "It's really tough to remember the first time I went to the Longhouse. We were sent away to boarding school when I was ten." Although her mother played a role in the ceremonial space: "My mom was a cook in the longhouse. Always in the kitchen", she noted, "Us kids probably weren't allowed to go."

That absence continued after her mother's severe car accident. "My dad came and picked us up every now and then, but my grandma took care of my mother." Martina explained that they didn't return right away: "We didn't go until we got back from boarding school." It wasn't until the loss of her father that she attended again: "When my dad passed away when I was 14 was probably when I had to go."

Although she did not initially participate in ceremonial responsibilities within the Longhouse, her early teachings were grounded in intergenerational transmission of knowledge that occurred within the home. She described herself as "a grandma's girl," often sitting beside her grandmother and absorbing teachings through observation and gentle instruction. "I just had to sit next to her and look pretty," she explained.

She described how her grandmother was her first teacher in both language and everyday practices. She recalled learning common expressions in Yakama, including phrases like "time to eat," which were spoken in everyday conversation.

From a young age, she was taught the cultural significance and skill of food preparation. "I was probably 7 or 8 years old when I learned how to boil potatoes," she remembered. These teachings expanded with age; by sixteen, she had developed the capacity to prepare food for ceremonial purposes. "I learned how to cook pies, and my first time was 16 pies," she said. These pies were prepared specifically for a medicine dance being hosted by a neighbor. "I had to drive them down to the neighbor... I just dropped it off, and then I was done for the night."

The early teachings reflect the gendered aspects of cultural responsibility and demonstrate the dual nature of cooking as both a skill and a sacred tradition passed down from grandmother to granddaughter.

When asked about early teachings on how to carry oneself in the Longhouse, Martina reflected

on foundational protocols she learned from a young age. She explained, “We were taught you have to circle the Wash. This is considered sacred. Not everyone knows how to do this. They will sneak in the side doors. Or they don’t know how to do it.”

Even recently, she witnessed these teachings in practice. At a memorial held at Satus Longhouse, she noticed her cousin about to sit down prematurely. “I told her that she needs to go back and stand at the front and turn around so the rest of the memorial family can come up and shake your hand.” These responsibilities, Martina said, are passed through family knowledge: “When my cousins were younger, they said go stand by your nana Martina, she knows what to do. And I thought, no I don’t.”

Regarding Washat itself, Martina described it as a sacred ceremony that can feel unfamiliar to those still learning. She said, “If you know what’s going on, it’s sacred. If you are just learning and don’t know what to do, you feel strange.” Although she “kind of understand[s] what they are saying in our language,” full understanding remains challenging. Still, she emphasized the spirit of the ceremony: “It’s always like ‘welcome my family members and friends.’ I consider it sacred.”

Martina described Washat as an experience of spiritual release: “When you are on the Wash, it’s like when you speak you are releasing yourself.” She added that during the feast, silence is customary: “We didn’t really speak... we just walked around.”

In describing women’s roles within the Longhouse, Martina emphasized their foundational responsibilities: “[They do] everything. They are the diggers, pickers, cooks, serving, and the dishes at the end.” This description of women’s roles reveals the depth of contributions that span from land-based gathering to ceremonial food preparation, with responsibilities persisting long after the completion of formal services.

Preparation for ceremonial gatherings, such as the First Foods ceremony, involves both spiritual and physical readiness of the space. Martina explained that “they water down the wash so that it’s not dusty,” referring to the central dirt aisle of the Longhouse. Women also ensure the floors are cleared and maintained respectfully: “If you borrow the Longhouse, make sure that it is left in the way you had it before.” This respect for shared ceremonial space is not only logistical but spiritual, requiring accountability to the place and people.

Ceremonies require knowledgeable leadership. Martina shared, “You can have a ceremony there, but you would need a leader or someone knowledgeable about the ceremony to prepare.” She recalled our family’s experience: “When we named all the kids [my kids and nieces and nephews] our friend Deland Olney was the one doing the services for the family.” While men are the designated drummers, singers, and ceremonial leaders “on the line,” women also sing, though not in the same capacity.

Respected women lead food preparation in the community. “The head of the line—Bobbi or your kathlah [my grandmother]—more or less Bobbi,” Martina explained. In other Longhouses, such as those in Wapato, she named Winna or Bernice as food leaders. However, she also noted that this role often shifts due to health or capacity: “Bernice has to step back because she has breast cancer. Then it’s passed on to the oldest if they are willing to take on that responsibility—but a lot of the time it’s not worked out like that.”

Leadership within the Longhouse follows a gendered structure rooted in tradition. Martina described how “men are the drummers and singers and perform ceremonies and ring the bell on the drum line. The bell rings in transition between each song and the transition of the service.” Women’s leadership roles are expressed in other ways: as cooks, pickers, diggers, and as those who also ring the bell when leading women in. “Usually it is the head of the line,” she emphasized, revealing the role of elder women in guiding ceremonial rhythm and structure.

In discussing women’s ceremonial roles during songs and dances, Martina explained that “the women go second in the line when the dancing and praying is happening,” situating their movements within a broader sacred order of the Longhouse.

When asked about the First Foods ceremonies and honoring salmon, roots, berries, and meat, Martina described the relational elements: “The salmon represents the water. The meat represents the land, or something similar, while the roots represent the land. The berries are the land too.”

The foods are not just sustenance but also our relatives; they are kin, greeted with gratitude for “showing up” and acknowledged in ceremony as sacred gifts from the land and waters. As Martina put it, “We are grateful that they showed up and are expressing our gratitude.”

The timing of seasonal gathering is inseparable from ceremonial life. Martina explained how the natural rhythms and climate variation shape when certain foods can be harvested. “The weather and the season and how soon the roots come up—if they come up early or late—it makes it difficult to know,” she noted. Berries can be unpredictable “Sometimes they will come up early, and sometimes there are hardly any, and sometimes there are a whole bunch.” These fluctuations require attentiveness and adaptability. She also shared a teaching about death and ceremonial protocol: “See, right now I shouldn’t be out digging roots or picking berries because I had a death in my family... unless I release myself.” She elaborated that “once you release yourself, you do a small giveaway and it’s considered releasing and rejoining. You wait a year.”

It is crucial for those who can go out and dig for roots to do so on behalf of family members who are grieving, sick, or otherwise unable to physically reach the mountains due to financial or health constraints. Martina was fortunate to receive a generous gift of roots from her nieces, who went digging for them. We have been storing these roots in preparation for her sister’s memorial next April. Much preparation is needed for the memorials.



Figure 1

Some of the roots gifted to Martina from her nieces, dried for storage and being preserved for the memorial. From left to right, *Pank'ú* (button breadroot), *Piyaxí* (bitterroot), *Sicáwya* (Root). Photographs by Hailey Allen.



Figure 2

Storage of dried roots (From left to right: *Piyaxí*, *Pank'ú*, *Sicáwya*), corn, and canned salmon for the memorial. Photographs by Hailey Allen.

Intergenerational transmission is a living part of seasonal gathering. “..see I try to share with Tashina [her granddaughter], and whoever wants to listen,” Martina said, referring also to me and my sister: “With you girls.” The act of sharing knowledge is both intentional and rooted in relationality, offered to those who show up with openness and respect.

In describing gendered relationships with First Foods, Martina affirmed that “the men fish and hunt, and the women pick and dig.” However, she also recognized that these roles are flexible and responsive: “The women also hunt sometimes,” she explained. “Bobbi [my great-aunt] went out and got her own deer when they didn’t have any for the longhouse.” These stories challenge rigid gender binaries and highlight the ways women step into roles of leadership and provision, ensuring our ceremonies continue even in the absence of male support.

When asked whether her family had ever experienced a time when ceremonial life was interrupted or restricted by outside laws or policies, Martina reflected on the enduring impacts of assimilationist language policies. “Uhh, kind of sort of,” she began, “like when they tried to make Natives talk in nothing but English.” She explained that these pressures shaped even the choices her grandmother made: “My grandmother didn’t teach me any of the language because she said I lived in the white world and I needed to work in the white world.” The impact of these language restrictions remains a painful memory. “Language was the one sore

spot that I always remember,” she said. Although her grandmother withheld formal instruction, she did share some words at home—particularly when upset. “She did teach me a little of that at the house, especially when she got mad at me,” Martina recalled, noting that she rarely needed repetition: “When she taught me something, I would learn it at once. You were expected to learn something right off the bat.”

Regarding the 1855 Treaty and its broader implications, Martina was clear about her distance from formal tribal governance. “I wasn’t really involved in the treaty,” she said. “I figured if I got on the council, I would read it. But I never got on council and I was never into politics—never have been, never will be.” While many of her relatives, including uncles, her grandfather, and family friends, served on the council, she expressed discomfort with contemporary systems of governance. “I just don’t like that they think their code of ethics or their little watchdogs have the right to pry into everyone’s business. Especially if you drink alcohol—they think they can pry into everything.” For Martina, such judgmental attitudes are not aligned with our traditional values. “Being judged—you aren’t supposed to judge any other person. That’s not how we are.” She pointed out that in earlier times, during my atwai [late] grandfather Russell’s [My great-uncle aka Grandpa] terms on council, there was an expectation of care and community protection rather than surveillance.

Reflecting on the impact of historical trauma and boarding school policies, Martina

acknowledged that recent revelations around unmarked graves brought long-overdue attention. “Yeah, you know, when they finally—how do you say—found all those bodies in the boarding schools, it finally opened up all the white people’s eyes.” Although her own experience at a Christian-run boarding school was not as severe as others, the system still imposed significant burdens. “We had all those chores, and it wasn’t just one [of us], it was all of us.”

She recounted how friends and family, including an archaeologist friend, had visited burial sites, including the one in White Swan. “To my knowledge, they didn’t find anything,” she said. Her mother and grandmother had also attended the White Swan school, which she described more as a day school rather than a full-time residential institution.

When asked about traditional teachings connected to the elements, such as wind, water, and soil, Martina reflected on the importance of being attentive to the natural world. “The wind,” she said, “they say that things can be whispered to you from the wind, and you either listen to it or you don’t. You should always listen to what your surroundings are telling you.” For Martina, listening to the land is not just metaphorical; rather, it is a practice of responsibility and relationality.

When discussing the role of song and prayer in Longhouse spaces, Martina emphasized the layers of meaning embedded within the language and the songs themselves. “If you understand the language, then you understand what they are saying,” she explained, noting that this knowledge

comes with time: “That has to be down the way for knowing.” Songs serve specific functions. “One is a war song, a woman’s song, when you go out and dig, there is a song when you are taking from what the land is giving you. There are probably fishing songs too, I bet.” The songs are contextual, carrying guidance for action and ceremony. Martina credited my great-uncle, the atwai Russell Jim, and other community members, like Jerry Meninick, with passing on the deeper meanings of these songs. “Russell was good at explaining,” she said, “because he wasn’t always speaking the language, he was speaking English too. He would say, ‘To you young ones that don’t understand the language and want to learn.’” She added that Jerry also honored the teaching lineage by saying, “This is what I was told by my elder.”

Martina spoke with deep respect for Yakama women’s perseverance in maintaining ceremonial responsibilities. “They just kept plugging away and doing their job,” she said. Her grandmother was a leader in gathering practices: “picking and digging for a long time.” Martina shared that while her grandmother wasn’t always strict with her, the lessons were still there. “I don’t know why she wasn’t as strict with me. I was like one of her little white girls,” she joked. Still, Martina found ways to teach herself traditional skills like sewing: “I thought, ‘Grandma, you’re going to live forever and you will always sew me wingdresses.’”

She expressed pride that her granddaughter, Tashina, has carried on that skill: “She picked it up so fast. I don’t feel like my daughter wanted to learn at all, but Tashina did.”

When asked about what teachings she hoped younger generations would hold on to, Martina offered both humor and sincerity. “Just do as you’re told and don’t ask questions. Just get in line,” she laughed, then added, “No, Bobbi is a good teacher—she is a really good teacher. And I felt like I taught you girls [me and my sister] a few things when you were growing up.” Her teachings extended beyond ceremony into everyday acts of care and cultural continuity. “When I make jam, I can use it all year long—for pies or birthdays.” She recalled teaching Tashina how to sew a slip: “I said ‘easy peasy,’ and she said, ‘yeah right.’ Then she did it, and she was like, ‘Ohhh yeah, that is easy peasy.’”

Martina described the many Longhouse communities her family has ties to: her uncles were at the Satus Longhouse, her grandmother’s side was at Toppenish Creek, and her paternal grandfather (her *tila*) was at Rock Creek Longhouse down by the river. “They have salmon and root feast and powwow and horseshoe tournament,” she said. On her father’s side, the family came from Wapato Longhouse. “See, that’s why Bobbi says I come from a strong Longhouse family,” she laughed. In past conversations, Martina has been jokingly called “Longhouse royalty,” a title she humbly accepts with humor and pride.

Sawict Digging in the Yakama Mountains

This duality of *Huli* also manifests in the present through lived experiences on the land. When I’m on the land with my Elder and the

younger generation of teachers and wisdom keepers, I witness the shifting roles of the teacher—sometimes it’s the Elder, sometimes the land itself, and sometimes it’s my little 2-year-old cousin. With her dirt-covered fingers, she points excitedly at each stalk of Indian carrots (Sawict) poking up from the ground, gasping, “There’s a baby one, there’s a baby one!” and proudly exclaiming, “I did it!” as she helps me pull the root from the earth where she spotted it. She gently rips the Sawict from its stalk, then coos with tenderness, “Aw, that’s a baby,” to each root we harvest, no matter its size. They are all her babies; they are all precious to her. She loves the land with a reverence that fills me with overwhelming pride and admiration—for her pure, instinctive love for the mother who cares for us all. She places each root in my basket, then looks up and runs around, pointing out the next one to meet, admire, and receive its medicine.

My great-aunt is an innate storyteller, embedding profound teachings within each reflection. These stories carry lessons that continue to unfold, revealing themselves over time. She embraced me with a hug and sat us at her dining room table in her cozy home, which resembles that of my great-grandmother, her sister-in-law.

As we drove into the mountains, my Aunt Bobbi reflected on how she had not entered the sweatlodge in many years since she was a child until one day, with my grandmother, she finally returned to the practice at a camp in the hills. Bobbi talks about her first experience and how sweet, understanding, and gentle my

grandmother was in her teaching. The lodge was built in the traditional way, and the ceremony followed the teachings of separation and respect between men's and women's roles.

In her book *The Gift of Knowledge: Reflections on Sahaptin Ways*, the late Elder, Virginia Beavert, Yakama scholar and linguist, describes this practice.

The women sweat separately from the men, and they use their own female herbs. Also, women do not sing in the sweathouse, they just talk. Each one gives thanks to Grandfather Sweat, and talks about their problem...The women from our land do not sweat together with men. Women do their things separately, especially with their medicine and perfumes for different uses. Just for cleaning their body they use an ordinary medicine, only for perfuming themselves...but the other sweat, where you use sacred medicine, that kind is kept secret. It is treasured for use for important things, in important ways. They pay a lot for this teaching [how to identify, gather, prepare, and use these medicines]. That is what the Elder teaches them. (p.96).

Here, we witness the lesson of continuity through *Huli*. Bobbi's memory illustrates how ceremony moves through space and how those committed to keeping it alive are continually rebuilding the sacred.

Vine Deloria Jr. describes the profound importance of space for Indigenous peoples',



Figure 3

Digging Sawict. Photograph by Hailey Allen.

“American Indians hold their lands—place—as having the highest possible meaning, and all their statements are made with this reference point in mind.” (Deloria, 2023, p. 55) he further clarifies this distinction between Western and Indigenous worldviews to highlight the centrality of land in Indigenous thought.

He states, “When one group is concerned with the philosophical problem of space and the other with the philosophical problem of time, then the statements of either group do not make much sense when transferred from one context to the other without proper consideration of what is taking place.” (Deloria, 2023, p. 55).

In these memories and experiences, I am remembering that *Huli* is not only breath or wind, but a living force moving through space and ceremony — nourishing my soul through kinship and reshaping and refining my sense of knowing

with each encounter with the land. Through the land, I remember how to breathe again, and how to restore the relationship to the land that colonialism attempted to rupture. Through the laughter of my little cousin, the stories of my great-aunt, and the memory of my caring and kind grandmother, I am reminded that medicine lives in the land and lives within us, through our breath, in our hands, in our dreams, and in our remembering. This is the beauty and tenderness of returning to the land and carrying the teachings forward for the next generation, to heal, mend, and rebuild what was severed, and to keep the sacred alive through stories and traditions.



Figure 4
Ku'pin used to dig roots. Photograph by Hailey Allen.

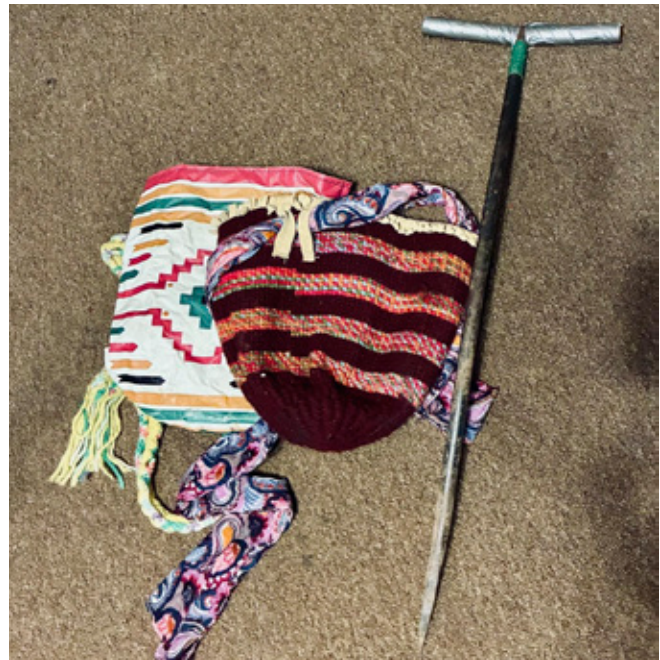


Figure 5
Preparing for digging. Ku'pin and Waapas (Root digging baskets). Photograph by Hailey Allen.



Figure 6
Kiutus Jim Race T-shirts the last couple years (2024 & 2025). Photograph by Hailey Allen.

The annual Kitus Jim run is far more than a typical race. It is a living ceremony embodying the endurance, memory, and resistance of the Yakama people, carried forward through the presence and leadership of Yakama women,

whose roles remain central to sustaining its ceremonial dimensions. Situated on the ancestral land of my family and carried forward by extended family, it embodies interconnectedness, relational medicine, and ceremonial resilience, reflecting a multilayered practice that resists colonial and destructive forces threatening the Yakama people's existence.

As a Jim descendant, my participation is personal and ethnographic. The name carries a legacy spanning decades, demonstrating the resilience, brilliance, grit, and endurance the run represents. Running has always been a ceremonial practice in my family; like First Foods and other traditional practices, the run enacts Indigenous endurance and the spiritual strength needed to counter colonial erasure and ecological disruption.

My great-uncle, the atwai, Russell Jim, reminds me that endurance is more than physical survival; it is a miraculous strength of spirit. In the documentary "A Quiet Warrior," by the late filmmaker *Jeanne Givens*, my great-uncle comments on the remarkable strength of wild horses. He describes how they can run all day long, remarking, "the horses were magnificent... [they] had the ability to run all day...they seem to reach deep down into their heart." That is where true health, in every sense, spiritual, physical, emotional, and relational, resides in the heart. Although this year I ran an uncomfortable race, I carried his words with me, repeating to myself, "reach deep down in your heart." I ask for the courage and strength to delve that depth and embrace that strength. This act of

resilience reminds me that survival is inseparable from struggle, and endurance does not exist in isolation; instead, it unfolds through the land, the spirits around me, and the family that runs alongside me, both in body and in memory. A ceremony marks the completion of the Kiutus Jim run. After the run, we have a raffle giveaway for each race participant, a salmon ceremony, and teaching. My great-aunt Bobbi can always be seen in the kitchen, providing the salmon and preparing the meal for the entire crowd. I watch her moving through the space with ease—she knows exactly what is needed, barely speaking, and is deep in her service. The women in our tribe are always working hard. Always moving, always preparing, always making sure everyone is taken care of. However, it is more than just cooking. I think about the food and the medicine that is added to the food. It's more than a meal. The thoughts and feelings that Aunt Bobbi holds while preparing this food—that's part of the medicine too. The care, the intention, the energy she carries all get transferred into the meal. That is what we eat, that is what nourishes us.

I listened to my great-uncle, Robert Jim (the other Bobbi Jim), speak about this special place and the gatherings that once took place here. He discussed his grandfather, my great-great-grandfather, Kiutus, and how he was a great runner. The stories of the games that once took place here, and the special gatherings that occurred, can still be felt in the air. The Huli lifts these memories and brings them back into this space. The memory returns to the space, and we experience the transmission of knowledge through his breath. His teachings offer a renewal

of our sacred space, a remembering. Storytelling and memory preserve cultural continuity, and the space functions as a living repository of ancestral epistemologies, sustaining identity and adaptive capacity across generations.

During the run, we pass near the cemetery where many of my family members are buried. We were here just a couple of months ago to clean and decorate their graves. Every Memorial Day, we go to multiple Indian cemeteries and clean the soil, remove older offerings that have been broken or weathered, and replace them with the new meaningful items (pinwheels, American flags for veterans, flowers in glass vases, and small mementos such as animal figurines, jewelry, or other personal objects.)

The run takes place on the 4th of July, a deliberate choice. The Yakama Nation once masked the holiday as a patriotic celebration of Independence Day, using it as a cover to gather for ceremony during the Indian assimilation era, when the U.S government outlawed ceremonial gatherings and prohibited large assemblies.. This patriotic display served as a loophole, allowing them to hold ceremonies while deceiving the American government into believing they were celebrating Independence Day. Jacob (2021) captures this strategic resistance in her book *Fox Doesn't Wear a Watch: Lessons from Mother Nature's Classroom*:

My Nez Perce friends remind me of the history of Indigenous resistance to settler state oppression that's linked to the Fourth of July. As Indigenous dances and gatherings were

outlawed as 'savage' practices, Indigenous peoples brilliantly began 'celebrating' on the Fourth of July, and Indian agents responsible for controlling the Natives assumed such celebrations were motivated by patriotic fervor, evidence that the Natives were appropriately assimilating. (p. 41).

In this way, the Kiutus Jim Run is not just an act of endurance but a dynamic expression of *Huli*, the wind, that carries memory, resilience, and movement forward. Like *Huli*, these practices shift and adapt yet remain constant in their presence and force. Integral to this continuity are the women, whose labor often remains unseen yet foundational. The women prepare the meals, sustain the ceremonies, and carry the medicine embedded in each act of care. In this way, their efforts are similar to *Huli's* in that they circulate quietly yet mightily to ensure that the teachings, memories, and ceremonies continue. Their hands and their breath generate and nourish the community, creating the winds of resilience that continue to blow.

Elder Insights: Rene Brown on Longhouse Traditions

I spoke with elder Rene Brown, a respected Wapato Longhouse member who was raised in the Longhouse and later became head of the women's line. This excerpt highlights her reflections following the Huckleberry Feast services on July 27, 2025, focusing on her early experiences, responsibilities, and teachings within the Longhouse.

As part of our conversation, I asked her to reflect on her early experiences in the Longhouse and what it meant to be learning as a young girl. I asked, *“Can you share a memory from when you were younger, growing up in the longhouse...or what it meant to you, when you were learning?”* She shared: “A good memory would be when I was probably about Sugar’s age—she’s five. We were standing on the floor, and my eldest aunt, Amelia, came out and showed us how to dance.”

She paused for a moment, pondering her childhood and growing up, being raised in the Longhouse with our traditions, then shared: “Be still, and not be talking, and not playing... learning to go dig and pick for the first time was an amazing experience.”

Children weren’t allowed to dig or pick until they could care for themselves. “You couldn’t do any of that until you could comb your hair... Once a child could comb their hair and brush their teeth on their own, then they could begin learning to dig and pick.” Families still try to uphold this tradition.

When asked about the responsibilities she held during the ceremony as a young person, Rene reflected on how her involvement began to shift at an early age. She explained how she moved from the main ceremonial hall to the kitchen. This space would become central to her contribution within the longhouse community.

“I got introduced to the kitchen. So I’ve always been in the kitchen since I was about ten years old,” she recalled.

From that point forward, Rene began assisting with food preparation and other kitchen-related tasks, which became her primary responsibility during ceremony.

“I’ve been in the kitchen helping—getting the servings ready, wiping down the salt and pepper shakers... setting out the serving plates. There’s six plates. That was one of my big responsibilities.”

As she grew older, Rene’s role became increasingly central, and she eventually assumed leadership within the kitchen.

“Now that I’m older, the kitchen became mine... it was mine.”

Health issues have since passed these duties to others.

“I haven’t been able to do it because I’ve had two back surgeries. So it’s been passed down to other folks, and they do it.”

When I asked Rene what she had been taught early on about how to behave or carry herself in the Longhouse, she paused and reflected.

“It was more of a... we were just expected to. It wasn’t really taught—it was a look that they gave you,” she said.

Rather than being given direct instructions, the traditional method of learning for children was through observation and subtle cues. Glances, presence, and modeled behavior communicated the expectations of discipline. Rene explained that formal longhouse teachings were directed

more toward the drummers, and children were expected to remain respectful and quiet.

“When I was growing up, children were meant to be seen and not heard,” she said. “That was a big thing.”

She noted the shift in cultural teachings and expectations over time and acknowledged that younger generations, including her own grandchildren, did not necessarily understand the traditional ways and earlier expectations.

“My granddaughter and the others in this generation don’t know what that meant anymore,” she observed.

Rene shared that when she was young, children weren’t allowed to attend funerals until they had reached a certain level of maturity and understanding. She recalled the first funeral she was permitted to attend, it was her Tila Henry’s, when she was around twelve years old.

“I think the first one I remember was maybe I was ten... ten or twelve years old. That was the first one I actually got to go to.”

Rene described the discipline in the Longhouse as “pretty strict.” She pointed out that people once considered the playful or casual behavior seen today inappropriate during her childhood.

“My grandchildren over there acting kushúm [wild or unruly]—you couldn’t do that. The elders would be sitting there with their whip stick.”

She motioned to the space around us, recalling the way elders enforced discipline, often without needing to say a word.

“They would just give you a look,” she said, conveying how powerful that silent teaching could be.

When I asked Rene about the role of women in the Longhouse, she emphasized the clear ceremonial boundaries that define responsibilities along gendered lines. “Women are not allowed to touch the drum at all,” she explains, describing it as a sacred object designated explicitly for men’s ceremonial responsibilities.

She continued by explaining the division of roles within the Longhouse during the ceremony. The kitchen, where women work, is not separate from the ceremonial space; rather, it is a vital and foundational aspect of it. This distinction reflects a structure in which roles are differentiated, yet deeply interdependent. As Jacob (2013) explains, referencing Ackerman’s study of Plateau gender norms, the social order is one of “complementary but equal” roles. Rene reinforced this worldview when she explained, “When we’re in the kitchen, women aren’t allowed to go hunting or fishing.” These activities are reserved for men, whose role is to provide and prepare food as part of their ceremonial obligation. “Men provide, and they bring it back to us,” she said.

Rene described the ceremonial protocol that takes place when game is brought into the longhouse kitchen. “When they bring back the deer, they have the head already cut off. We’re not allowed to have those. We’re not allowed to see those,” she explained. The animal is gutted beforehand, and only the body of the elk is brought to the women. “That’s something the

men are supposed to do. That's ceremonial for them, not for us," she noted.

This illuminates the importance of men's active participation in Longhouse ceremonies and traditions. Maintaining a harmonious gender balance requires that men also show up and learn these cultural practices. In this way, Yakama feminism depends on men to follow through, uphold, and carry forward the traditions, embodying the complementary roles essential to the collective cultural integrity of the community.

When I asked whether women are allowed to handle fish, Rene clarified that they are, but only after the men have completed their ceremonial role. "After they bring it to us, yes, you can," she said.

Reflecting on gendered protocol within ceremonial space, Rene described how people once clearly maintained relational boundaries in the Longhouse. "Back in my day," she explained, "you weren't allowed to touch the men." She recalled how deeply people practiced this respect: "I had one uncle, Uncle Will. Nobody, nobody ever touched him. Men had to be respected in that manner at all times."

Despite the formal expectations, Rene remembered with warmth the special relationship she had with her uncle, which gently bent the ceremonial norms. "He would let me hug him," she said. "Everybody's like, 'What are you doing? Why are you hugging him?' But I was allowed to be able to do that. And I mean, that was special to me as a child growing up. And he'd actually hug

me back in public." For her, these moments were significant and reflect both familial bonds and the careful negotiations of respect within strict cultural expectations. "Me and my late brother were very close to him," she added. "So it was nice that we got to do that with him, you know, be a part of the family."

When asked if those ceremonial boundaries had shifted in recent years, Rene acknowledged the changes. "Yeah, now... now men go around and hug," she noted. "And men don't sit on the men's side anymore. Even men come and sit with the women, women sit with the men." This shift in spatial and relational etiquette marks a generational transition. "You never used to be able to do that," she emphasized. When asked when she began to notice the shift, she reflected, "It started changing, probably... gosh, I wanna say maybe twenty years ago. Around about twenty years ago, everything started changing."

"You hear the drummers now. Our drum line.. because a lot of them have passed on. So the drum line is different. They're trying to teach the younger generation how to do that." When asked how she felt the younger generation was doing with the drums, she replied: "It's different. It's different."

She continued, comparing current practices to those from her upbringing: "It's just like with the women...with the pickers and the diggers. It's different now. Times are a lot different than what it used to be when I was growing up. I mean, it used to be very strict. Now it's laxed."

Rene described some of the shifts in expectations:

“They can have phones. They can talk to their children. They can have their grandchildren.”

When it was noted that “it just feels different,” Rene responded:

This reflection explores the flexibility and dynamic shifts that enable the resilience of tradition and culture to continue. These shifts enable changes in societal standards, creating a flexible structure and function. This concept is like the wind, which can shift and change the environment and circumstances, with the adaptability of the environment allowing it to adjust its function and continue thriving. Similarly, oral stories are often employed because they allow for flexibility and the coexistence of multiple understandings, teachings, and practices. They reject the rigid, compartmentalized ideals of Western ideologies and epistemologies, making space for multiplicity and adaptation over time.

I asked Rene about women’s roles during songs and dances in the Longhouse, knowing that women do not drum. She responded without hesitation: “Yeah, we’re not allowed to drum. Women just, I mean to be honest, we stand on the sidelines. I mean, we got to support the men.” She further described that the role of women in this setting is “to stand beside them, more or less, not interrupt them.”

When asked about the First Foods Ceremony, Rene spoke with reverence and clarity. “The

First Foods is extremely important to us as Native people,” she began, “because it brings us nourishment.” She described it as a time of renewal at the “very beginning of spring,” marking the arrival of “the first salmon, the first roots to dig, the deer, the elk.” She reflected, “It’s our first coming out, to be seen again... so that we’re open and out.” She emphasized not only the ceremonial significance but the practical importance of gathering and preserving foods: “When we go digging and picking, that’s also important—that we preserve the food to carry us through for the wintertime.”

Rene noted the gendered divisions of labor around food preparation as well, especially in the past: “If they’re drying the deer and elk meat, the men do that. So, the women don’t normally take care of that.” But she observed a shift in contemporary practice, adding, “Now you see a lot more women... Like in my day, we didn’t have a lot of them doing that.”

This shift illustrates the ongoing need to preserve and sustain our ceremonies, which at times requires a departure from traditional practices. During our interview, Martina described instances when the absence of deer for the ceremony necessitated that women hunt. Our community traditionally relies on men to provide the meat. When this responsibility is not met, it significantly disrupts our ceremonial practices, necessitating that women occasionally assume this role to ensure the ceremony’s continuation. A similar pattern is observed in fishing, where women have increasingly taken on roles and responsibilities that are becoming more gender-inclusive.

I inquired about the protocols for grieving the loss of a loved one, referencing what Martina had shared about waiting before returning to the mountains. Rene affirmed that traditionally, individuals are expected to wait a whole year before resuming certain ceremonial practices and responsibilities. “You’re supposed to step back,” she explained. During this time, one is not permitted to go into the mountains or to digging areas, as doing so would be considered taboo. “You go out there and you’re digging the roots, you’re picking the berries—and those berries and those roots won’t never come back again.”

Instead, others step in to care for those responsibilities. Rene recalled how, after her brother passed away in 2023, people brought her family roots and berries. “They’d go up and dig the roots, and then they bring them in garbage bags so we could feed them and take care of them, so we’d be ready for the memorial.” She added that they brought “gallons of berries,” emphasizing the collective effort involved in honoring this time of mourning.

When I asked about the impact of treaties on ceremonial practice and cultural continuity, Rene was candid. “I’m going to be 110% honest,” she said. “I’m 54 years old, and I’ve never, ever read the treaty in my life.” Although she recalled her mother urging her to read it when she ran for Miss Yakama Nation in 1989—“you need to read the treaty, you got to understand what it’s about”—Rene admitted, “I just kind of glanced through it... I don’t know what it entails.”

Her understanding of treaty rights has since expanded through her work in the federal system, where she now encounters the practical implications of those rights. “I see a little more of what our treaty rights are and what we’re supposed to be able to do,” she noted. While these rights have some bearing on her life today, she acknowledged, “It affects me in some instances, but not in all of them.”

We discussed the broader disruptions that policies like treaty enforcement and boarding schools have had on ceremony, language, and intergenerational knowledge. Rene reflected on the challenges: “I don’t know that it’s actually really affected us to that extent here on the reservation,” she said initially. But then she added, “I can understand a little bit of Yakama... I can speak a little bit when I speak to my granddaughter, but that was my choice.” She acknowledged that the interruptions caused by suppression of ceremony and language had a generational effect: “Once that stopped, it’s no longer that you’re allowed to do that anymore—and that’s really hard.”

Rene also acknowledged the distance some individuals feel from ceremonial life, particularly those whose families were directly impacted by boarding schools or displacement. “There are some people that... come because they’re like, ‘I don’t know what I’m doing. Can somebody please help me?’” she shared. The vulnerability of those seeking reconnection reflects both a disruption in the transmission of knowledge and demonstrates the resilience of our culture and the desire of those who seek to reconnect to what was lost or severed in their lineage.

Rene noted that some community members, particularly those whose families were removed from traditional practices, may be unfamiliar with the Longhouse or its ceremonies. She shared, “There are some people that... come because they’re like, ‘I don’t know what I’m doing. Can somebody please help me?’” She described one enrolled Yakama man in his sixties who “has no idea what longhouse is about, what the church is about” because “he didn’t grow up in that” and “it was off the reservation.” Rene expressed her willingness to support his learning, saying, “He really wants to be part of it, to have that traditional feeling. So we’re trying to give him that experience and that exposure.”

Regarding cultural reconnection, Rene explained, “We have people that are coming in and we’re trying to learn and trying to teach and they’re willing, they’re eager. They want to know what it’s all about.” She identified language as a significant challenge, stating, “The language barrier... not too many of us speak the language.” While she “can understand it,” she “can’t speak it fluently,” and “those folks that are coming, they can’t understand or speak it.” She noted that “a lot of the people that are here, they don’t know, you know, they don’t speak it other than Deland, the leader. He speaks it, but there’s nobody else here that does.”

Rene described Deland’s journey, saying, “Deland came to us and he had never spoke Yakama before,” but “he wanted his Indian name, his grandmother passed away. He wanted his grandmother’s Indian name. And he said, ‘I’m going to learn how to speak[the] language.’ And

he did it.” She added, “He went to college, picked up the language class, and he learned it within a year.”

Rene emphasized that learning the Yakama language is deeply valuable when practiced in relation. “It’s good to have when you’re learning as long as you’re being able to talk to somebody else,” she explained. Reflecting on her own experience, she shared how her mother encouraged her to speak only to her in their native language: “She would tell her.... don’t talk to me in English. I only want you to talk to me... in Ichishkiin.” This method, although meaningful and expressed through action, was not without its challenges. “It was different because I wasn’t understanding because she’d have to repeat it all over,” Rene recalled, noting that her difficulty with pronunciation added another layer. “It was very frustrating for her because I couldn’t grasp my tongue, the dialects, because there’s 14 different dialects.”

Rene elaborated on the diversity of language across the Yakama Nation. “There’s 14 different tribes and bands in the Yakama reservation... here in the Wapato Longhouse, we say *chush*; over at Priest, they say *chush*. On the river, they say *cheesh*... each one has got a different dialect.” While some dialects are still actively spoken, she acknowledged that “some are not spoken.” She added, “Elders from the river—there’s not too many of them left. And um, one’s over at Priest Rapids, um there’s quite a few left over there that the children are picking it up. So, they’re learning it. So, yeah, our children here are trying to learn and we’re trying to know.”

When asked what she felt was most important for younger generations, Rene responded directly: “To learn the traditions, to follow our traditions... just be open-minded.” She described how she works to pass on this knowledge, particularly to her granddaughter. “She’s willing to learn, and I help, you know, I teach her... we’re sitting at the table today, and she was like, ‘ooh piyaxi [Traditional Root].’”

Rene noted that while many young people want to learn, distractions like gaming often interfere. “The younger generation does kind of want to learn more, but at the same sense, there’s this gaming thing going on.” She shared how one grandson is involved with drumline but struggles to stay focused. “He just keep showing them backwards. But I try to push him and... assist him to staying in that line.” Another grandson, she noted, “doesn’t want to... he went to stay in the room and play games. All day long. It’s like, you can’t do that.” She expressed concern: “He should have been here today to pour water, ‘cause he’s a water pourer, but he wasn’t here.” Reflecting on generational change, she shared: “The tradition is slowly slipping away from them.” She emphasized the importance of early teaching: “But you teach them at this age... then it might stick.

Gathering with Care: Tmáani (pick berries, harvest fruit) in Practice

This next section reflects on my personal experience going into the mountains and participating with the women on the line for the Yakama Longhouse. My atwai grandfather (great-uncle) Russell Jim founded our Longhouse, the

White Swan Community Center. His wife, my great aunt Barbara Jim, is now one of the lead women, alongside my Kathlah (grandma) Carol Lucei, overseeing ceremonial and food gathering practices, coordinating the setup, cleaning, organizing, arranging the women on the line, and ensuring everyone has the necessary traditional clothing.

Growing up and attending the Longhouse, I always felt incredibly connected to the land and the religion, surrounded by immense love from family throughout the Longhouse community. I received the opportunity and honor of joining the women’s line for diggers and pickers only this past year. This presents an exceptional opportunity that carries significant responsibilities. Engaging in this work transcends mere routine; it involves forging a deep connection with the land.

As one of the leaders from the women’s line expressed, it is about “breaking your soul open to the berries,” allowing the land and self to intertwine. It requires the humility to embrace the healing, the medicine, present throughout the entire process. My teachers emphasized that keeping a good heart—and maintaining positive, grateful thoughts and feelings—is essential. We learned that the feelings and thoughts we experience while connecting with the land and gathering medicine must be respected and honored. This energy that we carry is absorbed into the medicine. If harmful thoughts occur during any part of the process (gathering, cleaning, preparing, or serving), then that energy will cling to the medicine and turn it sour.



Figure 7

Chcháyá (Juneberry) Bush. Not quite ready to harvest. These come before the Huckleberries and Chokecherries. Photograph by Hailey Allen

Tmísh (Chokecherries) of the Yakama Valley

I was preparing to go picking with the Swan sisters from the Longhouse when my 8-year-old daughter woke up early and asked where I was going. I reminded her, as I had before our visit, that this was a big opportunity: I was meeting the women to go berry picking. She jumped up, rubbing her sleepy eyes (we had traveled late the night before to Yakima and had only a little sleep) and said excitedly, “I want to go too!”

We got dressed, packed our lunch, and headed out to meet the women. Waiting in White Swan at the Cougar Den, we had breakfast and shared our excitement. I expressed my gratitude that she chose to take on this role, noting that by beginning her engagement with the living practice at such a young age, she would accumulate experience and knowledge to share with younger generations. It was a beautiful moment of learning together, the *Huli* in action.

After meeting up with the group of women, we headed into the valley for a day of picking chokecherries. Birds accompanied us along the route, flying, dancing, swooping, and twirling.

We spoke to the birds while my daughter smiled, trying to capture photographs of this interaction, absorbing and attempting to preserve the moment and the environment’s medicinal qualities—the place where our ancestors have been for centuries and beyond. We marveled at the rolling hills surrounding us. The day was beautiful and unusually cool for early August in this semi-arid region. I experienced a profound somatic response, an awareness of my body’s cells vibrating with ancestral memory, a reawakening of our DNA in relation to this place, and a reinforcement of the deep interconnection between land, body, and heritage. We were grateful for this opportunity to pass on and participate in our traditional ways.

A few days before meeting the women, I spent the day harvesting *wisik* (blackberries) in Ferndale and dedicated the evening to making jam for the first time, canning the jars as gifts.

This process of gathering and preparing gifts was infused with intentional care, reflecting a longstanding family practice rooted in the Indigenous principle of reciprocity—a continual cycle of giving and receiving that sustains relationships.



Figure 8
Tmishaash (chokecherry bush), White Swan, Washington.
Photograph by Hailey Allen

I presented the blackberry jam as an offering of gratitude and reintroduced myself to the women, as it had been many years since I had seen them. For the last decade, I had mostly gone to the Wapato Longhouse, while these women, family by marriage, were from the White Swan Longhouse, which I had rarely visited except for my children's pawanikt (name-giving ceremony) the previous summer. The act of giving, although modest, was important, especially as my daughter observed and absorbed this practice. The gifting acknowledged the interconnectedness between people, the land, and our ancestors. It also recognizes that we honor the privilege of gathering from the land and take seriously the responsibility to honor these gifts through generosity.

As we assembled for chokecherry picking, we formed a line along the dirt road, each holding their first cherry, a single chokecherry carefully grasped between the thumb and index finger of the right hand, arranged from oldest to youngest and facing east. We paused for prayer, song, and to introduce ourselves in Ichishkiin with our Indian names. We were grateful for the t'ixwt'xw (rain) sprinkling upon us, a gift that cooled the day, nourished the land, and quenched the first foods and medicines.

We spent the day picking, sharing stories, and my daughter made new friends. The women's ages ranged from just over one year old to elder matriarchs, reflecting intergenerational knowledge and cultural continuity.



Figure 9

My daughter, Ava Lien cleaning and drying her *Tmish* (Chokecherries). Photograph by Hailey Allen

Conclusion

At its core, this process has been dynamic and unrestrained, unfolding in cyclical rhythms and at its own pace. Guided by my heart, this cyclical and iterative process has enabled immersion in the research experience, shaping an approach that extends beyond observation and offers a reflective and reflexive ceremony. Through the fieldwork of berry picking, root digging, ceremonial runs, and elder interviews, I gained boundless knowledge, which provided a foundation for experimental and participatory research to become Indigenous scholarship.

This framework was understood and reflected upon through the lens of an Indigenous woman, making significant contributions to the academic exploration of Yakama culture. This research evolved into a ceremonial act, blossoming into an act of resistance that confronted and rejected colonial mechanisms of cultural erasure and eradication. By writing from within our cultural frameworks, we contribute to scholarly knowledge, sustain and transmit Indigenous teachings, and empower the women of our communities to take up this work.

These lessons enriched my understanding and illustrated the rich and sacred medicine that ceremonial research can offer. This was all made possible through the support and guidance of the women of the Longhouse and the elders who so graciously offered their hearts and shared stories, reflections, and immersive experiences with me, for whom I remain forever profoundly grateful.

Huli embodies knowledge as vitality, sustaining cultural resilience through intergenerational teachings and ecological stewardship. Through Yakama legends, ceremonies, and oral history, I have demonstrated how *Huli* propels the flow of knowledge and healing as a form of resistance to colonial disruption, highlighting Yakama women as critical bearers of resilience. I have found that, through the reverent stewardship of the Yakama women as keepers of traditional knowledge and positioned as the generative nourishment of the community and land, the stories, ceremonies, and practices of gathering and teaching have created a

collective effort toward healing historical wounds and reaffirming our sacred relationship to the land. I saw hope and vitality reflected in the eyes of the elder women and the leaders of the women's line. Their gratitude, like Huli, flowed

through the Longhouse, carrying the strength of their hearts and their commitment to honoring and preserving our traditional ways, reinforcing and nurturing a vibrant and hopeful future for the Seven Generations ahead.

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This article may be cited as:

Allen, Hailey. 2026. "Yakama Women at the Longhouse: Huli-Carried Medicine and Traditional First Food Ceremonies, Part 1." *Fourth World Journal* 25 (2): 24–50.

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Hailey Allen (Thx) is Yakama and Umatilla and recently earned a BS in Public Health, with minors in Political Science and American Indian Studies. A former CWIS summer intern, she now joins the organization as the Kiaux Russell Jim Public Health Research Fellow, where her work focuses on women's traditional medicine. Allen's path was shaped by her great-uncle, the late Yakama elder Russell Jim—a longhouse leader and environmental protector—whose commitment to community deeply influenced her approach to research and public health. Grounded in an Indigenous feminist lens, her scholarship centers on women's roles within the Yakama Longhouse. In *Women at the Longhouse: Part One*, she explores how medicine, ceremony, and First Food teachings sustain cultural knowledge across generations. Allen is also a mother of two, a distance runner, co-founder of Huli Boardshop in Ferndale, Washington, and a professional visual artist on the ArtsWA Public Artist Roster, creating bold, layered, abstract portraiture that centers Indigenous women.

Wombs, Washes, and Wisdom

Translational Ethnobotany and the Plant Healing Practices of Haitian Women in the Diaspora

By Ella T. Vardeman, Ph.D.; Shelsa Juste; Johanne Jacques; Hitline Lamarre; Edward Kennelly, Ph.D.; and Ina Vandebroek, Ph.D.

ABSTRACT

Community-driven research is important in studies involving women as knowledge holders, as it elevates their voices and agency. This case study adapts the concept of “translational research” following an ethnobotanical survey of Haitian women in New York City (NYC). Moving beyond documenting medicinal plants for women’s health, Haitian participants in community centers were engaged in transforming research findings into practical tools through focus group discussions, in which they re-evaluated and refined the outcomes based on their traditional knowledge and preferences. This collaboration resulted in co-created educational materials—compiled by researchers but authored by Haitian women—that are available in Haitian community centers in NYC and online. This model showcases translational ethnobotany, in which research proactively engages communities to generate practical resources that support their health, knowledge sharing, and cultural heritage. Future ethnobotanical surveys and funding bodies should recognize translational outcomes as essential for ensuring that research benefits communities at its core.

Keywords: Diaspora communities, Caribbean traditional medicine, immigrant health, health communication, ethnobiology, community outreach, Haitian Americans United for Progress, urban ethnobotany, women’s health

Introduction: From Haiti to New York: Women, Plant Medicine, and Translating Traditional Knowledge

Traditional medicine remains an essential healthcare resource worldwide, valued for its availability, accessibility, and affordability—especially in underserved rural and urban communities, as well as among immigrant populations in metropolitan areas (Vandebroek

2013). Although international health agencies have shown increasing interest, the broader significance of traditional medicine remains underrecognized (Hoenders et al. 2024). As a culturally grounded and community-centered system of care, it emphasizes self-management, health agency, social support, and spiritual well-being. However, these dimensions are frequently overlooked in policy, clinical practice, and academic research (Vandebroek 2023).

Women's traditional plant knowledge has similarly been marginalized in ethnobotany, the academic discipline that examines the relationships between people and plants (Nolan and Turner 2011). Historically, most ethnobotanists have been men, resulting in the underrepresentation of female knowledge holders in interviews, often in favor of older male community members (Howard-Borjas 2001). Even when researchers have included women in ethnobotanical studies, topics such as women's health were often left unexplored or generalized (van Andel, de Boer, and Towns 2015). Moreover, plants used for a wide range of reproductive health conditions, ranging from vaginal infections to ovarian cysts and fibroids, have often been grouped in the broad category of 'reproductive health' or 'women's issues' when analyzing data. This has widened the gap between academic and traditional knowledge systems, as many of the plants used by women remain significantly understudied in terms of safety and biomedical efficacy (van Andel, de Boer, and Towns 2015). At the same time, it is essential to recognize that medicinal plant knowledge has proven social and cultural efficacy, which does not require epistemological validation through laboratory studies to be meaningful or legitimate (Vandebroek 2023).

It is important to highlight the active role of women in Indigenous and traditional knowledge systems. For example, our work with first-generation Haitian women living in New York City (NYC) has demonstrated the continued cultural significance of using plants as medicine, both in Haiti and among the Haitian diaspora

(Vardeman, Kennelly, and Vandebroek 2024). Until our original research study, the most comprehensive ethnobotanical study on Haitian women's health was conducted in the 1980s (Weniger, Haag-Berrurier, and Anton 1982). Haitians, both in the Caribbean and the diaspora, have continually faced systematic oppression and repercussions of colonization since the 1400s when the Spanish first arrived on the island of Hispaniola (Laguerre 2016). As a result, essential resources, such as medical care, are not evenly accessible across Haiti (Gibson et al. 2013). The use of medicinal plants in Haitian culture is a testament to the resilience of the Haitian people in the face of health inequality.

By highlighting the role of Haitian women as essential knowledge holders, we aim to amplify their voices by bridging academic research and lived experience, and by creating culturally meaningful ways to return this transdisciplinary knowledge to the source community. In our previous academic research (Vardeman and Vandebroek, 2022; Vardeman, Kennelly, and Vandebroek, 2024), we aimed to understand the breadth and depth of medicinal plant knowledge and use among Haitian diaspora women currently residing in NYC. Building on these insights, this case study explores the ongoing role of plant medicine in Haitian cultural identity and situates our work within the framework of translational research. Initially developed in the biomedical sciences, *translational research* refers to the process of bridging research findings and practical applications to generate accessible and impactful outcomes that improve health and well-being (Sung et al. 2003; Zerhouni 2003).

Extending this concept, we propose the term *translational ethnobotany* to describe research that actively conveys traditional plant knowledge into culturally meaningful, community-informed outputs that support both health and cultural heritage

Research mixed methods overview

Research methodology

The research methodology for the ethnobotanical survey is described in detail elsewhere (Vardeman, Kennelly, and Vandebroek 2024). Briefly, after obtaining Institutional Review Board (IRB) approval, 100 Haitian women were recruited through convenience and snowball sampling in the Haitian neighborhoods of Flatbush, Brooklyn (Little Haiti), and Jamaica, Queens (Tongco 2007). Most of the participant recruitment was conducted through Haitian community organizations, including Haitian Americans United for Progress (HAUP). Several staff members at HAUP acted as translators during interviews in Haitian Creole. When we initially began recruiting participants for our research, we primarily visited *botánicas*, Caribbean-serving healing stores, around the city. However, we found that Spanish-speaking Caribbean immigrants visit these stores more frequently. We learned that community organizations, such as HAUP and Haitian churches, were the most effective outlets for recruiting participants due to their proximity to the NYC Haitian community. All participants were born in Haiti, 18 years old or older, presently living in New York City, had self-reported

familiarity with medicinal plants, and expressed a willingness to be interviewed. Participants were interviewed after obtaining Free, Prior, and Informed Consent (FPIC), which is a hallmark of ethnobotany research (Vandebroek et al. 2025). The City University of New York (CUNY) IRB reviewed and granted permission for our ethnobotanical research study (IRB #2022-0107-Lehman).

The questionnaire included both quantitative and qualitative components to assess plant knowledge related to women's health and consisted of the following three parts: 1) Utilization of medicinal plants; 2) medicinal plants for women's health; 3) background information on participants. The quantitative data from this survey have been published elsewhere (Vardeman, Kennelly, and Vandebroek 2024). In this paper, we synthesize our main findings into four overarching themes and present previously unpublished qualitative responses in the form of direct quotes, making space for participants to express themselves in their own words and offering an emic perspective that complements the quantitative data.

Reported plants were collected and vouchered by purchasing plant material in Haitian stores and Haitian street vendors in Little Haiti. Specimens were collected by asking staff if they had plant material available based on the common name. We identified specimens through the existing biocultural collection and botanical reference works at the New York Botanical Garden (NYBG). Specifically, specimens were

compared with relevant herbarium specimens or identified with botanical keys. Specialists were also consulted as needed for identification. Voucher specimens were deposited at the William & Lynda Steere Herbarium and contributed the first Haitian samples to the biocultural collection. These specimens are digitally available through the C. V. Starr Virtual Herbarium. Scientific plant names and geographic distribution followed the Catalogue of Life, and plant family names followed APG IV.

Focus groups and creation of outreach materials

After completing the ethnobotanical survey and conducting the initial data analysis, we facilitated a series of approximately 15 focus groups with HAUP clients, the preferred term at Haitian Americans United for Progress (HAUP). These sessions took place during English for Speakers of Other Languages (ESOL) classes held weekly or twice weekly in Fall 2023. The focus groups involved both conversational and PowerPoint-guided presentations of the ethnobotanical findings. Many HAUP staff and community members had previously participated in, or helped facilitate, the survey during Fall 2022; however, an estimated 20 male clients who had not been part of the original data collection also contributed to the focus group discussions.

Initial sessions focused on presenting the main findings from the survey, followed by group discussions among HAUP staff, the first author, and community members, to identify preferred types of outreach materials (e.g., books, community events, informational resources)

and relevant content (e.g., plant uses, recipes). Subsequent sessions explored the top-reported plants in greater detail, including their uses and preparation methods. Participants provided additional knowledge about each plant, including alternative uses, preparation techniques, and related cultural practices. These sessions filled the gaps in preparation methods and alternative uses that were not discussed during the initial survey.

One-on-one co-creation sessions were also encouraged for individuals with a particular interest in the project. All outreach materials were developed collaboratively with HAUP community members and staff, and insights from these sessions were incorporated into infographic posters and digital materials. These resources were made available to the HAUP community at their Brooklyn and Queens locations and were created using Canva software.

Results: Key findings from the ethnobotanical survey with Haitian women

Theme 1: “Because I am Haitian”: Cultural continuity through medicinal plant use

Our ethnobotanical survey with Haitian women in NYC found that the use of medicinal plants was widespread both before and after migration to the city. Participants overwhelmingly indicated that using medicinal plants was an essential aspect of Haitian culture. In several interviews, when asked, “Why do you use medicinal plants?” participants responded,

“Because I am Haitian” (e.g., participant 85, 30 years old; participant 76, 37 years old; participant 65, 65 years old). Knowledge of medicinal plants was intergenerational, primarily passed down through female family members, particularly mothers and grandmothers. When asked how they learned about medicinal plants, two participants (participant 76, 37 years old; participant 83, 32 years old) both stated, “because I grew up in Haiti with my grandmother.”

Quantitative results from our survey further showed that the Haitian community has developed a strong network, distinct from other Caribbean communities in NYC, that makes medicinal plants from Haiti available through local Haitian shop owners and community members. Throughout the interviews, participants expressed a longing for Haiti or the way of life they had experienced there, where they felt more connected to their community and nature. When discussing this topic, participant 84 (60 years old) stated, “All the plants were available in my backyard in Haiti.” Participants commonly cited “growing up in the countryside” as a reason for their knowledge of medicinal plants. However, participants also indicated that using medicinal plants was a way of life in Haiti, especially in the countryside, due to a lack of access to healthcare, as one woman illustrated: “I grew up in the country. We didn’t have doctors” (participant 42, age 54). Throughout the interviews, women reinforced the importance of using medicinal plants sourced from Haiti as a way to preserve their connection to their heritage.

Theme 2: Caring for the womb: Birth, recovery, and cleansing

The top three women’s health conditions that were most frequently treated with medicinal plants were birth and puerperium, vaginal infections, and vaginal cleansing. Almost every participant knew at least one medicinal plant used during birth and the several weeks following birth (puerperium). Throughout the interviews, several mothers indicated the importance of having these plants available from Haiti for their daughters. The knowledge of these plants was not restricted to women. In one interview, a participant who was pregnant indicated that her husband knew which plants she would need after giving birth. Plants used for vaginal infections and vaginal cleansing were interchangeable, as vaginal cleansing was seen as something necessary to prevent vaginal infections. Women reported the importance of vaginal cleansing once a month after menstruation. Plants used for these three conditions are primarily applied topically and therefore come into direct contact with the vagina and the vaginal ecosystem; however, the effects of these plants in the context of women’s health are understudied. Based on these results, we highlighted the need for further laboratory studies of popularly used plants for these conditions in our previous work. For vaginal infections, in particular, substances other than medicinal plants were also used, such as amoxicillin and permanganate. Haitian women indicated that for conditions perceived as “less serious,” including vaginal infections and cleansing, they were more likely to self-medicate with medicinal plants or substances than visit a doctor.

Theme 3: Shared Plants, distinct Practices: Haitian and Dominican women's health traditions in NYC

Our previous work also compared ethnobotanical knowledge of women's health between the Haitian and Dominican communities in NYC. The latter community consisted of 165 survey participants, both genders older than 18, who were born in the Dominican Republic and had moved to NYC (Vandebroek and Balick 2012). The majority of the plants used by both communities were food plants. This result aligns with previous ethnobotanical studies, which have indicated that immigrant communities in urban environments adapt their plant pharmacopeias to include plants that are more easily accessible (Vandebroek and Balick 2014). We found that many women's health conditions treated with medicinal plants were similar between the two communities. However, medicinal plant use for birth and puerperium was more culturally significant in the NYC Haitian community. This likely reflects the relative inaccessibility of maternal healthcare in Haiti compared to the Dominican Republic, as one participant (a 54-year-old female) explained when asked why she knew about medicinal plants: "because I had children in Haiti." While both communities shared many plants for women's health, very few were used for the same conditions. For example, common food plants such as *Syzygium aromaticum* (L.) Merr. & L.M.Perry (jiwòf, cloves; 91 use reports), *Petroselinum crispum* (Mill.) Fuss (pési, parsley; 82 use reports), *Carica*

papaya L. (fèy papay, papaya; 51 use reports) were uniquely reported by Haitian women for women's health compared to the Dominican community. These findings underscore the unique composition of each Caribbean community's pharmacopoeia, which is the culturally specific body of medicinal knowledge and practices through which communities identify, prepare, and use plants for health and wellbeing.

Theme 4: All medicine comes from plants, but the dose makes the medicine

Haitian participants reiterated their strong belief in the efficacy of medicinal plants throughout the interviews. Several participants mentioned how medicinal plants were the way people used to heal themselves: "Back in the day, it was all we needed" (participant 85, 30 years old). Other participants highlighted the role of plants in Haitian culture as a reason they believed in the efficacy of medicinal plants: "It's the culture I grew up in" (participant 58, 22 years old) and "I believe in it because it is how I was raised" (participant 33, 39 years old).

Confidence in medicinal plants also stemmed from the belief that "all medicine comes from plants" (participant 95, 39 years old; participant 88, 56 years old; participant 64, 40 years old; participant 65, 65 years old; participant 35, 67 years old) and that using medicinal plants is "going straight to the source" (participant 65, 65 years old). Participants also listed their faith as a reason for believing in medicinal plants: "God

created a world with all medications” (participant 100, 69 years old) and “[plants are] God’s gift to us” (participant 75, 32 years old). However, the safety of medicinal plants was an important concern for many participants. As participant 11 (39 years old) stated when asked whether they believed medicinal plants were dangerous, “Every plant is dangerous if you don’t know the dosage.” Similarly, participant 90 (28 years old) said, “Plants can cure anything, it’s all about the dosage”. The emphasis on dosage also emerged during the focus group sessions and directly influenced the focus of the outreach materials.

Translating research into practice through co-creation

Early discussions during focus groups generated a list of information that community members would most like to see on physical outputs for each popular plant medicine from the survey, including plant names in English and Creole, how to identify the plants (including pictures), benefits and risks of plants, the importance of each plant to the Haitian community, and safety precautions. The title of the outreach materials in Creole, “*Fèy se sante fanm*,” was generated during group discussions, expressing the idea that medicinal plants (fèy) are central to women’s well-being and traditional healing.

Following the focus groups, discussions evolved into co-creation sessions focused on developing content for educational materials. The

goal of these materials was to rematriate/repatriate traditional knowledge from both the initial ethnobotanical survey and information generated by community discussion. Each co-creation session consisted of presenting the results of the ethnobotanical survey for each of the top 25 popularly reported plants, including their common names, reported uses for women’s health and other conditions, preparations, and any additional notes from the survey (Figure 1). Both men and women participated in the discussion and demonstrated substantial understanding of medicinal plants related to women’s health. Even for plants associated with more sensitive reproductive conditions, such as vaginal infections and cleansing, men participating had input on the applications and preparations of plants that their wives, mothers, and other relatives use. Women participating did not express embarrassment when discussing sensitive topics. This openness was consistent with attitudes towards women’s reproductive health observed during the initial survey phase of the research. Even in the presence of male translators or interviewers, women appeared comfortable and unbothered discussing female reproductive health issues. One-on-one sessions with specific HAUP clients who had a particular interest in the project reviewed some of the materials generated.

Asosi

Yesken, Bitter melon

(*Momordica charantia* L.)

Identification

- Palm shaped leaves with toothed margins
- Vine
- Yellow flowers with 5 petals

Availability

- Fruit is available in some grocery stores and markets
- Leaves available at variety stores and *botanicas*



Haitian preparations for women's health

Condition	Plant part	Method of administration	Dosage	Mixture plants	Notes
Birth and after birth	Leaves	Tea	Boil for 15 minutes until it changes color, add salt to taste		
Menstrual Pain	Leaves	Tea			
Vaginal infection	Leaves	Tea or wash			
Pregnancy	Leaves	Tea			Believed to enhance the child's complexion
Vaginal cleansing	Leaves	Wash			
Women's health tonic	Leaves	Tea			

Precautions, interactions, and limits described by the Haitian community

The leaves of this plant are generally considered safe by the Haitian community.

Other medicinal uses described by the Haitian community

- Fever
- Infections
- Allergic reactions
- To increase appetite

Importance to the Haitian community

This is a plant considered important to health and well-being in the Haitian community.

Figure 4

Example of a slide used during the discussion of *Momordica charantia* (asosi or bitter melon). During the co-creation sessions at HAUP, community members contributed supplementary knowledge (shown in bold), including details on dosage, precautions, interactions, medicinal uses and the plant's broader importance.

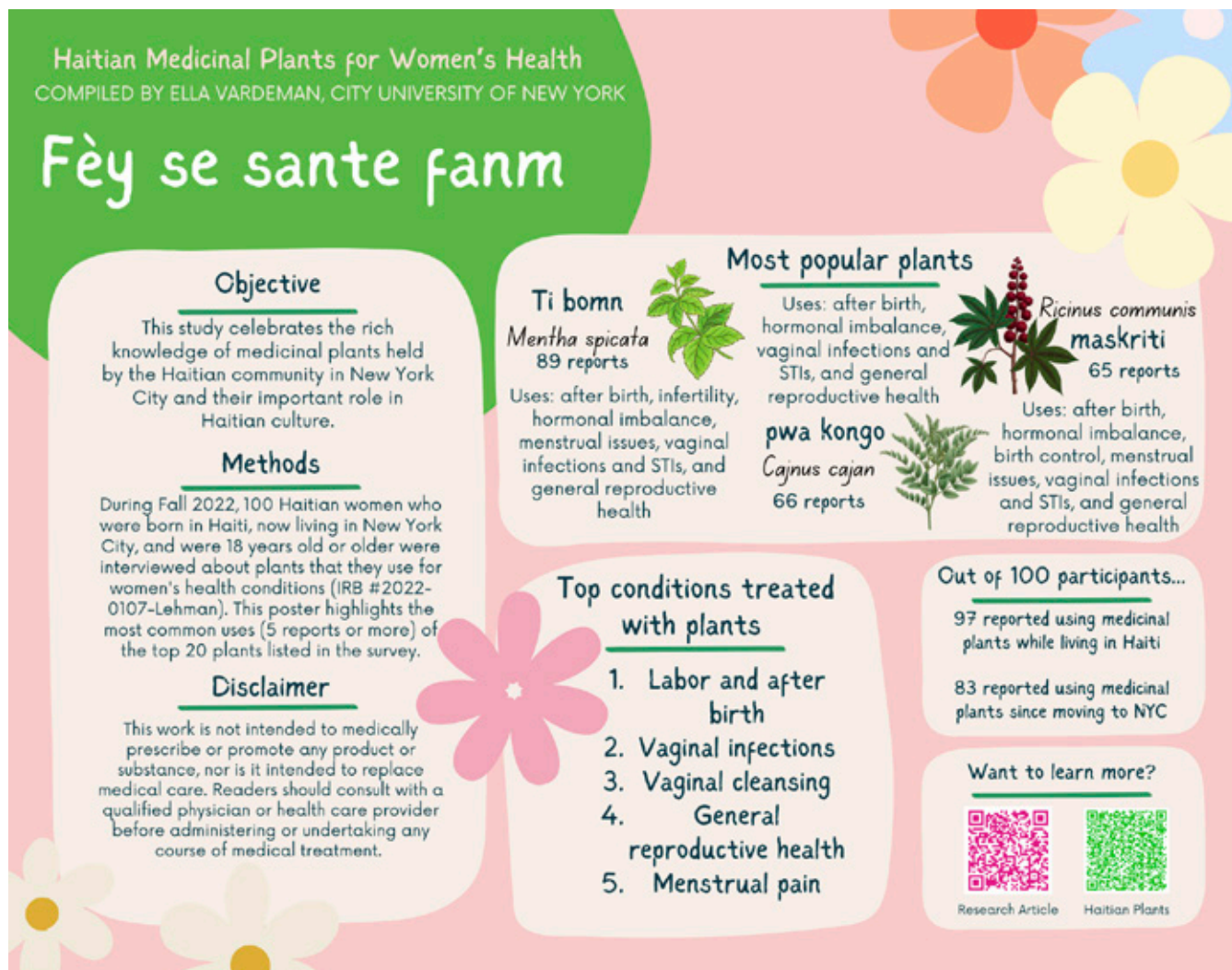


Figure 2

Informational poster in English available at both HAUP locations.

Prior to the focus group discussions, the goal was to create a physical book or pamphlet that would be available through HAUP, conveying the results of the survey. However, in co-creation with the community, we collectively decided to develop online materials to make the information more widely accessible. As a result, we developed two types of outreach materials. First, we designed

an English-language poster that communicates the primary survey findings (Figure 2) for each of the HAUP locations in Brooklyn and Queens. The poster contains information on the research methodology, a disclaimer regarding medical advice, highlights of survey results, and two QR codes. One QR code links to the Open-Access research article on the ethnobotanical survey,

published in the academic journal *Journal of Ethnopharmacology*, and the other links to an online slide deck published on Canva. The slide deck reiterates survey information from the poster, but also incorporates information on each of the top reported medicinal plants from the focus groups sessions, including their botanical (scientific), Creole, and English names, the number of participants who reported using the plant, each of the women's health issues and

other conditions reported, safety information, and a picture of the plant highlighting distinguishable botanical characteristics. (Figure 3). The slide deck also contains scientific information about the medicinal uses of several of the plants, as well as other safety information from the academic literature. Finally, a table organized by women's health conditions provides a summary of preparation methods from the survey and focus group sessions.



Figure 2

Example of information provided in the online slide deck for two of the top-reported plants from the ethnobotanical survey, *Mentha spicata* L. (Haitian Creole name, ti bomn) and *Cajanus cajan* (L.) Huth. (pwa kongo).

Discussion

Navigating Knowledge Boundaries: Reflections and challenges

Importance of Community in Building Trust

This research was only possible by using a community-based approach. As academically trained ethnobotanists and community outsiders, we initially faced challenges in recruiting participants. It was only after building relationships with organizations such as HAUP that deeper engagement with the community became possible.

Regrettably, the current political climate in the United States is changing these dynamics for foreign-born communities. A community-based ethnobotanical survey with immigrant communities, like the one conducted in 2022, may not be feasible in 2025. Tensions surrounding immigration have tremendously affected the Haitian community in NYC and other places. For example, one of the anticipated outputs from this project, as requested by the community, was to conduct an in-person community event featuring a tasting of medicinal teas for women's health, as well as facilitated discussions and celebrations of Haitian medicinal plants with Haitian women community members. However, after further discussions within the community, we decided that this was not a feasible outreach effort due to fears of gathering in the Haitian community. Researchers continuing to work with vulnerable immigrant groups should hold these important conversations with community members to make informed

decisions that protect and serve the entire community.

Balancing Academic and Traditional Knowledge

One of the bigger challenges in creating meaningful outreach materials was bringing together academic knowledge with traditional knowledge. From focus group discussions, community members indicated that certain plants were unsafe for particular age groups or pregnant women. Discussions on the safety of each plant arose regularly during sessions and reflected the importance of the dosage previously mentioned in interviews. However, the safety of several of the top-reported plants, which have evidence of toxicity in the academic literature, was not discussed in the focus group sessions. For example, castor bean, the species known by the Haitian community as *maskriti* (*Ricinus communis* L.) was a top-reported plant for women's health and holds great significance in Haitian and broader Caribbean culture, but is known to be toxic (Abomughaid et al., 2024). Neither during research interviews nor focus groups did any safety concerns arise regarding the use of this plant, despite what is known in the scientific literature. While most of the information generated for the outreach materials was either generated or requested during community discussions, we ultimately decided to include warnings and safety information for *Ricinus communis*. We followed the same approach for any other top-reported plants that had safety concerns in the scientific literature, with the goal of providing information relevant to traditional knowledge, allowing community members to make informed

choices about their health—whether they followed standard biomedical recommendations, cultural knowledge, or a combination of both.

Vaginal cleansing was one of the top three women's health conditions reported during the ethnobotanical survey. Many of the same plants and topical preparations, such as washes, are used to treat vaginal infections and STIs. However, public health data from the Haitian community in Miami indicates that using these herbs intravaginally can contribute to higher rates of cervical cancer and other reproductive infections (Menard et al., 2010; Seay et al., 2017). As mentioned previously, there is limited scientific information on the specific effects of these plants when used as vaginal washes (Andel van, Boer de, and Towns 2015; Vardeman & Vandebroek 2022). In order to balance the cultural importance of vaginal cleansing for hygiene and preventative healthcare in the Haitian community with adverse effects, we chose to omit directly listing any plants or preparations for vaginal cleaning in the outreach materials.

Abortion was also one of the top-reported women's health conditions during the survey. While many women interviewed had no problem discussing these plants, other women were hesitant to list any plants for the condition—particularly during interviews conducted at community churches. Community members voiced this concern during the focus group sessions and ultimately requested that we omit plants used for abortion as well.

Another challenge was correctly identifying botanical voucher specimens for plants used by the Haitian community for women's health.

Specimens were purchased by visiting Haitian vendors and requesting plants by their Haitian Creole common names. Many of the specimens available in commerce were dried and/or contained only one type of plant tissue (i.e., only leaves or only roots). Almost all specimens were sterile (without reproductive parts), which significantly increases the difficulty in identification (Salick & Solomon 2014). The biocultural herbarium and reference collection at NYBG contained many other medicinal plants that other Caribbean communities in NYC use. This collection was an invaluable reference in identifying Haitian medicinal plants. For more difficult specimens, I.V. is a trained botanist and specialist on Caribbean plants and was able to make identifications. Research groups aiming to undertake translational ethnobotanical research should assemble a multidisciplinary team that includes specialists in botany and ethnobotany.

Funding and Resources for Translational Ethnobotany

Another challenge for this project was adequate funding and resources to produce translational ethnobotany outputs. This research project was funded by the National Institute of Complementary and Integrative Health, the Office of Dietary Supplements at the National Institutes of Health, and the Garden Club of America. Funding for outreach materials, like those we ultimately co-produced with the community, was included as important research outcomes in the initial budgets and applications. However, other constraints limited the types of outreach materials we could produce, including bilingual materials.

Throughout the focus group discussions, the community reiterated the importance of making outreach materials available in both English and Creole. However, our limited language skills, funding, and time hindered our ability to complete the translation. During the ethnobotanical survey, we had funding to pay translators who assisted with Haitian Creole interviews. However, these interviews were verbal. Many translators who are fluent in speaking Haitian Creole are not necessarily fluent in writing Haitian Creole. It would require a significant amount of time and funding to support someone in fully translating all the materials into Creole with the level of detail required. Currently, we do not have all the materials available in Creole. In future translational ethnobotanical projects, we plan to make this a priority from the outset.

Conclusion: A model for empowerment

This case study, including both its research and outreach components, offers a model for translational ethnobotany. Translational ethnobotany is an approach that extends beyond documenting plant use from an academic perspective to actively transforming ethnobotanical knowledge into culturally meaningful and accessible materials that directly benefit the source communities from which the knowledge originates. This includes having Haitian co-authors on academic publications. With this work, we moved from classical ethnobotanical scholarship to creating usable tools with and for community members. Our experiences in research and outreach highlight the importance of community-based ethnobotany, both as a practical starting point for

ethnobotanical projects and in making decisions regarding research and outputs that benefit the community. In the Haitian community, community centers such as HAUP and Haitian churches played a central role in this project. There was no single person or leader making decisions about what was best for the community. Instead, we adopted an approach that incorporated and involved as many community members as possible to inform choices for the community.

This research project focused on women's health, with Haitian women at the center of disseminating traditional knowledge within the Haitian diaspora community in NYC. Future research efforts should acknowledge both diasporic and traditional knowledge systems, with a particular focus on the roles of women in sustaining them in urban settings.

Acknowledgements

The authors heartily thank all interviewees for participating in the interviews. The Haitian community holds sole ownership over their traditional knowledge and biocultural heritage. The authors would also like to express deep gratitude to Haitian Americans United for Progress for their kind assistance in facilitating and translating interviews.

Funding

This work was supported by the National Institutes of Health [Grant Nos. R21 AT001889, F31 AT011471] and The Garden Club of America Anne S. Chatham Fellowship for Medicinal Botany.

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This article may be cited as:

Vardeman, Ella T., Shelsa Juste, Johanne Jacques, Hitline Lamarre, Edward Kennelly, and Ina Vandebroek. 2026. "Wombs, Washes, and Wisdom: Translational Ethnobotany and the Plant Healing Practices of Haitian Women in the Diaspora." *Fourth World Journal* 25 (2): 51–67.

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Nomadic Tribes and the Integration of Health, Wellness, and Traditional Ecological Knowledge in India

By Amit Rawat, Ph.D.



Figure 1

Nomadic pastoral family in Rajasthan at a temporary desert encampment, illustrating the intergenerational transmission of ecological knowledge and community-based health practices among mobile tribes in India. Photograph by intek1 / iStock.

ABSTRACT

This paper examines the intersection of health, wellness, and traditional ecological knowledge (TEK) among nomadic and denotified tribes in India through a critical ethnographic and feminist lens. Drawing on fieldwork conducted with the Raika, Van Gujjar, and Sansi communities, the study highlights how these groups sustain culturally rooted health systems that are deeply embedded in ecological relationships, seasonal rhythms, and gendered knowledge transmission. Despite possessing rich medicinal and healing traditions, these communities remain excluded from formal healthcare due to historical criminalization, legal invisibility, and policy designs that favor sedentary populations.

The research underscores the need for pluralistic, mobile, and culturally respectful health models that integrate traditional healers, recognize women's roles as health custodians, and protect indigenous knowledge through legal and institutional frameworks. Through thematic analysis, the study proposes a reimagining of public health in India—one that is inclusive, decolonial, and responsive to the lived realities of nomadic peoples. The findings advocate for policy transformation rooted in participatory governance, ecological justice, and epistemic plurality.

Keywords: Nomadic Tribes, Traditional Ecological Knowledge (TEK), Indigenous Health Systems, Feminist Ethnography, Denotified Tribes, Medical Pluralism, Public Health Policy, Epistemic Justice, Gender and Healing, Community Health Integration

1. Introduction

India is home to over 10–12% of its population comprising nomadic, semi-nomadic, and denotified tribes, according to the Renke Commission (2008). These communities remain largely excluded from developmental frameworks due to their mobile lifestyles, historical criminalization, and lack of political visibility (Renke 2008; Bhukya 2014). Despite systemic marginalization, they have preserved intricate systems of traditional ecological knowledge (TEK), especially related to health and wellness, passed orally through generations. This paper explores how these indigenous practices intersect with modern public health, emphasizing how a feminist lens can expose the gendered dynamics of knowledge production, care work, and institutional neglect of women as healers and knowledge bearers (Haraway 1988; Fricker 2007).

Nomadic tribes such as the Banjaras, Van Gujjars, Gaddis, and Rabaris have historically engaged in pastoralism, salt trading, and forest-based livelihoods, which require mobility across

regions (Sharma 2010; Baviskar 2003). Their nomadic identity, however, clashes with the sedentarist bias of modern state institutions, which base welfare delivery on fixed domiciles (Scott 1998). As a result, they are systematically excluded from ration systems, health schemes, and electoral representation (NCDNT Report 2017). The colonial-era Criminal Tribes Act (1871) further institutionalized their stigma, branding them as hereditary criminals. Although repealed in 1952, its effects persist through policing practices and social discrimination (Radhakrishna 2001; Bhukya 2014). This history of state violence and bureaucratic invisibility impacts their access to health services, education, and ecological rights.

The dominant public health model in India, structured around Primary Health Centres (PHCs) and state hospitals, operates on a sedentary assumption, failing to serve mobile populations (Dasgupta 2006). Nomadic communities often lack access to basic healthcare due to documentation issues, geographic remoteness, and cultural mistrust toward

biomedical systems (Banerjee & Raza 2020). Government schemes such as Ayushman Bharat require Aadhaar registration and residence proof, which many nomadic tribes lack (Ghosh 2018). Moreover, cultural insensitivity among health workers, who often dismiss indigenous healing as superstition, results in alienation and underutilization of services (Lang & Bartram 2012). This institutional blindness to non-Western health paradigms perpetuates poor health outcomes and reifies the marginality of nomadic lives (Agrawal & Gibson 1999).

TEK encompasses locally evolved knowledge systems that reflect a community's interaction with their ecological environment (Berkes 1999). For nomadic tribes, TEK is inseparable from their landscape forests, rivers, and pastures, where health and healing are based on observations, rituals, and ecological balance (Sundar 2000). Communities like the Van Gujjars use forest herbs to treat respiratory infections and gastrointestinal ailments (Saberwal 1999), while Gaddis of Himachal Pradesh rely on altitude-specific flora for pain and stamina (Kapoor 2015). This knowledge is intergenerational, orally transmitted, and deeply gendered, with women serving as healers, midwives, and caretakers (Virdi 2012). These practices represent not just "traditional medicine" but a holistic worldview in which wellness, ecology, and cosmology are intertwined (Kothari 2014).

From a feminist epistemological standpoint, it is crucial to examine how women in nomadic tribes act as custodians of TEK, especially in health-related practices (Haraway 1988; Harding

1991). Yet, state and scientific institutions often devalue women's knowledge as "unscientific" or "folklore," reflecting what Miranda Fricker (2007) terms epistemic injustice. Nomadic women manage reproductive health, herbal care, childbirth, and spiritual rituals—areas largely ignored in public health discourse (Pande 2011). The triple burden they face, productive, reproductive, and community labor, is compounded by lack of recognition, rights, and voice in policy formulation (Sen & Dreze 2002; Menon 2012). Feminist political ecology argues that when ecological degradation—like deforestation or pollution occurs, women are the most affected, especially in terms of water access, hygiene, and care labor (Agarwal 1992; Rocheleau et al. 1996).

The Crisis of Health Knowledge Integration

Despite the richness of TEK, it is rarely integrated meaningfully into mainstream healthcare. The AYUSH system in India promotes Ayurveda, Unani, and Homeopathy, but largely excludes localized, community-driven, and oral health traditions, especially those practiced by nomadic or tribal women (Lang & Bartram 2012; Reddy 2019). Biomedical systems tend to extract "useful" compounds from herbs while disregarding the contextual, cultural, and spiritual significance of healing practices (Shiva 2007). This extractive logic undermines the very foundation of TEK and turns it into a commercial commodity. Feminist critiques call for dialogical models of health knowledge, where indigenous women are not passive subjects but

co-creators of policy and practice (Narayan 1989; Harding 2004). Participatory frameworks like community-based participatory research (CBPR) and bio-cultural community protocols are needed to ensure ethical collaboration and recognition (Baviskar 2003).

A transformative approach to nomadic health must be mobile, inclusive, and participatory. Mobile health units adapted to pastoral movement patterns, trained community health workers from within the tribes, and legal recognition of traditional healers are key policy steps (NCDNT 2017). Feminist-informed health systems must document and support women's knowledge of herbs, healing, and reproduction through oral history projects and ethnobotanical mapping (Shiva & Jalees 2003). It is also essential to create intercultural dialogue spaces where biomedical and indigenous systems can co-exist with mutual respect and non-hierarchical exchange (Kothari et al. 2019). Without addressing gendered exclusions and ecological displacements, any health policy for nomadic tribes remains incomplete. The invisibilization of nomadic knowledge systems and women's contributions to healthcare reflects deeper issues of epistemic hierarchy, patriarchal neglect, and colonial hangovers (Fricker 2007; Bhukya 2014). Moving forward requires more than service delivery—it calls for reimagining health itself as a pluralistic, ecological, and gender-just practice. A feminist lens not only brings attention to who is excluded from knowledge production but also helps us understand the interconnectedness of care, nature, and justice in health frameworks. By

honoring nomadic TEK and embedding women's voices at the center, India can craft a public health paradigm that is both inclusive and sustainable.

2. Methodology

This study employs a qualitative, critical ethnographic methodology rooted in feminist and decolonial frameworks to explore the intersection of health, wellness, and traditional ecological knowledge (TEK) among nomadic tribes in India. Fieldwork was conducted among the Raika (Rajasthan), Van Gujjars (Uttarakhand), and Sansis (Punjab-Haryana) using participant observation, in-depth interviews, and focus group discussions, supplemented by document analysis of NGO reports and government policies. The research design emphasized community participation, oral traditions, and gender-sensitive inquiry, particularly highlighting the role of women as healers and knowledge-bearers. Data were thematically analyzed using a constructivist grounded theory approach, ensuring that codes and patterns emerged from lived experiences rather than imposed frameworks. Ethical protocols such as Free, Prior, and Informed Consent (FPIC) and feedback loops were integral to the process, aligning with a commitment to epistemic justice and collaborative knowledge production.

3. Historical and Sociocultural Context

Understanding the historical and sociocultural trajectory of nomadic tribes in India requires a critical examination of how mobility, identity,

and statecraft have intersected over time. Nomadic tribes, including pastoralists, itinerant performers, artisanal groups, and forest-based communities, have long constituted an essential part of India's social and economic fabric. Their knowledge systems, seasonal movement patterns, and self-sufficient economies have historically contributed to the ecological balance and cultural diversity of the subcontinent. However, colonial classification, post-independence legal frameworks, and bureaucratic exclusion have systematically marginalized these communities, leading to socio-economic disenfranchisement and erasure of their traditional knowledge systems.

3.1. Colonial Classification and the Criminal Tribes Act

The colonial administration in India viewed mobile populations with suspicion and discomfort. As James C. Scott (1998) has argued, modern states, including colonial regimes, have historically struggled to administer and control mobile groups, as mobility challenges the logic of surveillance, taxation, and census-making. In British India, this discomfort crystallized into legal repression through the *Criminal Tribes Act (CTA) of 1871*, which categorized several communities as “hereditary criminals.” This law did not criminalize acts but entire communities based on perceived nomadic and “unsettled” behavior, thus instituting a regime of surveillance, forced settlement, and moral judgment.

This act, applied disproportionately to groups such as the Banjara, Pardhi, Sansi, Nat, Kanjar, and Dombari, labeled over 200 communities as

criminal by birth (Radhakrishna 2001). Colonial officials justified this by arguing that nomadic groups were “anti-social” and “genetically predisposed” to crime—a belief rooted in the racialized pseudoscience of the time (Nigam 1990). Children born in these communities were also marked as criminals, and entire settlements were subjected to daily roll calls, restricted movement, and forced resettlement. This deeply stigmatizing classification had long-term implications for the community's access to land, education, health services, and citizenship. While the British claimed that this was a measure of social reform, it was in fact a means to ensure greater administrative control and to break down indigenous economies that functioned outside the colonial tax structure (Dirks 2001). The CTA's legacy was not only legal but psychological—it established an enduring perception of nomadic tribes as inherently deviant and outside the pale of civilization.

3.2. Denotification and Post-Independence Neglect

After India gained independence, the Criminal Tribes Act was repealed in 1952, and communities were officially “denotified.” However, this act of denotification did not entail social rehabilitation or restitution. Instead, many of these communities were brought under the *Habitual Offenders Act (1952)*, which permitted the police to monitor individuals based on prior records and “suspicious” behavior (Bhukya, 2014). While the label of criminal tribe was formally removed, its stigma persisted in policing, governance, and popular imagination. The Indian

state, while modernizing its institutions, retained many colonial ideas of social ordering—especially in relation to nomadic and forest-based groups (Gupta 2012).

Unlike Scheduled Tribes (STs), which received constitutional protection and affirmative action benefits, denotified and nomadic tribes (DNTs/NTs) were left out of most welfare policies and were not classified under any uniform category (Renke Commission 2008). This legal ambiguity meant that most DNTs and NTs were excluded from reservation benefits, access to institutional education, health services, or legal protection. They existed in a liminal state—neither fully included in welfare structures nor formally acknowledged as vulnerable populations (Baviskar 2003). The 2008 report of the National Commission for Denotified, Nomadic and Semi-Nomadic Tribes (commonly called the Renke Commission) noted that over 1,500 nomadic and semi-nomadic communities in India remained socially and economically backward. The Commission found that 89% of DNTs did not have access to housing, only 11% of children attended school, and less than 4% had any access to health services or identity documentation (Renke 2008). These figures underscore how historical injustice and bureaucratic neglect continue to shape the material conditions of these communities.

3.3. Cultural Misrecognition and Stereotyping

Apart from legal exclusion, nomadic tribes also suffer from cultural misrecognition. Their lifestyles, worldviews, and traditional practices

are often caricatured in dominant narratives. Popular media frequently represent them as backward, exotic, or deviant, reducing diverse communities to tropes of snake-charmers, thieves, or wandering entertainers (Bhukya 2010). This representational violence compounds their legal marginalization and justifies their continued exclusion from the “mainstream.” Pierre Bourdieu’s concept of symbolic violence is particularly useful here: it refers to the imposition of systems of meaning and classification that legitimate the status quo and normalize the inferiority of marginalized groups (Bourdieu 1977). For nomadic tribes, symbolic violence is enacted when their knowledge systems are dismissed as superstition, their healing practices are ridiculed, or their mobility is treated as criminal intent. Feminist scholars have further noted how women in these communities are often doubly marginalized both by dominant society and by patriarchal structures within their own communities (Agarwal 1992; Viridi 2012).

3.4. Mobility and the Modern State: The Sedentarist Paradigm

The Indian state, like many modern nation-states, is inherently sedentarist in its design. Welfare services such as healthcare, rationing, pensions, and education are built around the assumption of fixed residence. This creates enormous challenges for nomadic and semi-nomadic populations, who often lack permanent addresses, voter IDs, or Aadhaar cards (Ghosh, 2018). Health interventions, especially immunization programs, maternal care, and disease tracking, rely heavily on documentation

and place-based monitoring. As a result, nomadic tribes are left out of disease registries, health subsidies, and preventive care frameworks (Banerjee & Raza 2020). This bureaucratic exclusion also interacts with ecological displacement. Many pastoral nomadic tribes have been evicted from forests and grazing lands in the name of conservation or industrial development. The Forest Rights Act (2006), though progressive in its framing, is rarely implemented in favor of pastoral groups due to the lack of “proof of residence” (Kothari et al. 2014). Women, who are the primary caregivers and medicinal knowledge holders in these communities, bear the brunt of this displacement as their access to herbs, water sources, and birthing spaces is disrupted (Shiva & Jalees 2003).

3.5. Loss of Intergenerational Knowledge

The historical and sociocultural marginalization of nomadic tribes has resulted in the erosion of intergenerational knowledge transmission. As mobility patterns are disrupted and young generations are pushed into informal urban labor markets, the oral knowledge systems related to ecology, health, and well-being are being lost (Berkes 1999). Women, who are often the custodians of this knowledge, find themselves silenced or displaced from the contexts where their expertise matters. Moreover, the lack of institutional recognition for these knowledge systems contributes to their disappearance. For instance, government health departments rarely consult traditional midwives or healers from nomadic communities when designing reproductive health policies. Nor is there

any formal documentation of ethnobotanical knowledge among these communities, leading to loss through neglect and bio-piracy (Shiva 2007).

4. Traditional Ecological Knowledge (TEK) Systems

Traditional Ecological Knowledge (TEK) refers to the cumulative body of knowledge, practices, and beliefs developed by Indigenous and local communities through their interaction with the environment over generations. For India’s nomadic tribes, TEK is not merely a body of knowledge about plants, animals, and healing practices—it is a living epistemology, an embedded worldview that integrates ecology, health, spirituality, and survival. Unlike codified textual traditions such as Ayurveda or Unani, the TEK of nomadic communities is oral, experiential, gendered, and deeply place-based (Berkes 1999; Sillitoe 2000). This section explores the richness of TEK among nomadic tribes, the specific role of women as healers and knowledge-holders, the challenges posed by ecological change and cultural erosion, and the necessity of integrating TEK into broader frameworks of public health and environmental policy.

4.1. TEK as an Adaptive, Localized Knowledge System

TEK evolves continuously in response to changes in the environment, weather patterns, migration routes, and livestock behaviors. Among nomadic pastoralists like the Van Gujjars of Uttarakhand, seasonal migration between summer and winter pastures is accompanied by a deep understanding of flora, fauna, water

sources, and disease cycles (Saberwal 1999). They are adept at identifying medicinal plants, interpreting animal behavior as ecological indicators, and managing herd health through non-invasive herbal remedies (Nair 2010). Similarly, the Gaddis of Himachal Pradesh, who herd sheep and goats in high-altitude terrains, possess intimate knowledge of alpine herbs, their properties, and their interactions with altitude-related illnesses such as hypoxia, joint pain, and fatigue (Kapoor 2015). These communities not only use plants like *kutki* (*Picrorhiza kurroa*) and *jangli lahsun* (*Allium wallichii*) for human health but also apply them to veterinary care, revealing the interconnectedness of human, animal, and ecological health systems—a principle now central to the One Health framework in global health discourse (Rock et al. 2009). What sets TEK apart from mainstream scientific knowledge is its situatedness—knowledge is context-specific, embedded in daily practice, and passed orally across generations. It is holistic, integrating not just biomedical concepts of illness but also spiritual, ritualistic, and emotional dimensions of health (Sundar 2000).

4.2. Gendered Knowledge: Women as Custodians of Healing

Within nomadic TEK systems, women play a central role as health practitioners, caregivers, and ecological stewards. They are often the first responders to illness in the household and community, especially in remote, forested areas where state health infrastructure is absent. Their knowledge of herbs, dietary practices, pregnancy care, bone-setting, fever management, and

mental health rituals is critical to community well-being (Virdi 2012). In the Rabari community of Gujarat and Rajasthan, women use *neem*, *ashwagandha*, and *turmeric* preparations for childbirth and menstrual disorders. The Banjara women of Maharashtra employ *amaltas* (*Cassia fistula*) and *harad* (*Terminalia chebula*) in digestive health and wound care. Many of these remedies are empirically effective and comparable to pharmacological treatments, yet are rarely documented or recognized by biomedical practitioners (Lang & Bartram 2012). A feminist lens reveals how such knowledge is routinely devalued and invisibilized. Miranda Fricker's (2007) concept of *epistemic injustice* is instructive here—when the knowledge of certain groups (especially women from marginalized communities) is ignored or dismissed because of prejudice, it perpetuates structural ignorance in mainstream institutions. In the case of TEK, the gendered division of labor positions women as the primary custodians of health-related ecological knowledge, yet their voices are rarely included in formal discussions about health policy, environmental governance, or rural development (Shiva & Jalees 2003; Narayan 1989).

4.3. TEK in Veterinary and Pastoral Practices

Nomadic tribes also possess rich veterinary knowledge, which is integral to their livelihoods. The Raikas of Rajasthan, traditional camel herders, are globally recognized for their ethno-veterinary expertise. They use *babool* (*Acacia nilotica*) and *dhamasa* (*Fagonia cretica*) to treat camel infections and understand reproductive

cycles, parasite control, and grazing rotation better than most government veterinarians (Lokhit Pashu-Palak Sansthan 2008). Such community knowledge has often filled gaps left by state veterinary services. In the Himalayan belt, the transhumant communities like the Bhutias and Bhotias use climatic indicators (like cloud patterns, plant flowering) to plan breeding and migration, thereby reducing animal stress and mortality (Saberwal 1999; Berkes 1999). These ecological insights are being eroded, however, due to changing climate patterns, shrinking grazing corridors, and displacement due to hydro-projects and protected area demarcation (Kothari et al. 2014).

4.4. Spiritual and Cosmological Dimensions of Health

TEK is not only empirical; it is also deeply cosmological. Healing is often seen as restoring spiritual balance rather than simply eliminating pathogens. Shamans, spirit mediums, and ritual specialists play an important role in diagnosing and treating illnesses perceived to be caused by spiritual disruption, ancestral disapproval, or ecological imbalance (Sundar 2000). Among the Dombari and Pardhi communities, illnesses are often explained through narratives of spirit possession or ancestral anger, and healing rituals involve chants, purification, and offerings. Such practices are not irrational but represent alternative ontologies of health and personhood, which Western biomedicine fails to recognize (Langwick 2011). Ignoring these perspectives in favor of exclusively pharmacological models of treatment leads to low uptake of state-sponsored health services and deepens mistrust.

4.5. TEK under Threat Erosion, Co-option, and Bio-piracy

Despite its richness, TEK faces serious threats in the contemporary world. Environmental degradation, displacement, deforestation, and the loss of customary migration routes are eroding the ecological context in which TEK survives (Agrawal 1995). Nomadic tribes are being forcibly settled, often in ecologically hostile terrains or urban fringes, where traditional knowledge becomes irrelevant or inapplicable. Moreover, commercialization and co-option of TEK, especially by pharmaceutical companies, pose another danger. Ethnobotanical knowledge from communities is often patented without consent, a phenomenon known as bio-piracy (Shiva 2007). The neem and turmeric patent cases are only the tip of the iceberg—communities such as the Baigas and Gonds, who have extensive herbal knowledge, remain vulnerable to exploitation without legal protection (Kumar & Kapoor 2010).

There is also an internal erosion of TEK as younger generations migrate to urban areas in search of work. With no formal mechanisms of documentation or recognition, much of this oral knowledge risks extinction within a generation (Berkes 1999; Shiva & Jalees 2003).

4.6. The Need for Integration and Epistemic Respect

To preserve and promote TEK, it must be integrated with modern health and environmental governance, not by assimilation but through respectful dialogue and co-creation. Public health systems must include community

healers, especially women, in their planning and execution. Ethnobotanical surveys, oral history projects, and bio-cultural community protocols are essential for documentation and ethical use (Kothari et al. 2014; Baviskar 2003). However, integration must not result in epistemicide, the erasure of indigenous frameworks under the guise of modernization. As Vandana Shiva (2007) and Suman Sahai (2003) have argued, TEK systems are not primitive remnants, but adaptive, sustainable, and vital for confronting modern ecological and health crises.

5. Health and Wellness Practices among Nomadic Tribes in India

Health and wellness among India's nomadic tribes are shaped by their ecological knowledge, cultural beliefs, and socio-political marginalization. These communities have historically developed self-sufficient health systems rooted in traditional ecological knowledge (TEK), spirituality, and community-centered care. However, systemic neglect, cultural invisibilization, and displacement have threatened these practices, making it imperative to recognize their value and embed them within a broader, more inclusive framework of public health. This section outlines the key features of nomadic health practices, the gendered dynamics of care, and the impacts of structural exclusion.

5.1. Holistic and Preventive Health Paradigms

Health for nomadic tribes is conceived not merely as the absence of disease but as a dynamic balance between the body, mind, spirit, and

environment. Illness is often interpreted through cosmological and ecological frameworks—as an outcome of spiritual imbalance, community disharmony, or violation of ecological norms (Langwick 2011). This worldview fosters preventive care that includes dietary regulation, seasonal detoxification, ritual purification, and communal wellness practices. Among the Van Gujjars of Uttarakhand, for instance, seasonal diets are aligned with forest cycles—light diets during migration and herbal infusions in the monsoon season for detoxification (Saberwal 1999). Similarly, Gaddis and Bhotias of the Himalayas engage in ritual fasting and use high-altitude plants like *kutki* and *chirayata* for liver and immunity support (Kapoor 2015). These practices are both curative and preventive, aiming to sustain equilibrium rather than treat symptoms alone. These holistic models resemble what anthropologists term as ethnomedicine—culturally specific systems of healing that combine biophysical understanding with ritual, narrative, and symbolism (Kleinman 1980). Such systems reflect deep ecological attunement and prioritize community resilience over individual treatment.

5.2. Ritual and Spiritual Healing

Spirituality is central to wellness in nomadic communities. Illness is often seen as the result of spiritual disruption caused by ancestral anger, taboo violations, or malevolent forces. Healing, therefore, involves not just herbal intervention but also ritual purification, chanting, drumming, or consultation with shamans (Sundar 2000). In communities like the Pardhis and Dombaris, illnesses such as epilepsy, chronic fevers, or

psychological distress are attributed to possession or spiritual pollution. Healers (often women or elderly men) perform diagnostic rituals, invoking deities or ancestral spirits to trace the source of the illness. Rituals are conducted in forest groves, with offerings and the use of sacred herbs like *tulsi*, *bela*, and *dhatūra*. These are not superstitions but symbolic tools to reestablish moral and ecological order. Such practices underscore non-Western ontologies of health, where the body is not isolated from its environment but deeply embedded within social and spiritual relations (Langwick 2011; Nichter 2002). Failure to understand these logics results in mistrust of biomedical systems, which are perceived as alien, impersonal, and dismissive of lived experience.

5.3. Reproductive Health and Indigenous Midwifery

Women in nomadic tribes play a vital role in maternal and reproductive health, often serving as traditional birth attendants (dais) and herbal experts. Their knowledge includes pre- and post-natal care, contraception, menstruation rituals, and miscarriage management—passed orally through generations. For example, Banjara and Lambada women in Maharashtra use *ashoka bark*, *neem leaves*, and *aloe vera* for regulating menstruation, healing postpartum wounds, and treating urinary tract infections. The Rabari women of Gujarat use *castor oil* massages and *asafetida* pastes to relieve labor pain and regulate infant colic (Virdi 2012). These women also maintain ritual taboos and dietary norms for

pregnant and menstruating women, based on a logic of ecological purity and bodily balance. However, these practices have been increasingly marginalized by public health campaigns that portray institutional childbirth as superior, ignoring the value of indigenous knowledge. This reinforces what Miranda Fricker (2007) calls epistemic injustice, wherein the knowers (tribal women) are disqualified from recognition in medical decision-making. Furthermore, maternal health indicators among nomadic tribes remain poor due to a lack of access to PHCs, mobile clinics, or state midwifery programs (Banerjee & Raza 2020).

5.4. Mental Health and Collective Coping Mechanisms

Mental wellness in nomadic tribes is approached through collective rituals, storytelling, music, and seasonal festivals. Psychological suffering is interpreted not as an individual disorder but as social or spiritual disharmony. Healing involves communal singing, shamanic trances, and nature immersion, which offer therapeutic release and social reintegration. For instance, the Nat and Kalbelia performers use dance and music as coping mechanisms for trauma, especially in the context of poverty, violence, and stigma (Bhukya 2010). Healing practices in such communities draw from embodied performance, emotional catharsis, and cultural continuity, rather than psychiatric diagnosis and pharmacological treatment. This contrasts with biomedical mental health models, which often fail to account for historical trauma

and cultural expression in marginalized groups (Kirmayer 2012). Such collective mechanisms reflect a communitarian approach to suffering, emphasizing interdependence, ancestral continuity, and ritual renewal, rather than individualized therapy.

5.5. Veterinary Practices and Human-Animal Health

Given their dependence on livestock, nomadic communities maintain elaborate ethno-veterinary practices that overlap with human health care. The Raikas of Rajasthan, for example, treat camel wounds using *babool resin*, *cow dung poultices*, and *salt compresses*. These remedies are applied with knowledge of animal pulse, diet, and seasonal behavior (Lokhit Pashu-Palak Sansthan 2008). Such practices not only ensure herd health but also prevent zoonotic transmission and promote ecosystemic balance—principles that align with the contemporary One Health approach, which links human, animal, and environmental well-being (Rock et al. 2009). Yet, veterinary services provided by the state often exclude such expertise, treating nomadic pastoralists as irrational or unhygienic. This disconnect reduces trust and uptake of services, reinforcing informal care systems that remain unsupported and undocumented (Agrawal & Gibson 1999).

6. Challenges to Health Integration

Despite possessing rich, context-specific systems of traditional health knowledge, nomadic tribes in India face severe barriers to having their

health needs recognized, resourced, and respected by the state. The integration of their traditional health and wellness systems into mainstream policy frameworks remains limited and often tokenistic. These challenges stem from structural invisibility, epistemological bias, administrative rigidity, and cultural misrecognition. This section explores these barriers with an intersectional lens—acknowledging the historical, social, and gendered dimensions of exclusion—and argues for a shift toward more pluralistic, participatory health models.

6.1. Structural Invisibility in Public Health Infrastructure

One of the foremost challenges is the structural invisibility of nomadic communities within the Indian health system. Public health planning and delivery mechanisms are designed around sedentary populations, assuming fixed habitation, address-based service delivery, and permanent access to state institutions. Nomadic tribes, by their very mobility, are rendered untraceable and unserved by schemes dependent on geographical stability (Dasgupta 2006). The absence of permanent address proof disqualifies many from enrollment in welfare schemes like Ayushman Bharat, Janani Suraksha Yojana, or Integrated Child Development Services (ICDS). Health data collected through government surveys, such as NFHS or DLHS, rarely include nomadic groups, resulting in invisibilization at the policy level (Banerjee & Raza 2020). As the 2008 Renke Commission report noted, over 98% of denotified and nomadic tribes lacked access to formal healthcare (Renke 2008). This institutional blind

spot perpetuates a cyclical exclusion without data; there is no policy; without policy, there is no resource allocation; and without resources, communities remain outside the formal health net.

6.2. Epistemic Discrimination and Devaluation of Traditional Knowledge

The Indian health system predominantly follows a biomedical model, which often views traditional health knowledge (THK) as unscientific, unverified, or anecdotal. This has led to epistemic injustice (Fricker 2007), wherein the lived expertise of community healers, especially women, is ignored or devalued in institutional discourse. Nomadic tribes possess intricate knowledge of medicinal plants, birthing practices, disease prevention, and herbal veterinary care. Yet this knowledge is not integrated into public health curricula or training modules. The Ministry of AYUSH, which promotes Ayurveda and other codified systems, also rarely acknowledges the non-codified, oral traditions of healing practiced by nomadic communities (Shiva 2007). Feminist critiques highlight how this dismissal is gendered—women, who are primary health custodians in these tribes, are doubly excluded due to their gender and their epistemic location outside modern science (Agarwal 1992; Narayan 1989). Their reproductive knowledge, birthing rituals, and herbal treatments remain unrecognized, while government health campaigns promote sterilization, institutional childbirth, and contraceptive implants without cultural consent.

6.3. Legal and Bureaucratic Marginalization

Nomadic tribes often fall into administrative grey zones. Unlike Scheduled Tribes (STs), many denotified and nomadic tribes (DNTs/NTs) are not uniformly recognized across states, and they often lack scheduled status, caste certificates, or even Aadhaar cards, which are essential for accessing health services (Bhukya 2014). The Habitual Offenders Act (1952), which replaced the colonial Criminal Tribes Act, continues to subject many of these communities to police surveillance and harassment, further deterring them from approaching public institutions, including hospitals (Radhakrishna 2001). Moreover, government health workers, who are often unfamiliar with tribal cultures, tend to view nomadic patients with suspicion or condescension. Studies show that discriminatory behavior by healthcare providers, including name-calling, denial of treatment, and shaming, prevents tribal women from accessing maternal and child health services (Dasgupta 2006; Viridi 2012). The lack of mobile health units, multilingual staff, or culturally competent outreach further alienates nomadic populations, especially in regions where seasonal migration coincides with vaccination drives or institutional childbirth campaigns.

6.4. Disruption of Ecological and Cultural Contexts

A significant portion of nomadic health and wellness systems is land-based and ecological—relying on forest herbs, sacred groves, migratory

routes, and biodiversity. However, modern development projects such as dams, highways, protected areas, and mining have disrupted these ecological lifeworlds, eroding both the availability of medicinal resources and the cultural spaces where healing takes place (Kothari et al. 2014). For example, Van Gujjars have been evicted from forest areas under conservation laws, losing access to grazing paths, rivers, and medicinal plants essential for their healing practices (Saberwal 1999). Baiga and Gond tribes in Madhya Pradesh face restricted access to forests despite their rights under the Forest Rights Act (2006) being legally guaranteed. This spatial dislocation leads to cultural disintegration, breaking the intergenerational transmission of health knowledge. Younger generations, drawn into wage labor or resettlement colonies, often lose access to both ecological resources and traditional healers, resulting in increased reliance on unregulated urban medicine or unqualified practitioners.

6.5. Gendered Vulnerabilities in Health Access

Women in nomadic tribes face unique health risks, exacerbated by their roles as caregivers, healers, and laborers. Constant mobility affects continuity of antenatal care, access to safe delivery, and treatment of gynecological conditions. The absence of menstrual hygiene facilities, lack of nutrition, and exposure to sexual violence during migration routes add layers of vulnerability (Viridi 2012; Ghosh, 2018). Moreover, government health campaigns often fail to engage with the cultural logic of

tribal birthing practices, pushing instead for institutional births without building trust or providing culturally safe spaces. Traditional midwives are not supported, trained, or integrated into PHC systems, leading to a loss of agency for tribal women over their reproductive health. Feminist public health scholars emphasize the need to move from interventionist models (where the state “delivers” health) to empowerment-based models, which recognize tribal women as knowledge-holders, not mere beneficiaries (Sen & Nussbaum 2000).

6.6. Need for documentation

In today's rapidly modernizing world, traditional knowledge is increasingly being forgotten, often overshadowed by technological advancement and globalized culture. This loss is compounded by a critical lack of documentation, as much of this wisdom spanning medicine, agriculture, craftsmanship, and oral history has been passed down verbally through generations. Without written or recorded records, these invaluable practices and insights risk disappearing entirely with the elders who hold them. The neglect of traditional knowledge not only weakens our cultural identity but also causes us to overlook sustainable, time-tested solutions that could address modern challenges. Therefore, there is an urgent need for official documentation through government and institutional efforts. Proper recording, classification, and preservation of traditional knowledge in archives, research databases, and educational curricula will ensure it is safeguarded for future generations and recognized as a valuable resource alongside modern science and technology.

6.7. Knowledge Appropriation and Bio-Piracy

Another challenge is the unethical appropriation of tribal health knowledge by pharmaceutical industries and research institutions. Without proper bio-cultural consent, ethnobotanical knowledge is extracted, patented, and commercialized while the original communities receive neither credit nor compensation (Shiva 2007). For instance, plants like *ashwagandha*, *guggul*, and *neem*, long used by tribal healers, have been patented abroad with minimal consultation. This amounts to bio-piracy, where the intellectual property of nomadic communities is expropriated under the guise of scientific advancement (Kumar & Kapoor 2010). Despite the Biological Diversity Act (2002) and the Nagoya Protocol, enforcement remains weak, and tribal customary rights over health knowledge are not systematically protected or documented. The integration of nomadic tribes' health and wellness systems into India's public health framework faces deep-rooted structural, epistemic, and cultural barriers. These challenges are not merely technical but fundamentally political, shaped by histories of colonial criminalization, caste-based exclusion, ecological displacement, and gendered silencing. To move toward equitable health integration, India must shift from a biomedical, top-down model to a pluralistic, participatory, and culturally respectful framework. This includes recognizing traditional healers, documenting oral knowledge ethically, ensuring mobile and inclusive health services, and empowering tribal women as frontline health workers. Without such transformative

efforts, the promise of health justice for nomadic communities will remain unfulfilled.

Opportunities for Integration of Nomadic Health and Wellness Systems

While nomadic tribes in India face profound exclusion from formal health systems, there also exist numerous opportunities for inclusive integration that respect, preserve, and revitalize their traditional health and ecological knowledge. Recognizing these opportunities requires moving beyond assimilationist models and toward intercultural and rights-based frameworks, which enable co-production of knowledge, institutional reform, and community empowerment. Integration should not aim to replace traditional knowledge with modern systems, but rather to recognize their equal epistemic value, allowing pluralism in how health and wellness are understood, practiced, and institutionalized (Nichter 2002; Fricker 2007).

Conclusion

The health and wellness practices of nomadic tribes in India represent rich, context-specific systems of ecological intelligence, social solidarity, and cultural resilience. These communities, historically marginalized and politically invisible, possess healing traditions rooted in centuries of lived experience with nature, community care, and spiritual balance. From herbal medicine and midwifery to seasonal detoxification and collective mental health rituals, their practices challenge dominant biomedical models by offering holistic, preventive, and community-centered paradigms of wellness.

However, these systems have long been excluded from mainstream health discourse, primarily due to colonial criminalization, epistemic bias, and structural neglect. The legacy of laws like the Criminal Tribes Act and the ongoing misapplication of the Habitual Offenders Act continues to cast suspicion on nomadic communities, marginalizing their voices in public institutions—including health care. Despite constitutional guarantees and democratic expansion, these groups remain largely unrecognized in national surveys, state records, and medical infrastructures. Their mobility is often mistaken for rootlessness, and their cultural knowledge is mischaracterized as superstition or backwardness. This paper has shown that integration is not only a matter of policy necessity, but also of ethical and epistemological justice. The health systems of nomadic tribes do not merely need “inclusion” into dominant structures; they demand co-existence, mutual respect, and intercultural dialogue. Integration must be pursued through models that recognize pluralism in medical epistemologies, and which empower nomadic communities not as passive recipients of aid, but as active agents and knowledge-holders in their own right.

One of the central arguments of this research is that health is inseparable from ecology, gender, and cultural identity. Women play a pivotal role in preserving and transmitting health knowledge across generations, acting as midwives, herbalists, and emotional caregivers. Ignoring their contributions amounts to a double marginalization—both as tribals and as

women. Feminist perspectives are therefore crucial in formulating health policy that not only reaches these women but respects their autonomy, expertise, and leadership. Moreover, the ecological embeddedness of health practices visible in the use of specific forest herbs, seasonal rituals, and animal-human interactions calls for a One Health approach that integrates environmental, animal, and human well-being in a synergistic manner.

The challenges to integration are formidable. These include legal invisibility, lack of health records, cultural alienation in public hospitals, bureaucratic rigidity, and displacement due to urbanization and conservation laws. Yet, as highlighted, these very challenges offer insights into opportunities for radical rethinking. By investing in mobile health units, multilingual and intercultural training of healthcare workers, certification of traditional healers, and legal protection for traditional ecological knowledge, the Indian health system can begin to undo the harms of historical neglect. Equally important is the role of participatory governance. Integration will only be meaningful if nomadic communities are allowed to define the terms of their health priorities and to co-create the tools of delivery and accountability. This requires not only decentralization but also restitution of dignity, voice, and cultural continuity. State-led efforts must therefore shift from a “service delivery” paradigm to a “partnership and empowerment” model, where knowledge flows both ways, and policies are shaped with, not just for, nomadic groups.

Furthermore, policy convergence is essential. Health cannot be siloed from education, land rights, forest access, or social welfare. Ministries must work together to build integrated, community-owned solutions. Without secure land and identity, no health policy—no matter how well-funded—can reach or sustain impact. The Forest Rights Act, the Biological Diversity Act, and the National Health Mission must intersect to ensure that ecological sovereignty is recognized as a prerequisite for cultural health sovereignty. In conclusion, the integration of nomadic tribes' health and wellness systems is a

transformative opportunity. It not only enriches India's public health landscape with ecological and cultural depth but also moves us closer to a truly inclusive and decolonized model of development. Recognizing these communities as healers, knowledge keepers, and ecological stewards challenges the epistemic violence of past policies and paves the way for a more just and pluralistic future. True health equity lies not just in reaching the marginalized but in learning from them, honoring their knowledge, and co-creating futures rooted in justice, dignity, and mutual care.

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This article may be cited as:

Rawat, Amit. 2026. "Nomadic Tribes and the Integration of Health, Wellness, and Traditional Ecological Knowledge in India." *Fourth World Journal* 25 (2): 68–86.

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The Healing Power of Māori Women's Ancestral Mark

By Shonelle Wana, Ph.D.

ABSTRACT

This paper explores the interaction between feminist and Indigenous epistemologies with a particular focus on Māori women in Aotearoa (New Zealand) and the contributions of Mana Wahine theory (the authority of Māori women). Māori are the Indigenous people of Aotearoa, with connections to land, environment, cultural traditions, and a worldview shaped by whakapapa (genealogy), wairua (spirituality), and collective identity. Colonization disrupted many of these traditions; however, Māori women have continued to hold and transmit Indigenous knowledge through the generations. This paper validates the healing practice of moko kauae (traditional female chin tattoo) as a prime example of Mana Wahine. The paper examines how Western feminist approaches can both align with and diverge from Indigenous ways of knowing. Drawing on Mana Wahine theory and the lived experiences of Māori women, it affirms the centrality of cultural identity in understanding Māori women's health and healing.

Keywords: Mana Wahine, moko kauae, Māori women, Indigenous healing, decolonization, whakapapa, Indigenous epistemologies, cultural identity

Introduction

Before colonization, Māori communities upheld a worldview that viewed gender roles as complementary. They recognized Māori women as leaders, healers, and knowledge holders, not confined to caregiving roles. Their authority was affirmed through positions such as tohunga (experts), as whare tangata (the house of life: womb), and as kaitiaki (guardians) of knowledge (Binney & Chaplin 1990). These roles reflected a deeply embedded cultural framework in which mana wāhine was valued and passed down intergenerationally (Mikaere 2011).

The arrival of European missionaries introduced patriarchal ideologies that elevated men above women and imposed a Western worldview onto Māori social structures. This colonial lens systematically devalued the status of Māori women and displaced them from leadership roles they had held for generations (Pihama 2001). Traditional practices, such as moko kauae, were condemned as symbols of primitiveness, despite their deep cultural significance as markers of strength, leadership, and service to the collective (Pihama 2010). What had once affirmed mana wāhine was reframed as shameful under colonial rule. This was not

incidental; it was a calculated effort to undermine Māori sovereignty by targeting wāhine and the vital cultural roles they embodied within Māori society..

In response to the ongoing marginalization and silencing of Māori women under colonial systems, Mana Wahine theory emerged as a framework for reclaiming voice, authority, and cultural identity (Simmonds 2009). Grounded in the lived experiences, whakapapa, and epistemologies of Māori women, Mana Wahine theory affirms the right of Māori women to define their realities and articulate their own narratives. It offers a direct challenge to the racist, sexist, and colonial ideologies that have historically sought to undermine Māori women's roles, cultural practices, and pathways to healing. Pihama (2001) describes Mana Wahine as not simply an adaptation of feminism; it is a theoretical framework grounded in te ao Māori (Māori world) and shaped by the unique experiences of Māori women.

This paper explores healing through the integration of Mana Wahine theory and moko kauae, demonstrating how these two frameworks operate together as both spiritual and political acts of reclamation for Māori women. While feminist theory has long examined the body as a site of resistance and empowerment, Indigenous women globally have called for theoretical frameworks grounded in their own cosmologies, cultural values, and histories of colonization (Phillips 2012). For Māori women, the resurgence of moko kauae represents more than a visual or aesthetic revival; it is a profound

expression of identity. It serves as a conduit to ancestral connection and spiritual healing, anchoring the physical body within a continuum of memory, whakapapa, and purpose (Wana 2021).

For many Māori women, healing involves a return to these foundations and a conscious unlearning of internalized colonial ideologies. It is a process of remembering the embodied knowledge carried in our stories, practices, and spiritual lineage. By centering moko kauae, Mana Wahine theory, and the lived experiences of Māori women, this article offers a form of restoration that supports both individual well-being and collective resurgence.

Feminist and Indigenous Epistemologies

The relationship between feminist theory and Indigenous epistemologies is both nuanced and generative. These frameworks often intersect in their critiques of systemic oppression and patriarchal dominance; however, they are grounded in distinct ontological foundations (Bardwell-Jones & McLaren 2020). Western feminist thought emerged from liberal traditions that sought to challenge gender-based inequities within patriarchal societies. In contrast, Indigenous peoples embed their knowledge systems in ancestral teachings, spiritual worldviews, and the interconnectedness of all life forms (Waters 2000). Within many Indigenous paradigms, communities understand gender as spiritually complementary and balanced rather than hierarchical. Māori knowledge is

not merely intellectual or abstract; it is lived and embodied. Epistemology is inherently intertwined with ontology; how we know is inseparable from how we are. Māori knowledge systems are grounded in a worldview that emphasizes the interconnectedness of the self with the whenua (land), whakapapa, and the spiritual dimensions of existence. This holistic approach reflects a relational understanding of being that permeates every aspect of life (Nicholson 2020). While feminist theory has made significant contributions to challenging systems of inequality, it has not always adequately accounted for the depth of interconnectedness that underpins Indigenous epistemologies.

Naomi Simmonds (2011) argues that Western feminist frameworks frequently fail to account for the full impact of colonization on Māori women, particularly the spiritual dimensions of that impact. As a result, Mana Wahine theory is not a derivative of Western feminism but an independent and culturally grounded framework. Due to the fundamental differences between Western feminist frameworks and Indigenous worldviews, Māori women have often found themselves navigating spaces that failed to reflect their cultural realities or values.

During the late 19th and early 20th centuries, some Māori women participated in the temperance movement, a campaign aimed at addressing the social harms caused by alcohol. While this movement provided an opportunity for Māori women to engage in public discourse and advocacy, it came with cultural compromises. To gain acceptance among non-Māori women

who were influenced by Christian morality and Victorian ideals, colonial and missionary pressures compelled Māori women to forgo traditional practices, such as receiving moko kauae (Pihama 2010). In this context, Western feminist theorists have at times reproduced colonial patterns by assuming a universal female experience, thereby overlooking the distinct histories, lived realities, and cultural epistemologies of Indigenous women.

For Māori women, the struggle for equity extends beyond resisting patriarchy; it also involves challenging the impacts of colonization and the erosion of Māori knowledge systems (Mikaere 2011). Moko kauae, a sacred design of identity and leadership, was viewed through a colonial lens as primitive and inappropriate. This historical example illustrates how colonization often required Māori to suppress aspects of their identity in order to be acknowledged within dominant societal structures. The significance of moko kauae extends beyond its design and is more than just ink on the skin. With each line emerges an invisible line that is only revealed when the skin is marked. The visible and unseen lines represent the unification of the body and soul, as well as the connection between the world of light and the world of spirit (Winitana 2011). Moko (traditional Māori tattoo) has a history that dates to when Māori lived in two worlds—the spiritual and the physical—and could freely travel between both (Mead 2003). According to Te Awekotuku (2012), the painful process of receiving moko was a transformative experience, marking a milestone and transition into a new role.

Years of cultural reconnection, self-reflection, and healing preceded my own journey toward receiving moko kauae. Before undertaking this sacred commitment, I developed the Moko Wahine Framework as a model founded on Māori values, identity, and leadership, which emerged from both my doctoral research and an intimate process of personal transformation. Spiritual guidance inspired the framework and led me to understand that moko kauae is not simply a symbol but a sacred calling.

As the creator of this framework, I understood that its design needed to be identifiable as a Mana Wahine symbol and serve as a culturally authentic model of Māori Women's leadership (Wana 2021). Grounded in Mana Wahine theory, the Moko Wahine Framework draws inspiration from

the sacred geometry of moko kauae, specifically that worn by my great-great-grandmother.

The design symbolizes the alignment of thought, action, and intention. Six interwoven principles guide the design, which is visually represented by three lines on each side of the moko kauae design, mirroring balance, duality, and harmony. These values were lived and embodied in traditional Māori women's leadership.

A leader guided by the principles of the Moko Wahine Framework upholds tika by doing what is right according to Māori values, even in the face of pressure. With pono, they lead with authenticity and self-awareness, staying true to themselves even when it is uncomfortable.

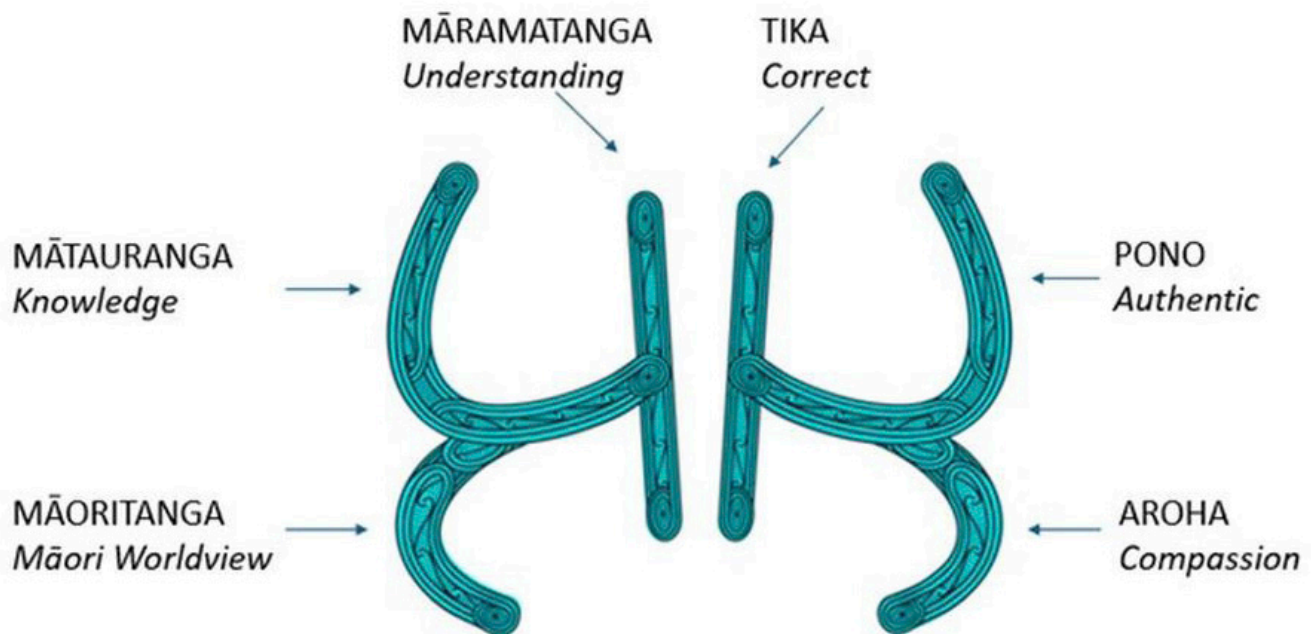


Figure 1

Moko Wahine Framework. 2021. Graphic by Shonelle Wana

Aroha grounds them in compassion, enabling deep listening, acknowledging others, and serving the collective without a personal agenda. Through māramatanga, they gain insight from lived experience, connecting the dots to guide others with clarity. Mātauranga drives their commitment to continuous learning, unlearning, and relearning in service of their people. Finally, Māoritanga positions their leadership from a Māori worldview, allowing them to navigate multiple worlds while remaining firmly grounded in identity and whakapapa.

Consistent with Smith's (1999) assertion that kaupapa Māori (Māori way of knowing and doing) research must remain accountable to the communities it serves, the framework maintains a responsibility to uphold and reflect the values, experiences, and aspirations of Māori. Inspired by the traditional Māori women leaders inherited characteristics, the Moko Wahine Framework serves as a culturally authentic guide to support current and future Māori women in leadership. It does not seek to adapt Māori women to fit within Western paradigms of leadership but rather affirms the validity and strength of leadership grounded in Māori worldviews and whakapapa.

In many respects, the Moko Wahine Framework can also be understood as a model of healing. It invites Māori women to see themselves not as fractured by trauma, but as whole beings moving through healing processes with purpose and grace. Each principle supports a return to our traditional values in the face of colonization, racism and survival.

Receiving my moko kauae was not a coincidence. It was a natural progression in the journey that unfolded through the creation of the Moko Wahine Framework. Rather than an endpoint, it marked a significant step toward embodying the values and principles I had been articulating in my research. The moko kauae became a visible, lived manifestation of the framework itself, engraved not only in theory but now revealed on my skin. The ceremony that accompanied it—the karakia (prayers) and the tears shed in that sacred moment—affirmed that the framework was not simply an intellectual exercise, but a spiritually led process of embodiment, identity, and leadership.

Collective Healing Through Sacred Lines

The decision to receive moko kauae is not influenced by aesthetic trends or superficial motivations but instead emerges from a sacred desire to reconnect with whakapapa, wairua and mana wahine, the inherent strength and authority of being a Māori woman. Moko kauae re-establishes the wearer's connection to her tipuna (ancestors), her whenua (land) and her whānau (family). Through this action wāhine experience a renewed sense of balance and an embodied sense of wellbeing that grounds them in both cultural belonging and spiritual purpose.

Healing for Māori women cannot be confined to Western biomedical paradigms. It is holistic, relational and deeply interconnected. This form of healing involves reclaiming what colonization sought to erase through the Tohunga Suppression Act 1907, which outlawed our voices, our healing

practices, and our spiritual connection to the environment and the sacred realm (Mikaere 2011).

For many wāhine, the healing journey toward receiving moko kauae begins well before the ink meets the skin. It is often initiated by a stirring, an intuitive sense, a tohu (spiritual sign) or a quiet calling from the ancestors. The period leading up to the ceremony is frequently marked by intentional reflection, karakia and ritual cleansing. This preparatory process nurtures the heart, aligning the individual for the sacred responsibility and transformation that moko kauae represents.

When the moment arrives to receive moko kauae, it is not simply a scheduled appointment; it is a sacred ceremony. The space is often surrounded by whānau, resonant with waiata (song), karanga (ceremonial call), and the shared emotion of the occasion. It is a deeply spiritual and transformative moment, rich with ancestral presence. The tohunga tā moko (traditional tattoo expert) is not merely an artist or technician; they are a spiritual conduit, an active vessel through which the mauri (life force) and sacred intent of the process are carried and expressed. Their role is to guide the ritual with reverence, acknowledging that what unfolds is part of something much greater than the individual.

In my own journey, the call to receive moko kauae had always been present like a quiet and persistent knowing that accompanied me through many seasons of life. For years, I carried trauma, both personal and intergenerational. I had learned to bear it silently, to keep moving

forward and to smile. As the time of preparation approached, I found myself wrestling with internal conflict and moments of deep self-doubt. To navigate these emotions, I sought guidance from my tribal spiritual leader, whose wisdom helped me to reconnect with my purpose.

During this period, I also began to receive dreams and subtle signs from the spiritual realm, like gentle affirmations that brought reassurance. Whenever uncertainty surfaced about my worthiness to wear moko kauae, these spiritual messages would return, calming my fears and reaffirming that I was walking the path intended for me. The moment I received my moko kauae, a profound internal shift occurred. It felt as though I had finally returned home to the deepest part of myself.

As the lines were taking form and the needle traced its path across my chin and then my lips, tears began to fall but not from physical pain, from the overwhelming presence of my ancestors. I could feel them wrapping me in their unconditional love, strength, and guidance. In that sacred moment I felt wholly supported and fully seen. My moko kauae was not merely an external marking, it was a spiritual homecoming and a powerful reconnection to those who had walked before me.

For many Māori women, the decision to receive moko kauae is not made lightly nor swiftly, but rather a gradual unfolding. In his doctoral research, Turumakina Duley (2025), a respected tohunga tā moko investigated the lived experiences of Māori women who had received their moko kauae.

One participant stated:

Getting my moko was a deeply emotional experience. It was a way of reclaiming my identity and expressing the pain and anger that colonization has caused. It's like wearing my heart on my face and it's a beautiful release of all those suppressed emotions (Duley 2025, 142).

Another woman spoke of the aftermath:

Since receiving moko kauae I do hold myself differently. The responsibility of moko kauae was huge. At the time, I was in a place where I wanted to do the work with moko kauae, at home, at the marae (tribal village) and in my workplace. I placed more expectations on myself; I'm still working on them. There was huge personal growth. I had to become immune to people staring, as I came to a point in my life that having moko kauae was already a part of me, was ingrained in me, was already in all of my being since before I was born. I am still learning (Duley 2025, 137).

Others spoke of the intergenerational impact:

I feel accountable, like being a mentor, carrying the moko kauae for our whānau and advocating for moko kauae to our hapū (subtribe), especially for our rangatahi (youth). But for our older ones in the lost generation, they're still struggling with the notion of carrying kauae moko, so I feel accountable to them. In terms of the wider community, I feel proud to carry it in the community (Duley 2025, 134).

I just think it was this huge gap caused by colonization or the loss of moko kauae and the

way that we tell our stories. In the native way. You know, beneath the moko kauae there's pūrākau (stories), karakia, waiata, all those other things that are attached to it, moko is just the visual display of it, but there's a whole heap of kōrero (conversation) that sits behind it, that's lost knowledge. My family lost touch with our Māori heritage for generations. We were disconnected from our culture and traditions and it felt like a piece of our identity was missing. When I got my moko, it was a way of reclaiming what was lost, of reconnecting with my roots (Duley 2025, 145).

These experiences are reflected in my own journey also. Moko kauae is a portal for healing not just for the individual, but for generations past and future. It says: *We are not invisible. We are not ashamed. We are sacred. We are still here.*

Each Māori woman who chooses to wear moko kauae carries not only her personal narrative but also the voices of her tīpuna and the aspirations of those yet to come. This form of healing is profound, reaching far beyond the individual. When a woman steps into her role with moko kauae etched on her chin, she actively resists colonial narratives that once sought to erase her existence, silence her voice, and confine her to the domestic sphere (Te Awekotuku 2003). Every act of reclamation reaffirms identity and sends powerful ripples of inspiration, resilience, and empowerment throughout the wider whānau, hapū, and iwi (tribe).

In many communities, wānanga (gathering), which are dedicated spaces for learning and

communal engagement, have evolved into profound sites of intergenerational healing, particularly when focused on moko kauae. These gatherings bring together rangatahi and kaumātua (elders), side by side to share pūrākau, waiata, heartfelt conversations, and moments of collective emotion. While integral to these events are the transmission of tikanga (Māori cultural protocols) associated with moko kauae, they also serve as nurturing environments where participants can openly address the impacts of colonization, process communal and personal loss, and foster reconnection to self, to culture, and to one another (Duley 2025).

These forms of gathering revive the collective healing traditions of Māori society. They reflect a time when people transmitted knowledge orally through storytelling, song, ritual, and lived experience rather than capturing it in written texts. Such practices align with what Smith (1999) describes as Indigenous ways of knowing, of forms of learning that are not merely informational but experiential and relational in nature.

Moko kauae functions as a living archive, calling forth the names of our ancestors and preserving their memory for future generations. As more Māori women across Aotearoa and the wider world reclaim moko kauae, a growing network of healing and resurgence is taking shape. These once-silenced faces now speak with pride surpassing time and space.

Unapologetically Indigenous

The public visibility of moko kauae, whether in workplaces, on television, or across digital platforms, constitutes a powerful act of decolonization that directly challenges entrenched colonial ideologies. However, despite its cultural significance and resurgence, racism continues to be a lived reality in Aotearoa. Māori women who wear moko kauae frequently encounter online harassment and derogatory commentary, including being labelled as “ugly,” “disgusting” or likened to having a “barcode” on their chin. Such responses are not merely offensive; they reflect persistent efforts to undermine Māori identity, autonomy, and expressions of mana wāhine through ridicule and social control (NZ Herald 2022).

In the face of such hostility, Māori women continue to rise. Their presence, visibility, and unapologetic expression of cultural identity represent a profound assertion of resilience, leadership, and the enduring strength of Māori sovereignty. The act of wearing moko kauae, despite ongoing racialized scrutiny, demonstrates a refusal to be silenced and a commitment to reclaiming space, both physically and symbolically, as Māori women (Pihama 2001).

As Linda Tuhiwai Smith (1999) states, decolonization is not only concerned with dismantling colonial structures but also with regenerating Indigenous knowledge systems and cultural practices. Moko kauae encapsulates this dual function. It stands as a visible challenge to the colonial imposition of shame, silencing,

and erasure, while also serving to reaffirm and revitalise mātauranga Māori (Māori knowledge) systems that have persisted despite prolonged efforts to suppress them.

The wearing of moko kauae also disrupts colonial beauty standards and resists the commodification of Māori culture. In an age dominated by social media filters and homogenized ideals of attractiveness, moko kauae reclaims beauty through a distinctly Māori lens. This assertion of visual sovereignty is crucial; it challenges the colonial gaze and affirms cultural identity on Māori terms. The presence of Māori women adorned with moko kauae serves as a powerful reminder of histories of dispossession, the taking of land, the suppression of language, and the regulation of bodies, while simultaneously declaring survival, dignity, and leadership (Pihama 2018).

As moko kauae becomes increasingly visible in public life, it compels wider society to confront aspects of history that have long been ignored or suppressed. Its presence initiates critical conversations about colonization, systemic racism, and intergenerational trauma.

Conclusion

The resurgence of moko kauae honours our tīpuna kuia (ancestral women) who once wore their moko with pride and authority. This act of continuation affirms that Indigenous knowledge systems and ceremonial practices remain vital modes of healing and cultural survival (Pihama 2018). The future of moko kauae lies not only in its visible rebirth but also in its ability to nurture

whānau, hapū, and iwi, inspiring strength, courage, and a collective identity. For this sacred practice to thrive, it must be actively supported through physical, cultural, and political spaces where Māori women can receive moko kauae without fear of judgment or marginalization.

As Pihama (2001) reminds us, Mana Wahine theory is the voice of our mothers, daughters, and sisters. It is a theoretical and lived framework that enables Māori women to reclaim and reimagine the world through our own lens. Within this lens, moko kauae remains a dynamic and living expression of both present identity and future potential.

Moko kauae also presents a critical challenge to health practitioners, educators, and policymakers to recognize the cultural and spiritual dimensions of Māori wellbeing in a meaningful way. Holistic health models, such as Te Whare Tapa Whā (Durie 1998), align with traditional Māori healing practices; however, their application must move beyond mere acknowledgment to genuine integration.

Through my own experience, I have come to understand that receiving moko kauae is not an endpoint but a powerful beginning. It marked the opening of a deeply layered healing process, revealing wounds I had long carried but never fully acknowledged. Receiving moko kauae brought clarity, affirmation, and a renewed relationship with both me and my tīpuna. I have also witnessed this profound transformation in other wāhine who have walked this path. The tears shed in these moments are a result

of emotional release, spiritual return, and reconnecting with one's origins.

It is essential to acknowledge that for some Māori women, this path is shaped by intergenerational silence, inherited shame, or a lingering fear of rejection, whether from whānau, hapū, or the broader society. Others may experience disconnection from their iwi, from their whenua, or from te reo Māori (the Māori language), each of which can create a sense of isolation or hesitation. These lived realities are not personal failings but the ongoing effects of colonization and cultural disruption. We must approach them with empathy, understanding, and a commitment to healing that respects each woman's pace and position within her journey.

As we move forward, it is our collective responsibility to ensure that the healing practice of moko kauae is safeguarded and sustained. This requires a commitment to upholding tikanga (Māori cultural protocols), supporting the expertise and authority of tohunga tā moko,

and nurturing environments in which the transmission of moko kauae can occur. Just as importantly, it involves recognizing and honoring the leadership of Māori women who have upheld and revitalized this sacred tradition across generations, ensuring its continuation for the wellbeing of people.

The moko kauae on our chin is the visible manifestation of our story, our struggle, our survival and our sovereignty. It is a reminder that healing is possible. That our resilience is intergenerational. The answers we seek do not lie outside of us because they have always resided within us, within our bloodlines, our language, and our ceremonies. Grounded in Mana Wahine theory, moko kauae is a living assertion of Māori women's authority. It affirms that our experiences, our bodies, and our ways of knowing are valid, powerful, and essential to the cultural and spiritual resurgence of our people. Quite simply, moko kauae is a living affirmation of who we are, who we have always been, and who we continue to become.

GLOSSARY

Aotearoa – New Zealand

Māori – Indigenous peoples of New Zealand

Mana Wahine – the authority of a Māori women

Whakapapa – genealogy, lineage

Wairua – spirit, spirituality

Moko kauae – tradition chin tattoo for Māori women

Mana Wahine theory – unique experiences of Māori women

Tohunga – experts, spiritual guides

Whare tangata – the house of life; womb

Kaitiaki – guardians

Te ao Māori – Māori world

Whenua – land

Moko – traditional Māori tattoo

Tika – correct

Pono – authentic	Tohunga tā moko - traditional tattoo expert
Aroha – compassion; love	Mauri – life force
Māramatanga – understanding; enlightenment	Marae – Tribal village
Mātauranga – knowledge	Rangatahi – youth; younger generation
Māoritanga – Māori worldview	Pūrākau – traditional narratives; stories
Kaupapa Māori – Māori way of knowing and doing	Kōrero – conversations; to speak
Karakia – prayer	Wānanga – gatherings; place of higher learning
Hapū – subtribe	Kaumātua – elders
Iwi – tribe	Tīpuna kuia - ancestral women
Whānau – family	Te Whare Tapa Whā – Māori model for health developed by Sir Mason Durie
Tīpuna – ancestors	Wāhine – Māori women
Tohu – spiritual sign	Reo Māori – Māori language
Waiata – song	Tikanga – Māori cultural protocols
Karanga – ceremonial call	

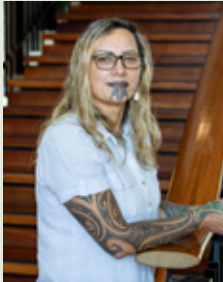
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This article may be cited as:

- Wana, Shonelle. 2026. "The Healing Power of Māori Women's Ancestral Mark." *Fourth World Journal* 25 (2): 87–99.

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She is a published scholar, Marsden-funded Associate Investigator and recipient of an HRC Explorer Grant as Primary Investigator for a project designing a Māori model of care for the elderly. Her work is informed by lived experience, academic rigour and deep tribal ties to her homelands. She is dedicated to ensuring that her research creates meaningful outcomes for her people and future generations.

Oral Testimonies of Traditional Medicine

A Kamëntša Woman's Legacy

By Rozalia Agioutanti, MS

ABSTRACT

This article presents an oral testimony of Mamita Maria Dolores, a Kamëntša elder and healer from the Sibundoy Valley in southwest Colombia. Through an interview, the author documents the intertwined dimensions of Kamëntša ancestral knowledge, women's roles, healing practices, and the cultural significance of the *chagra*. Mamita's narratives reveal how spirituality, plant medicine, storytelling, and communal labor sustain Kamëntša identity amid the enduring impacts of colonization, language loss, and social change. Her personal history—rooted in midwifery, uterine care, herbal medicine, and community leadership—embodies the resilience and continuity of Indigenous women's knowledge. The article blends ethnographic reflection with lived testimony, offering a window into a worldview in which healing, land, memory, and womanhood remain profoundly interconnected.

Introduction

*That's how we've been caring for each other—
healing one another with what we know.*

- Mamita Maria Dolores

Like many before me, I visited the valley of Sibundoy during my travels in Colombia, drawn by the promise of glimpsing a way of life that has withstood centuries of disruption. Originally from Greece, I had been living in Colombia for four months, continuing a personal journey that, over the past year, had led me to explore the cultures, customs, and traditions of Indigenous civilizations across the Americas. Growing up in Crete, the largest island of Greece, I always had a profound connection with the natural world around me. I took that innate connection for granted and assumed it was a common

experience for everyone. My childhood was filled with the rhythms of the land, the wisdom of my grandparents, and the nurturing presence of traditional foods and healing herbs. It was an effortless, natural connection; simply a part of the way I grew up. I never had to put too much thought into it or question it.

As I grew older, I found myself drifting away from those roots. My grandparents also aged and eventually passed. I left Greece for the United States, where I was confronted with a startling realization: many people around me lived profoundly disconnected from the land, their bodies, and ancestral wisdom. That way of life really shocked me. In that disconnection, I began searching for ways to heal, ways to reconnect with my body, my spirit and my values, and ways to help me remember how to care for myself in

the way I once had at home. That search led me to the rich histories and healing practices of the Indigenous peoples of the Americas. I found great comfort in those stories. Among the many stories that resonated with me, one in particular stood out: the story of the valley of Sibundoy. As I read and researched more, I felt an undeniable pull toward this place.

I had read about the two Indigenous civilizations, the Kamëntša and Inga peoples, who still call this valley home, whose histories are inseparable from its land's rivers, forests, and sacred mountains. What fascinated me most was how, despite colonization, cultural erasure, and the relentless advance of modern industries, they have preserved a worldview where nature and community are inseparable—a way of life that feels both ancient and urgently relevant today.

I was also fascinated to learn that Sibundoy is considered to hold the world's greatest diversity of medicinal and psychoactive plants—hundreds of species that these peoples have cultivated with care and continue to use to this day.

Driven by this fascination, I decided to visit Sibundoy during the festival of Bëtsknaté, or the Carnival of Forgiveness, which was taking place at the end of February. Bëtsknaté marks the beginning of a new year for the Kamëntša people. It is a time to celebrate the valley's unique culture and heritage, to give thanks for the bounty delivered by Mother Earth over the past year, and to gather in the spirit of reconciliation, peace, and respect. It is a celebration of the past, the present, and the future. It sounded magical. And that was where—and when—my journey truly began.



Figure 1

View of the Sibundoy Valley during the Carnival of Forgiveness.

Location

The Sibundoy Valley is nestled high in the Colombian Andes, in the southwest of the country, within the upper north of the Putumayo region. It hangs in a high basin, an ancient lake bed ringed by mountains that rise two thousand feet above the plain. To the west, the road leads to Pasto, a colonial city perched at the base of the Galeras volcano. To the east, the Andes drop sharply into the Amazon lowlands. At this latitude, the mountains narrow to just 70 miles across, making Sibundoy the shortest route between the Pacific and the Amazon. For thousands of years, despite its seeming isolation, the valley has been a natural crossroads for people, goods, and ideas moving across South America (Davis 1996)

Today, the valley is home to four different towns—Sibundoy, San Francisco, Santiago, and

Colón. Sibundoy is the heart of the Kamëntša culture and the point of reference for the valley's history. It is also the oldest settlement in the valley. The Inga population is present mainly in the towns of Santiago and Colón. Kamëntša communities remain primarily in Sibundoy, though they are also present in San Francisco (Chindoy 2020). Kamëntša means “Men from here with their own thoughts and language,” referring to the fact that their language does not belong to other linguistic families, so their system of thought is Indigenous (Escobar Upegui 2024).



Figure 2

View of the Sibundoy Valley. Source: Wikimedia Commons, “Sibundoy Valley,” via Wikipedia (<https://en.wikipedia.org/wiki/Sibundoy>)

History & Colonization

The history of Sibundoy is deeply marked by invasion and colonization. Long before the arrival of the Spanish in 1534, the Inca had invaded the Kamëntša in 1492, establishing a Quechua-speaking settlement whose descendants are today's Inga people. In 1541, Hernán Pérez de Quesada led a brutal expedition in search of El Dorado, leaving thousands of Indigenous people

who belonged to the Muisca—one of the two main groups that had inhabited Colombia until that point—dead along the way. They arrived in Sibundoy and found no gold—just rival Spaniards who had arrived before them.

Within four years of the Spanish arrival in Sibundoy, Franciscan missionaries who were based in Quito established a mission in Sibundoy and attempted to eradicate ancestral practices—banning dances, destroying ritual objects, and condemning shamans. Yet Indigenous spirituality persisted, surviving underground despite centuries of pressure. The shamans prevailed. When the Franciscans were expelled from Colombia in 1767, the valley entered a period of relative autonomy. For decades, commercial trade developed in Sibundoy, and the influence of the Church remained minimal. From 1846 to 1899, there was not even a resident priest in the valley.

By the late 19th century, however, global demand for quinine and, later, rubber renewed outside interest in the region. In 1900, the Colombian government granted the Capuchin missionaries (who were a reformed movement within the Franciscan order, which primarily came from Spain) absolute control over the Amazon. Their mandate was to evangelize Indigenous peoples; their purpose was to establish Colombia's presence and secure economic and political interests. Sibundoy became their administrative and spiritual base. For decades, the Capuchins ruled with the authority of both church and state, shaping the valley into a colonial theocracy while continuing to suppress Kamëntša traditions.

The arrival of white settlers, along with the Capuchin mission, drastically transformed the political, economic, and social organization of the valley. Claiming mutual consent, the Capuchins divided Kamëntša and Inga lands into separate zones for natives and whites. In 1903, they split the Kamëntša territory, assigning the historical town of Sibundoy to the natives and creating the white village of San Francisco. In 1911, they divided the Inga territory: Santiago was designated for the Ingas, while whites were given the town of Sucre, later renamed Colón. San Francisco, they argued, would bring peace and tranquility to all the valley's inhabitants; Colón, they insisted, would bring prosperity and civilization—though only through acceptance of Spanish culture and Catholic practices. In practice, the foundation of these towns legalized the seizure of Indigenous land (Chindoy 2020; Davis 1996)

Since the second decade of the 20th century, Sibundoy has been a tapestry of suffering and hope, resilience and fear, syncretism and survival. Walking across the valley today, one can see this history written into the land: downtowns inhabited mainly by white and mestizo populations, while surrounding rural areas remain living enclaves of Kamëntša and Inga culture. The Kamëntša and Inga peoples, like so many Indigenous nations across the world, have carried the weight of colonization, missionary imposition, and systemic attempts at cultural erasure. Yet, despite centuries of violence and dispossession, they persist in safeguarding their languages, their ceremonies,

and their relationship with the land. This resilience is not abstract. It is lived and embodied in daily practices, in prayers spoken at dawn, in community gatherings, and in the knowledge passed from one generation to the next (Chindoy 2020; Davis 1996)

Storytelling

Storytelling is the oldest and most enduring symbolic expression of the Kamëntša culture. It is through stories that the ancestors transformed the Sibundoy Valley from a temporary refuge into a sacred home—*Běngbe Tabanok*, their place of origin. These stories emerged from a deep sense of relationality with the land: the rivers, the winds, the plants, and the mountains. Even the Kamëntša language carries traces of this bond. The locative suffix -oy, found in place names such as Sibundoy, Shonjayoy (San Pedro creek), and Vinyioy (windy place), now lives on in family names like Juajibioy, Dejoy, and Mutumbajoy, weaving a sense of personal belonging to a sacred place.

Through the act of telling and retelling, these stories not only immortalized the ancestors' connection to the land but also created a cultural map for future generations, offering meaning, orientation, and continuity. In Kamëntša tradition, storytelling is not static; it is alive, a participatory process where listeners and tellers alike engage in the unfolding of time. Elders often say that, in cultivating the land, they were also cultivating their stories: speaking to the plants, listening to the winds, and dreaming with the earth (Chindoy 2020).

In many ways, the interview, as a research method widely used in qualitative studies to capture oral and personalized accounts (Folgueiras Bertomeu 2016), serves as a bridge to this ancient practice. While interviews aim to document experiences, perspectives, and memories for academic purposes, in contexts like Sibundoy they also serve as vessels for living stories. Each conversation becomes more than data collection; it becomes a dialogue where history, identity, and wisdom are not merely recorded but actively shared, nurtured, and honored. In this sense, the scientific and the sacred converge: the interview transforms into a modern ritual of listening, allowing the old practice of storytelling to continue unfolding in new ways.

It was in this spirit of living memory that I met Maria Dolores, a Kamëntša elder and a *mamita*. She is one of the guardians of these ancestral narratives, a woman whose life's work is to safeguard her people's living memory through ritual, healing practices, and prayer. Her wisdom is deeply rooted in the care of the female body—guiding young women through menarche, easing uterine pain or displacement, supporting midwifery, and tending to the sacred thresholds of pre- and postnatal care (Sanalee 2024). For the *mamita*, being a woman is to be a giver of life. As the Kamëntša teaching *Tsabatsanamamá*—"Life First"—reminds, life must be nurtured at every level: caring for Mother Earth and all beings that emerge from her, tending to the plants that nourish and heal us, offering guidance through words and prayer, and holding space for both the spiritual and physical care of the community.

Maria Dolores welcomed me into her home with warmth and generosity, sharing her time and stories without hesitation. This article grew from a one-hour, unplanned interview with her, carefully transcribed and translated to preserve the texture and cadence of her words. It wasn't a project I had envisioned; it came to life in the wake of our spontaneous encounter. As I asked my questions and recorded her answers, her life unfolded before me, a life rooted in communal strength, ancestral knowledge, prayer, and ceremony. The questions became a bridge, linking the academic intent of qualitative research with the Kamëntša tradition of oral history. What emerged was more than information: it was a dialogue, a co-creation of memory and meaning, honoring both the scientific rigor of documentation and the sacred continuity of her people's stories. Whenever possible, I cross-referenced her accounts with existing academic literature, weaving together her narratives with documented knowledge. In some cases, where no references could be found, her stories stand not only as personal memories but also as cultural testimony. They will carry on as living evidence of history held in voice and experience.

Indigenous women like Maria Dolores are more than keepers of ancient wisdom—they are active agents of cultural survival and ecological restoration. As discussed earlier, many such interviews, which are like vessels for an ancient ritual of storytelling, have been conducted to honor these voices that hold the power to heal, to resist, and to remind us of ways of living that modernity too often forgets. This, to me, is why amplifying Indigenous women's voices matters:

they have always stood at the frontlines of both resistance and renewal.

The times we live in demand that we listen—that we let these gentle, authentic ways of living and healing touch our hearts, and guide us in reweaving our connection to the world. Let this article serve not just as a record of one Indigenous woman's wisdom, but also as a call to action: to protect Indigenous women's legacy, which, in truth, is our shared inheritance.

Healing

I first met Mamita Maria Dolores through a friend who was receiving treatment from her for gynecological issues. My friend said Maria Dolores was an expert in such matters—a healer known in the community for her skill. Instinctively, and without giving it much thought, I asked if I could accompany her to a session and stay afterwards for an interview. I had been in

Sinbunday for about two weeks already and had many interesting encounters with locals, but this was the first time I would get to meet a Kamëntša mamita.

The next morning, we arrived at her home. She greeted us warmly, a soft smile lingering, and led us into a small room where she performs her healing work. Before we fully entered, I asked permission to take photos and videos. She agreed, but said she wished to wear her traditional clothing for the filming. The Indigenous Kamëntša women wear long, blue and violet ponchos called *kapisaius* and *baitas*. She left to change, and we waited in the quiet wooden room.

The room was simple: two wooden chairs, a shelf holding small bottles filled with various liquids and herbs, and a bed covered with bright, woven blankets. Outside, roosters crowed and dogs barked, their voices carrying in the morning air. When she returned, she wore a striking blue cape that seemed to hold the weight of her identity. She explained that she would begin with my friend's treatment and then we would have time for the interview.



Figure 3

Mamita Maria Dolores inside her healing space.
Photograph by Rozalia Agioutanti.

Maria Dolores asked about her patient's progress. She was treating her for irregular bleeding and sharp uterine pain, prescribing a special herbal tea to be taken several times a day, and a colorful woven belt covered in Kamëntša symbols to be worn around the waist. Both practices can be traced back to the Kamëntša cultural history and their ancestral knowledge of the *chagra*, or *jajañ*—a sacred space where a diversity of plants are cultivated for food, ritual, and medicine. Within the *chagra*, medicinal plants, known as *shnan*, hold a special place.

Research on the use of plants for gynecological conditions (Díaz Rubio and Asenjo-Alarcó 2023) highlights that medicinal plants have been used since ancient times to treat a variety of health problems.



Figure 4

Mamita Maria Dolores' healing space. Photograph by Rozalia Agioutanti.

This knowledge, carefully passed down through generations, has made medicinal plants a reliable and effective alternative to synthetic medications, particularly because, when used responsibly, they have minimal side effects. Giraldo Tafur (2000) argues that this healing practice is rooted in an intimate understanding of the ecological environment, enriched over time by the exchange of knowledge and remedies. During the period of Spanish colonization, a process of integration between European and Indigenous medical systems took place. While colonial medicine often failed to address new diseases due to a lack of understanding of the Latin American environment, the Hispanic pharmacopoeia was enriched by the knowledge of Amerindian peoples, incorporating Indigenous plants and remedies alongside species brought from Europe, Asia, China, and India. This fusion of practices gave rise to a hybrid medical tradition—one that continues to live on in the Kamëntša approach to healing today.

The belt, called *tsõmbiachë*, is traditionally used to cover the stomachs of women and newborn babies—a gesture that honors the origin of life by wrapping it in meaningful stories. The *tsõmbiachë* is considered an essential garment for the care of a woman's body, particularly her womb. It is traditionally worn during pregnancy, menstruation, or moments of physical pain to keep the womb in place and to support the body through these transformative cycles. Its use also extends to postpartum care, where it is tied around the belly to protect the uterus and support the organs as they return to their natural state.

For Kamëntša women, the belly is more than a part of the body. It is the heart of the woman. To care for the belly is to care for the heart, for the center of life itself. When they wrap themselves in the belt, they wrap themselves in the history of the sacred places and the sacred elements of the territory. This history is captured in the symbols of the belt, giving them strength to sustain their belly, their womb, their heart. They feel protected by their roots, their territory and their community. In this way, the tsōmbiachë provides more than physical support; it is a sacred symbol of protection and belonging, a living bond between women, their roots, and their community.

Therefore, the tsōmbiachë carries an eminently feminine connotation; its very fibers are woven with the collective memory and hopes of the Kamëntša community. Through patient and intentional weaving, Kamëntša women have kept their ancestral stories alive—stories once whispered in secret during times of oppression and now spoken openly in everyday conversation. When a Kamëntša woman weaves the tsōmbiachë, the past, the present, and the future converge in the rhythm of her hands, infusing the belt with meaning beyond its physical form. This act of weaving condenses the art of storytelling within the Kamëntša tradition.

The beauty of the belt's symbols and patterns lies not only in their design but also in the stories shared alongside them. Without the storytelling, the fabric would lose the essence that makes it sacred. Even the materials hold deep significance:

the wool, once dyed with vibrant vegetable pigments, is said to resemble a newborn—raw life, tender and full of possibility, ready to be nurtured and shaped by the cultural conceptions of nature that surround it. In this way, the spinning and unwinding of wool become acts of humanization, transforming mere fibers into vessels of heritage.

Through this process, the tsōmbiachë becomes both a protective layer for the womb and a timeless thread that ties generations together—a practical garment imbued with spiritual meaning, carrying the resilience, memory, and sacred connection of the Kamëntša community (Chindoy 2020; Leyva Mosquera 2015).

My friend said she had followed the instructions and had begun to feel some relief. Maria Dolores then asked her to lie down and remove the belt. She began a traditional uterine massage, using almond oil, her hands moving in slow, circular motions across my friend's abdomen. I photographed quietly, watching the way her fingers pressed with both gentleness and strength. In the Kamëntša culture, this type of massage is a central part of traditional healing practices, performed with different oils and techniques depending on the purpose of the therapy—whether for postpartum recovery, menstrual care, or restoring balance to the womb (Escobar Upegui 2024). Each movement is intentional, guided by ancestral knowledge passed down through generations, making the massage not just a physical treatment but a spiritual act of connection and care.



Figure 5

Mamita Maria Dolores performing a traditional uterine massage. Photographs by Rozalia Agioutanti.

She must have performed this same ritual countless times before. I thought about the bed beneath my friend—how many generations of women had come here seeking healing, lying in that same position, trusting those same hands. Though in her mid-eighties, Maria Dolores's movements were steady and sure, the muscle memory of decades of practice guiding her touch.

After ten minutes, she wrapped the tsõmbiachë around my friend's waist again, and the colorful symbols pressed back into place. She blessed it softly, as if sealing the healing work with both her hands and her words.

After the healing process ended, she sat down, and as she smiled at me, she asked, "So, what is it that you want to know?"

Women in Community

The interview began. My first question to her was about the roles women held in the community where she grew up. She told me that women worked in agriculture. Men took on tasks such as ditch cleaning and preparing the soil for maize planting, but the tending of crops was women's work.

The community maintained a shared garden, gathering there a couple of times a week. Over time, the women began selling their produce and eventually formed a cooperative fund to support their work. She recalled how that fund became a lifeline for the community in moments of grief:

Because the costs of an Indigenous wake are kind of... unusual, right? You have to kill a chicken or a pig, and make *chicha*—the traditional fermented drink—for the people so they can come to accompany and carry. Before, we had to carry the deceased like that, the coffin tied to a stick, on the shoulder, all the way to Segundo, the main square.

This insight opened the door to a deeper understanding of the vital role Kamëntša women—or *mamitas*—play in sustaining their communities. Their relationship with the *chagra* or *jajañ*—is at the heart of food sovereignty, community health, and cultural continuity (Dallo 2023). The *mamitas*' practices surrounding the cultivation and care of the *chagra* are not simply agricultural tasks; they are acts of guardianship, nurturing a living space that feeds both body and spirit.

The Kamëntša woman, as Dallo (2023) explains, shares an intimate bond with the *bastana mamá*, or Mother Earth. Both are seen as producers of life. For this reason, women grieve when the Earth is mistreated: “Because one day she will be like Mother Earth, productive. And she will create many generations, and for that, she must learn to compact,” she explains (Dallo 2023). This worldview situates women as life-givers in an expansive sense—caretakers not only of children but also of seeds, soil, and ancestral knowledge.

Through the cultivation of the *chagra*, cultural constructs such as the role of women and their connection to ancestral knowledge are strengthened. The *chagra* becomes a site where seed conservation, food cultivation, and the preservation of medicinal plants converge, ensuring that nutritional and cultural needs are met through what is grown and harvested.

According to Dallo (2023), *mamitas* who maintain *chagras* or home gardens can cultivate up to 70 species of plants, including food crops, fodder, medicinal plants, forestry species, and resources for livestock. Home gardens, usually smaller than *chagras*, are often located behind the house. These gardens are deeply personal spaces, named and organized by the women who care for them, often reflecting their intimate connection with the land. Beyond their immediate uses for food and medicine, plants from the *chagra* can also provide monetary benefits, fuel, and raw materials for crafts.

Through this relationship with the chagra, Kamëntša mamitas actively exercise agency. Their deliberate actions—such as conserving corn seed varieties that are at risk of extinction—demonstrate a conscious effort to preserve biodiversity and cultural heritage, ensuring that future generations inherit a thriving, resilient ecosystem.

While her garden yielded abundant harvests, not everyone embraced the produce right away. Some were hesitant to eat unfamiliar vegetables, such as beets, particularly because of their color. She, however, adopted them early, and over the years, more people became curious, eventually accepting and even buying these foods—a process that, she said, took the community eight years to fully adapt to.

Now, with age slowing her physical work, she relies on her daughter to help with organizing, but she still attends community meetings to help plan their collective efforts.

I asked her what is usually discussed in the community meetings.

In our meetings, we often talk about work and about how we support each other when someone in the group gets sick. If one of our compañeras falls ill, we take her to the doctor and use money from our communal fund to cover the costs of her care.

Some of the women have had to go to the hospital more than once, but thankfully, not all of us have needed it. Personally, I haven't

suffered from any illnesses yet—maybe when I'm older, but for now, I've been healthy. I live a fairly quiet, peaceful life. These days, what affects me most is fatigue. I get tired more easily and sometimes need to sleep early—just rest. That's what I notice now.

When someone in the group is sick, we don't always rely on modern medicine. There are still traditional ways of healing that we use. Back then, we weren't used to drugs or pharmaceuticals like today. Over time, I've learned a lot. Now, if a compañera isn't feeling well, we prepare natural remedies and give healing baths. And with God's help, they get better. That's how we've been caring for each other—healing one another with what we know.

Her gaze was steady, her hands resting quietly in her lap.

I'm often the one people come to when they need help healing. It's something I do for the community. We have many ways of caring for each other.

Ancestral Knowledge

I continued the interview by asking her what her own work had looked like over the years. She chuckled softly and said, "I have been doing this work for 33 years. Let's see.. where do I start?"

Maria Dolore's journey began in childhood. Her grandmother, a curandera, involved her

from a young age and told her she would one day need this knowledge. She told us, “I always helped my grandmother, even when scolded. I was proud to help and learn from her.”

Much of her work drew directly from the *jajañ*, the area of the garden closest to the house, where aromatic plants, or *shanan*, are cultivated to care for life in different ways. These plants serve multiple purposes: some act as insecticides, others are used for baths or to alleviate pain and inflammation. The latter uses are known as *jáshnan*, meaning “to cure,” and refer to the holistic practice of healing—mental, sentimental, territorial, physical, and spiritual—through the means and remedies of native medicine. In general, the *jajañ* promotes a state of calm and fullness, fostering balance within oneself and with those around them (Institución Etnoeducativa Rural Bilingüe Artesanal Kamëntša et al. 2020).

She married young, at 17, and devoted herself to raising her children and working. By the time she was 25, she felt called to follow a different path—one that drew from her ancestry and from a desire to care for others without the exhausting strain of heavy labor. She then paused and said to us:

Once had a vision while near death. In the vision, an old woman told me what I must grow. That was when my grandmother passed on her healing spirit to me. She held my hands to the earth, blessed them with herbs, and told me the gift was for healing only, not for harm. Her own

parents had also been healers. She passed the spirit to me, and I now share freely, asking no fixed price, only a gift from the heart.

It was clear that this spiritual experience solidified her calling.

In the beginning, her practice was small—neighbors who came to her for help when nothing else worked, people she could diagnose and treat with natural remedies. She would treat them with herbal baths and cleansing rituals, especially for those burdened with what she described as spiritual or financial blockages.

Now, I serve my community using plants I grow and forage. I help 25 people in my group with medicinal herbs: descansel, calambo, chunduro, among others. These are powerful plants, but it's hard to keep them; the flooding washes them away. I grow what I can, and harvest from the forest too. I make remedies using many plants like oregano, chamomile, miraculous leaves, for stomach health, menstruation, and cleansing. My grandmother had many plants, but I married young and missed learning all.”

As people began to heal, word spread. Stories of her work traveled through the same networks that once shared seeds for planting or food for a grieving family, and soon, more and more people sought her help. That was how her healing practice began to take root and grow, much like the gardens she and her neighbors tended together.

Her daughter didn't have the same calling as she did, but her young grandson—just seven years old—shows deep interest and intuitive understanding of the remedies: “My grandson already helps and knows the remedies. [...] He may be the one to inherit the gift. It seems the gift skips a generation. He helps and even welcomes visitors: ‘My grandmother is busy, but she will be right with you,’ he says.”

Legacy

Apart from her grandson, there are more people interested in Mamita Maria Dolores' practices. She receives students from a bilingual school nearby as well as a university named Marianita every two months, and shows them how to make ointments, herbal waters, how to perform the massages, and lets them in on all the healing secrets. She teaches them so the

knowledge can continue. So that when elders pass away, the wisdom doesn't die with them. She wants future generations to carry this legacy forward. She's said she is really moved by their interest, especially from the university students, who deeply value these ancestral practices.

She then shared with us a basic cleansing ritual involving herbal water. It's not about a specific plant, but rather the intention—chewing a sacred herb and drinking clean water with it, all accompanied by a spiritual blessing. This, she explains, is how her wisdom can be passed on: simply, clearly, and spiritually. “I will show you”, she said.

She stepped out of the room and returned with two cups filled with a ritual tea made with millonaria and culanguillo verde. With quiet reverence, she blessed the water for safe travels and success in our endeavors. The ritual involved receiving the cup with the right hand, making a



Figure 6

Preparation of a ritual herbal infusion. Photograph by Rozalia Agioutanti.



Figure 7

Sacred herbs used in a traditional cleansing and blessing ritual. Photograph by Rozalia Agioutanti.

silent wish for one's needs—whether for a journey, a business, or a personal challenge—and then chewing the sacred herb to seal the intention. The moment carried a sense of gratitude, respect, and ceremony, grounding us in a tradition that has been kept alive through generations.

She handed the herbs to us first and then the cups filled with the blessed liquid. She patiently waited for us to chew on them and then drink the liquid.

I remember the taste of the herbs. They were bitter and hard to chew. The more I chewed on them, the more intense the flavor was. Maybe that was the taste of the blessing.

Resilience

After the small ritual—still chewing on the herbs and sipping our blessed water—we slipped back into the rhythm of the interview. I decided to go straight to the heart of things:

“Were women equal to men, or did only men make decisions when you were growing up?”

“Between men and women, decisions had to be made together—as couples,” Mamita Maria Dolores said without hesitation. “But women could also make decisions. Yes, women had the right to organize work too. We organized ourselves, that is.”



Figure 8

Ritual of the blessed herbs. Photograph by Rozalia Agioutanti.



Figure 9

Blessing the ceremonial cup of herbal water. Photograph by Rozalia Agioutanti.

From there, the conversation naturally bent toward a heavier subject: colonialism.

“Was there violence?” I asked.

Her eyes held both memory and distance. “Yes, there was a lot of violence—around 15 years ago,” she recalled. She spoke of military raids, of innocent people killed, of Indigenous lands invaded and overtaken. “They came and destroyed the people living near the river—just killed them all.” Her words fell like stones in water, rippling through silence. Those were times of violence. “But now”, she assured me, “things are calmer. There’s more peace—here it’s not like other places.”

I followed with a question that felt necessary: “So, how is the community now? Are they united?”

“There were always issues,” she admitted, “especially with a governor placed in San Francisco (one of the local towns). People had disagreements and didn’t like how he governed. There were misunderstandings, but thanks to God and the Virgin Mary, it calmed down. There are still difficulties, but now things are more organized. People vote every year.”

However, she explained, the community is facing many more challenges now than what existed in the past. In previous years, especially the last one, tensions and conflicts were common between different parts of the community. People often doubted or challenged each other, especially over who would benefit from shared resources. These interpersonal conflicts were a source of ongoing tension.

Religion came up next, almost inevitably. When I asked her about it, Maria Dolores smiled, as if conjuring her grandmother—or *abuela*, in Spanish. Her *abuela* had been a devout Catholic. Each year, she organized celebrations in honor of the Virgin Mary, weaving together mass and shared meals that stitched the community closer.

But before the arrival of the priests, the Kamëntšá people looked up not to saints, but to the sun, the moon, and the stars. These celestial beings were their first temples. That changed when a priest named Bartolomé built a church and set out to “civilize” the people through religion and schooling.

Long before colonization, the Kamëntšá honored the natural world as sacred. Their ancestors worshiped the sun, *Shinyë*—the main god, creator, and giver of life—together with the moon, Juashcona, associated with fertility, nature, and crops. They also revered Tsabatsanamamá (“responsible mother”), the giver of food and sustenance. Their spiritual home was, as mentioned before, Bëngbe Tabanok (“place of origin”), now the urban center of the municipality of Sibundoy. As Juajibioy (1989) notes, rituals and offerings were once dedicated not only to the sun and moon but also to the stars, wind, forests, rivers, and lagoons. This deep connection formed a naturalistic, animistic belief system—one that saw all elements of nature as alive and sacred, a worldview whose traces can still be found in the community today.

“Do you think it was a good change?” I asked, curious about her perspective.

“Yes,” she nodded, “because it brought education. Before, I only went to first grade. Then I just worked. I only learned to sign my name. My siblings also didn’t study much.”

And yet, with this education came loss. One of the deepest wounds of colonization was the erosion of the Kamëntšá language, *Kamsa*.

“The Franciscan nuns didn’t like us speaking our language. They didn’t like it at all. That’s why the language is barely spoken now. But I’ve preserved it well,” she told me with quiet pride. “I speak Spanish, but I’ve kept the language. *Bastín* is ‘good morning,’ for example. At noon, it’s *guán*, and in the afternoon too. When you meet someone, you greet them and chat. When they answered, they’d say, ‘Thanks to God, I’m well.’ I’ve kept that very well.”

Her daughter doesn’t speak the language, though she understands it when she hears it. Still, there’s hope: bilingual schools are working to teach *Kamsa* alongside Spanish, and even university students visit Maria Dolores to record and learn its vocabulary.

She admitted that learning Spanish had been difficult, especially with pronunciation. “But little by little,” she said with a slight shrug, she managed. What mattered more was that she held on—anchored by the strength of her heritage while navigating the pull of the dominant tongue.

Today, *Kamsá* is considered an endangered language, spoken fluently by fewer than 800 people (O’Brien 2021). The Kamëntšá have shared the Sibundoy Valley with the Inga

people—speakers of a Quechuan language—for over 500 years. Historically, many Kamëntšá and Inga families were multilingual, speaking both languages alongside Spanish. But with the growing dominance of Spanish, such multilingualism has sharply declined. The Inga language now has as many as 18,000 speakers in Colombia (Eberhard, Simons, and Fennig 2021, citing Civalero 2008), while *Kamsá* continues to lose ground. Even so, the linguistic ties between the two groups remain evident: *Kamsá* has borrowed many words from Inga, as well as from Spanish, reflecting centuries of cultural and social exchange.

Attempts to trace *Kamsá* to other language families, such as Chibchan, have been inconclusive (Campbell and Grondona 2012). Some scholars suggest that it may be related to the language of the Quillacinga people, whose ancestral lands were in present-day Pasto, though their language disappeared centuries ago. Similarly, connections have been hypothesized between *kamsá* and the language of the Mocoa people (a group that once lived in the area of the present-day city of Mocoa, a neighboring city of Sinbunday). Still, without surviving records, these links remain speculative.

Estimates of the number of *Kamsá* speakers vary widely. Ethnologue reports around 4,000 speakers (Simons and Charles 2018), UNESCO suggests about 3,500, and the Endangered Language Catalogue cites 4,773 (Crevels 2012). Yet, community-led research and demographic data suggest the reality is far more precarious. Based on the ages of fluent speakers and census

records, fewer than 800 people today speak Kamsá fluently, most of them over the age of sixty (Ministerio del Interior and Cabildo Indígena Kamëntšá de Sibundoy 2012). Younger generations may understand some words or phrases, but few are capable of fluent conversation. This reality places Kamsá in the “severely endangered” category on the Language Endangerment Index (Lee and Van Way 2018).

Despite this, efforts to revitalize Kamsá continue. Language classes, community programs, and cultural initiatives are working to reconnect the younger generation with their ancestral tongue—to ensure that the words whispered by elders will not be silenced with them.

Family Life

We then turned to the topic of family. Maria Dolores told us she had nine children in total—though heartbreakingly, four of them passed away from whooping cough. She described it simply: “A cough that couldn’t be calmed by anything. Yes, they died from that. Many years ago. Yes, now there’s a cure. Now it’s like a very strong flu.” She had her first child at twenty-one, after marrying at seventeen, and her last at thirty-nine.

After reflecting on the past, she leaned toward us: “Do you mind if I ask you a question?” Of course, we agreed. “Would you like to have children?” Both of us said yes, and she nodded knowingly, smiling. “I see it like a celebration of life. A source of companionship, especially in old age.” She explained that without her daughter

and grandchildren, she and her husband would be alone, with no one to even offer support when bedridden. For her, having children meant more than just raising a family—it meant ensuring continuity, connection, and care. Still, she acknowledged the challenges: children tether you to home, which can feel limiting, but the care and presence they bring make it worthwhile.

She then shared glimpses of how she and her husband built their family life together. They began by raising animals and working hard to prepare for their growing household. With her parents’ guidance, she learned to organize community work collectives, in which neighbors rotated labor across households to share the burden. These mutual aid systems helped her become self-sufficient—eventually allowing her to forgo outside work and dedicate herself fully to her home and family.

We also talked about her marriage. Her memories of food and marriage customs added color to her story. Daily meals were simple and hearty, served on wooden plates, often shared communally. “Beans, all mixed together, and they’d give it to us on a wooden plate with chili on the side. Wherever we went, they’d serve mote, a traditional Colombian soup, with a piece of chicken—or whatever they had—in that old plate, that’s how they’d offer it,” said Mamita.

Marriage followed a particular ritual: at dawn, the groom and his father would visit the bride’s home to negotiate the union. A performance of refusal often followed, with the groom insisting the bride had already agreed—even if she hadn’t.

Once settled, the marriage would be sealed the same day with a church ceremony, dancing, and a grand celebration.

The wedding would always start with the bambuco playing, the bride and groom danced with their godparents, and the festivities lasted until dawn. Although alcohol was served, Maria Dolores herself never drank, choosing instead to rest early while others danced through the night.

The marriage happened that same day. We had to find wedding godparents that day, and they took me to the church. And that same day was the dance, the whole celebration. After the wedding, the music started. But it wasn't like it is now—they started with *bambuco*. We had to dance as a couple, then the bride danced with the godfather, and the groom with the godmother, and so on. They started handing out [drinks], and the problem was I didn't know how to drink. So I'd just sit down until I got sleepy, and I'd tell my mother-in-law I was going to sleep. Everyone else kept dancing until morning, but I went to bed—since I didn't drink, and I still don't. I don't like it. That's what I'm telling you. That was my wedding.

She still recalls the wedding attire vividly: a crown and a white sash draped across her shoulders. Not all marriages, however, were celebrated so fondly. She reflected that in the past, women often had little say in who they married. Sometimes, just being seen speaking with a man could lead community authorities to

arrange a marriage, regardless of the individuals' feelings. Many unions were unhappy as a result. In her own case, though her husband never directly proposed, he later claimed she had agreed to marry him. She was persuaded eventually—but importantly, she notes that she truly liked and cared for him, which made her marriage a partnership she could embrace.

Her Garden

As our conversation drew to a close, Maria Dolores asked us with a playful smile, “Would you like to see my garden, where I grow all the herbs I use for healing?” Delighted by the invitation, we immediately stood up and followed her. She led us through her home and into the backyard, where a small but vibrant patch of land unfolded before us—lush, green, and full of life.



Figure 10

Home garden (*jajañ*) of medicinal and spiritual plants. Photograph by Rozalia Agioutanti.

Pointing from one plant to another, she introduced us to a variety of medicinal and spiritual herbs she had cultivated: descansel, calabombo, chunduro, llilo verde, millonaria, chamomile, zucarena, and milagrosa.

Almost all of these names were new to me, and to my untrained eyes, the plants looked so similar that it was hard to distinguish one from another. For Mamita, however, there was no confusion. These were the plants she had grown, nurtured, and relied on for decades—plants she planted, harvested, and brewed into remedies for 33 years.

She explained that these herbs are used mainly for protection and healing, both physical and spiritual. Each one carried a specific purpose, and each one was cared for with intention. Because the river floods the area every year, she grows them in pots to keep them safe from the rising water.

I was able to find most of the medicinal plants Maria Dolores was using in her therapeutic practices in the literature review that I did, and cross-referenced their uses and healing properties. Their names and characteristics are included in the Table below (Canamejoy 2011; Upegui, 2024).



Figure 11

Millonaria plant. Photograph by Rozalia Agioutanti

Plant	Name in Kamëntša	Species	Use
Calabombo	Kalambombesh	Iresine diffusa	Postpartum and breastfeeding
Chamomile	Manzanillesh	Matricaria chamomilla	Menstruation, pregnancy, childbirth, postpartum and breastfeeding
Chonduro		Cyperus sp	Pregnancy and childbirth
Descansel		Ouretsanguinolenta	Pectoral, nephrotonic, anti-infective, urinary antiseptic and anti-inflammatory
Illio Verde or Pronto Alivio		Lippia alba	Anti-inflammatory, antipyretic, soothes stomach pain, relieves indigestion, constipation, and diarrhea. It is also used for respiratory problems such as asthma and bronchitis, as well as for nervousness and insomnia.
Millonaria		Plectranthus verticillatus	Antiviral, antibacterial, and anti-inflammatory. Relieves gastric ailments. It is also a symbol of abundance.

Mamita Maria Dolores' garden is more than a place where medicine grows—it is a living expression of what the Kamëntša call the jajañ, or traditional chagra. The chagra is not simply a field or a garden; it is a sacred space where knowledge, spirituality, and survival converge. It is where

the wisdom of the elders is manifested, where the rhythms of planting, harvesting, and healing are guided by ancestral understandings of the stars and the seasons. To enter this space is to step into a living classroom, a sanctuary, and a home all at once.

For the Kamëntsá, the chagra is deeply tied to identity, community, and sustenance. It conserves seeds, nurtures medicinal and food plants, and ensures both nutritional and cultural survival.

For women, the chagra holds a particular significance. It is a feminine space, a place where the ability to give, nurture, and sustain life is honored and enacted daily. It is where mothers and grandmothers teach younger generations to care for the land, to recognize plants not only for what they give but also for the relationships they sustain. Through this knowledge, agrobiodiversity thrives, food security is preserved, and a sense of belonging and health is reinforced.

Caring for the chagra is an act of care for the self, the family, the territory, and the future. As some Kamëntsá women say, “The chagra shares the same spirit and blood as us.” It is a place where women not only grow food and medicine but also strengthen their roles as guardians of memory, culture, and balance.

Traditionally, the chagra was also a space of collective labor and reciprocity. Families gathered for *mingas*, communal workdays where sowing, harvesting, and food preparation became opportunities to share stories, exchange knowledge, and reinforce social bonds. This practice, called *enabuatambayan*, created a cycle of support and reciprocity that extended beyond the garden to the community as a whole.

But like many ancestral practices, the chagra has not been immune to change. The pressures of capitalism and monoculture farming have transformed the landscape of the Sibundoy

Valley. Land once used for diverse chagras is increasingly rented out for bean, lulo, or corn monocultures that promise quicker economic returns. Younger generations, drawn away by studies or jobs, often lose touch with the practice of tending the chagra. Even for those who wish to maintain the tradition, the economic pressures of modern life make it difficult; the land is needed not only for the sustenance of the family but also for cash crops to cover the rising costs of survival—electricity, education, transportation.

Despite these pressures, the chagra remains a space of resistance, continuity, and hope. It is a place where nature and culture are not separate but deeply intertwined—a web of life that sustains humans, animals, and plants in a reciprocal relationship. As one elder explained, “Approaching the chagra is to touch the center of the family.” In these gardens, memories are kept alive, knowledge is transmitted, and healing—physical, emotional, and spiritual—continues to take root.

In María Dolores’ garden, I could feel that vitality. It was not just a patch of earth with pots and leaves. It was a living thread that tied her to her ancestors, her territory, and her community—a quiet yet powerful act of preservation in a world that constantly pushes toward forgetting.

Standing there in her garden, it was clear that this was more than a place of plants. It was a living archive of ancestral wisdom, a continuation of the path she chose as a young woman when she devoted herself to healing. Just as she has tended



Figure 12

The chagra (jajaň), where ancestral knowledge is sustained. Photograph by Rozalia Agioutanti.

her family and community, she tends these herbs with patience and devotion—protecting them, adapting with the seasons, and ensuring that their power and knowledge will endure. Her garden, like her life, is a testament to resilience and continuity: the weaving together of tradition, care, and the unbroken cycle of healing.

Closing Reflections

As part of my work, I wanted to include this chapter to allow some space for personal reflections. This has been my first time engaging with an article in this way. My background has always been very technical and academic, leaving little, if any, room for spirituality, sacredness or

personal stories. So, even though the interview itself came very naturally for me, writing this article, using my own voice and weaving in my own experience, was not easy. My mentor constantly encouraged me to embrace my own voice and allow my work to unfold without constraints. This section is my attempt to do exactly that.

What struck me most throughout the process of creating this article was the deep sense of groundedness I felt. I approached this work with a quiet peace and tranquility that I had never experienced in my previous projects. Unlike the fast-paced, results-driven work I was used to, this process required, and even demanded, that I slow

down. To actively listen to the stories of elders and Indigenous researchers. To tune into my own intuition. To engage not just with my mind but with my heart and soul. To tune into sacredness.

This work reminded me that the smallest, most ordinary actions, the ones we often dismiss in our rushed routines, can be sacred and ceremonial. This work became a ceremony of its own. I had the opportunity to learn about rituals and prayers, learn about herbal remedies and blessed medicines. Simply reading about them felt like a blessing in itself. It nourished me. The words felt cleansing, as though Maria Dolores' herbal baths were reaching across the distance to bathe my spirit.

Through this process, I also began to reconnect with what it means to hold the power that comes inherently from being a woman. That intuitive instinct to give care, to protect, to preserve life, to nurture. To be the giver of life not only to humans but to Mother Earth. I saw how that power lives in the simplest of things: in weaving a traditional belt, in tending a garden, in sharing medicine with someone in need, healing them, freeing them from pain. This realization brought me to a new kind of responsibility: a duty to myself, to my ancestors, and to the generations that will come after me—to define what this feminine power means to me and to embody it in my words, my choices, and my actions.

This work also made me pause and reflect on my own life. In that quiet pause, my thoughts filled with questions. What traditions and customs do I follow? Which ones have I forgotten

or left behind? And how can I integrate what I've learned here into my own path? Most importantly, how can I honor the spirituality that comes with this knowledge—not just intellectually but in how I live?

With this article, I wanted to open a window into this ancient world—as every story from the past does—and to invite the reader's heart, body, and soul to wander with me. Let this work move through you. Then, notice what remains. What would you like to take from it? How do you honor spirituality in your own life, your roots, your customs, your traditions? What feels sacred to you? Are there women elders in your life whose wisdom you can connect with, empower, or amplify? Can you listen—truly listen—with intent and grace, with a soft heart? Because to understand the truth of Indigenous peoples' oral histories and their present-day struggles, we must first listen. And that is true not only for Indigenous stories but for the stories of all our elders. They hold wisdom, they carry truths, and they want to be heard.

I hope this article has touched you, even a little, the way this process has touched me. I hope you can feel the love, the reverence, and the inspiration that carried me through it. We each have a voice in shaping the future of this world; it is both our privilege and our responsibility. And perhaps the first step in creating a better world is finding the courage to ask—and answer—these questions, with the same intention, love, and care that a Kamëntša mamita would show to her healing, to her garden, to mother Earth.

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This article may be cited as:

Rozalia Agioutanti. 2026. "Oral Testimonies of Traditional Medicine: A Kamëntša Woman's Legacy". *Fourth World Journal* 25 (2): 100–124.

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Rozalia Agioutanti is an environmental engineer, activist, and researcher from Greece whose work centers on climate justice, Indigenous knowledge, and community-led resilience. After leaving her corporate engineering career, she traveled through Colombia documenting environmental challenges, learning from Indigenous communities, and deepening her commitment to nature-based solutions. Rozalia combines technical training with a holistic, intercultural approach to addressing the climate crisis, focusing on the intersection of water, ecology, and Indigenous-led solutions.

Revitalizing Kichwa Midwifery

Medicinal Plant Knowledge for Pregnant Women in San Martín, Peru

By Conzuelo Tapullima de Tuanama Tuanama, Traditional Kichwa Midwife; and Laura Corradi, MA
Translated by Yesenia Cortés

ABSTRACT

This article shares the traditional knowledge of Kichwa midwife Conzuelo (“Mamá Conzuelo”) Tapullima de Tuanama Tuanama about pregnancy, childbirth, and the use of medicinal plants in the community of Chirik Sacha, San Martín, Peru. Through interviews and visits to her garden, the text highlights four essential plants and the teachings that accompany them. Laura Corradi wrote the premises, acknowledgments, introduction, and conclusions, situating Mamá Conzuelo’s knowledge within the broader context of the stigmatization of Indigenous midwifery and the cultural revitalization efforts taking place in the region. The article aims to support the preservation of this knowledge and underscores its importance for community health and for recognizing the central role of midwives within an intercultural framework.

Keywords: traditional midwifery, medicinal plants, Indigenous knowledge, Kichwa women, pregnancy and childbirth, community health, intercultural health, ancestral medicine, knowledge transmission

Prelude

On the afternoon of April 12, 2025, I had the honor of being a guest at the home of Conzuelo Tapullima de Tuanama Tuanama, a Kichwa midwife from Tuanama Tuanama. I had met her a week earlier during the Encuentro de Sabios y Sabias en el pueblo de Chazuta (Gathering of Wise Men and Women) in the town of Chazuta, and later in the Kichwa community of Tununtunumba, in the Amazonian region of San Martín. That Gathering was organized

by the Centro Amazónico de Antropología y Aplicación Práctica (CAAAP -Amazonian Center for Anthropology and Practical Application), an institution I was supporting at the time as a volunteer.

After the Encounter, “Mama” Conzuelo invited me to share a lunch of inchicapi (peanut soup with chicken) with her family in her community of Chirik Sacha. That day was special: we exchanged knowledge, mainly focused on her profound understanding of childbirth and traditional

medicine related to women's health, and we agreed to give voice to her wisdom through this document, where we compiled four medicinal plants, their benefits, and pictures, with the aim of preserving and transmitting her knowledge directly.

In this paper, I have included an introduction outlining the local context of the midwifery practice where Mama Conzuelo lives, along with some conclusions and a few brief parenthetical remarks to facilitate the flow of the narrative. Everything else is based on my conversation with Mama Conzuelo, and I have strived to transcribe her words faithfully to give voice to her wisdom without introducing any modifications or personal interpretations.

Acknowledgments

I want to express my heartfelt gratitude to Mama Conzuelo, who welcomed me from the very first moment like one of her own daughters and took me around her garden while generously sharing her knowledge; as well as to her entire family, who came to pick me up at the bus stop in San José de Sisa, offered me a warm welcome, long conversations, and the joy of a swim in their stream. Finally, I thank the Centro Amazónico de Antropología y Aplicación Práctica, especially Luna Contreras, who at that time was the coordinator of the San Martín regional office, who has guided me in discovering traditional practices and the use of medicinal plants thanks to her profound understanding of women's bodies and energies.

Introduction

For more than a decade, the Centro Amazónico de Antropología y Aplicación Práctica (CAAAP) has been promoting a process of recognition, strengthening, and documentation of the ancestral knowledge of Indigenous communities in the Amazonian region of San Martín, Peru. Through meetings, workshops, and participatory research projects, they have worked alongside the “wise men and women” of the Kichwa Indigenous federations—traditional authorities in natural medicine, agricultural practices, spirituality, and social organization—with the aim of making their knowledge visible and valued both within and outside their communities (CAAAP 2024).

Among the lines of work is the strengthening of traditional midwifery, through supporting the midwives who have formed a nationwide organized group to share knowledge and assert their rights in the face of marginalization by the health system and the State. This approach addresses social, political, and historical dimensions that give it vital and current relevance.

Traditional midwives play a community care role in multiple dimensions of daily life, often made invisible due to a historical debt in their recognition.

First, it is important to highlight the stigmatization of home births in terms of safety. Contreras (2024) points out that the biomedical discourse tends to consider births attended in health centers by specialized personnel as safer, which leads to a depreciation of home births.

Midwives, both in interviews and workshops held in San Martín, reported situations of mistreatment and discrimination, such as threats of not registering or giving healthcare to babies born at home. One midwife recounted the “three days of punishment” she endured in the hospital before receiving the live birth certificate, as a penalty for not having given birth in a medical center.

According to Tronto (2020, 38), the society of risk “presupposes that people live in a dangerous and untrustworthy world (...) it is a world full of fear that converges into thoughts that await a transformation toward a framework that guarantees greater security”. Contreras (2024) argues that this logic makes us live in a state of alert, fueling fear and stigmatizing others. In contrast, a society of care would promote collaboration, mutual respect, and the recognition of diverse knowledge. Giving space to the wise men and women of traditional Indigenous medicine would significantly improve care for women in their communities.

In Peru, there are successful precedents for integrating traditional and Western medicine. Such is the case of Inkawasi (2018), where traditional obstetricians and midwives were integrated into the project “Adecuación intercultural en la atención del parto para evitar muertes maternas en el centro de salud Inkawasi” (Intercultural adaptation in childbirth care to prevent maternal deaths at the Inkawasi health center).

Secondly, the issue of childbirth in Indigenous communities must be analyzed from an intersectional, gender, and colonial perspective.

Early pregnancy is one example: in addition to the risks to the physical health of adolescent girls, it frequently leads to the interruption of their education, creating a vicious cycle of exclusion and rights violations.

According to a study by UNICEF and the Peruvian Ministry of Economy and Finance (2023), teenage pregnancy is more frequent in marginalized contexts with limited access to education and employment. Among Indigenous adolescents, 14% are mothers between the ages of 15 and 19, especially in the Amazon (Ombudsman’s Office 2019). This perpetuates generations of young mothers, whose daughters also become pregnant at an early age, thus replicating structural exclusion.

The Ombudsman’s Office (2019) identified teenage pregnancy as a significant vulnerability factor for Indigenous girls and adolescents, affecting their physical well-being and life plans. 24% of Indigenous women in Peru are illiterate. Among women without formal education, 12.3% have been victims of sexual violence. Violence against Indigenous women is a structural and persistent problem.

In response, in November 2022, thanks to the leadership of Kichwa women, an intercultural protocol for care and coordination in cases of violence against women and family members of the Kichwa community of San Martín was developed. This protocol was created in collaboration with Indigenous organizations and the Superior Court of Justice, recognizing that many cases of violence result in forced pregnancies.

Furthermore, the Ministry of Women and Vulnerable Populations has promoted the expansion of services for victims of violence. These include the Women's Emergency Centers (CEM) in urban areas and the Rural Strategy in targeted rural districts.

On the other hand, Peru's recent history is marked by the scandal of forced sterilizations promoted during Alberto Fujimori's second term (1996-2000), when approximately 300,000 people, primarily rural Indigenous women, were deprived of their reproductive capacity without their consent (Molina 2017). This policy left lasting consequences at the personal, familial, and community levels, as motherhood and caregiving are central dimensions of collective identity in many communities (Urruchi 2021). Although presented as "Voluntary Surgical Contraception," numerous testimonies indicate that women were subjected to blackmail, threats, and deception to coerce them into accepting the procedure (Guevara 2021). This type of violence reveals forms of structural discrimination that are articulated at the intersection of gender, ethnicity, and class (Ballón 2014).

Finally, starting in the 1990s, the Ministry of Health implemented intercultural health policies aimed at improving maternal care in rural areas. However, these policies have favored institutional childbirth at the expense of traditional midwifery, which continues to be criminalized or rendered invisible by public policies. As Contreras (2024, 179) states, this process of cultural revitalization is fundamental "not only for the collective, mental, emotional, and spiritual health of the

community, but also for living in harmony with nature". It is necessary to reclaim the value of midwifery as a legitimate, effective practice rooted in ancestral knowledge, recognizing its contribution to community health from its own worldview (2024, 184).

In this context, the intergenerational transmission of traditional knowledge, such as that of midwives, is essential for the health, culture, and autonomy of Indigenous peoples. Despite its importance, traditional midwifery in Peru still lacks legal recognition that would regulate it as a professional practice within the health system.

This document is part of that collective effort. It arises from the dialogue with Mama Consuelo Tapullima de Tuanama Tuanama, a Kichwa midwife from the community of Chirik Sacha, with whom, knowledge about medicinal plants and the integral care of women, especially regarding pregnancy and childbirth, was shared.

The voice of Mama Consuelo

The person speaking to you is Consuelo Tapullima de Tuanama Tuanama, I am a Kichwa woman from the Chirik Sacha community, 58 years old.

I learned the art of herbal medicine from my grandfather when I was a child. I am also a midwife and a *sobadora*¹. My knowledge

¹ Translator's note: A "sobador" or "sobadora" (female) is someone instructed in a branch of traditional medicine, which consists of providing healing massages to treat pain, wounds, lesions, folk illnesses (such as "empacho") and sometimes fertility issues.

**Figure 1**

Mamá Conzuelo in her garden. Photograph by Laura Corradi.

is extensive. I am also the president of the Asociación de Mujeres Víctimas de la Esterilización Forzada de San Martín (Association of Women Victims of Forced Sterilization in San Martín).

I have always said that I have acquired my knowledge through my grandfather. I have lived, my grandfather raised me. He was a curious man, and from him I have seen things, and as an adult I have learned to make remedies for my children on my own and I have learned how to “sobar” (massage) dislocated bones.

Many people come to have remedies made for them: for their uterus that is altered, that is moved, when they have cysts, they take it or they cleanse and they are cured and they thank you.

I have my plant garden, and the men help too, just as the women help in the “charka”.² There is no distinction (of gender). In my garden there are four plants in particular that help me with childbirth and they are the following (walking through her garden).

Paico

Paico is used for washing wounds, it’s good for digestion, and it’s beneficial after childbirth. Take a sprig, hold it like this (demonstrating how

**Figure 2**

Paico. Photograph by Laura Corradi.

² A chakra is a type of garden or small plot where mainly food is grown.

to hold it), boil it in a cup of water, and drink it to help dissolve blood clots in the uterus. It helps digest the blood and cleanses the body. Boil more paico to bathe in, and this helps prevent postpartum complications. Paico is also a purgative, primarily used to cleanse the stomach, but it's taken after giving birth.



Figure 3

Oregano. Photograph by Laura Corradi

Oregano - Pampa Oregano

It's good for menstrual cramps and for pregnant women in labor, during contractions. You boil a sprig and give her a tea to help her have more contractions.

Bellyache Bush – Puka Piñon

It has its secrets for healing. The one that heals, you have to look for the one that has five “little hands” (leaves). When you have hemorrhages before or after childbirth, crush it well with a few drops of lemon juice, it turns red; you take that and goodbye hemorrhage. It has many benefits too, as the grandparents say, but I'm talking about before and after childbirth.



Figure 4

Bellyache bush. Photograph by Laura Corradi.



Figure 5

Pigeon Pea. Photograph by Laura Corradi.

Pigeon Pea – Puspu Poroto

Very good for helping dilate the cervix in pregnant women. It represents oxytocin.

The role of wise women: the transmission of knowledge between witchcraft and pharmaceuticals

It's a blessing to have wise men and women in my community. It's helpful to have a midwife when teenagers are pregnant because they trust her and know how to talk to her. (For example) when they have to have an abortion, it's considered a crime, because you give her a plant and if it doesn't work, it becomes serious and she goes to the hospital, and they force her to say who gave her the remedy. When someone comes to me, they say, "I've been bleeding, for four or five months, I want to stop this, I want a remedy." I don't do these things. It's a crime. You're going to raise a child, someone will carry it, and it will be a joy (to have the baby).

For future generations, I would say that someone could inherit or revalue these customs, not leave them behind but move forward. My mission is to carry on the traditions of our medicinal plants. Why? Because these are the first generations before pharmacies (referring to the fact that newer generations rely more on pharmaceutical companies). This time, they don't go to the pharmacy, but they go to doctors more.

Workshops with wise men and women are needed to prevent the loss of knowledge and (thus) spread this knowledge to future generations.

Sometimes when you know about plants, others think you're vindictive because you know, they think that you want to get revenge on people.

That's how the nosy person talks, wanting money, deceiving. They say, "she's got a grudge against people, she's out for revenge." They look at you askance, "she must be lying, she's vindictive," as they say, "is she a witch?" In the end, only God knows our conscience.

When you have cramps, you're bewitched. That's what it's like in the community; people are always like that. There have to be people who ostracize you, who point fingers at you, saying you're this (meaning you're a witch), but when you're not doing anything wrong, they don't do anything to you.

Those thoughts I'm talking about, where they come from, is from the self-proclaimed experts, the fake shamans who say I've bewitched them. They have diabetes? They've taken revenge on you out of envy. People from the countryside who don't even see you, even though you see they have money, will envy you because I've made them envious. That's part of their gift (referring to the wise men and women who have the gift of healing) and having their financial resources, but you can't envy them; you also live within your own means, with what you have.

Science is nature, and knowledge is a science. Isn't that right? One science is the knowledge you've acquired, and you're even valuing what you gain from it. We all have our talents, but many of us don't know how to use them, we don't know how to value them because of the shame (that stems from) the envy (of others): "She's like this, she knows, she's like that," where does that come from? From their crazy imaginations.

Conclusions: The role of wise women in the process of cultural revitalization

Within the work of recognizing and strengthening ancestral knowledge promoted by CAAAP in San Martín, wise women have occupied a fundamental place. As guardians of traditional knowledge about natural medicine, body care, spirituality, and agricultural practices, they have been recognized not only as transmitters of life, but also as pillars of the collective memory of their communities.

Midwives have not been valued for their role as members of community health services, and

their practice has been criminalized, leading many to stop attending births or to hide it for fear of repercussions from the health system (Contreras, p. 195, 2024). The workshops and meetings organized have sought to revitalize their historical role, often rendered invisible within community and external dynamics, and to strengthen their voice in local decision-making processes. Through participatory methodologies, these wise women have been able to share their knowledge of medicinal plants, birthing techniques, traditional child-rearing practices, and forms of spiritual healing, reaffirming the importance of their cultural role in ensuring continuity (CAAAP, 2025).

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This text was written based on interviews conducted with Conzuelo Tapullima de Tuanama Tuanama, a traditional Kichwa midwife, on April 5 and 12, 2025, and June 6 of the same year. The interviews were carried out in person, first in Chazuta and then in her community, Chirik Sacha. Subsequently, modifications and clarifications were made through telephone conversations.

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Tapullima de Tuanama Tuanama, Conzuelo, and Laura Corradi. 2026. "Revitalizing Kichwa Midwifery: Medicinal Plant Knowledge for Pregnant Women in San Martín, Peru" *Fourth World Journal* 25 (2): 125–134.

ABOUT THE AUTHORS

**Conzuelo Tapullima de Tuanama Tuanama**

Conzuelo Tapullima de Tuanama Tuanama is a Kichwa midwife from the community of Chirik Sacha in the province of San José de Sisa in the San Martín region of Peru. She has deep knowledge of medicinal plants, which is why people refer to her as a “wise woman.” She also works as a midwife and traditional masseuse, and she serves as president of the Association of Women Victims of Forced Sterilization of San Martín.

**Laura Corradi, MA**

Laura Corradi holds a master’s degree in International Cooperation for the Protection of Human Rights from the University of Bologna, with a focus on the economic anthropology of Indigenous peoples in Latin America. She has lived in several Latin American countries, worked with Quichua, Cofán, and Siekopai communities in Ecuador, and conducted her master’s thesis research in six Mocoví communities in Argentina. In 2024–25, she collaborated with the Amazonian Center for Anthropology and Practical Application (CAAAP) in Peru, focusing on strengthening women’s leadership, promoting empowerment, and addressing women’s roles, ancestral knowledge, gender-based violence, and territorial property rights among the Awajún, Kichwa, and Shawi Peoples.

Emita. Healing Hands, Cleansing Hands

An Unexpected Farewell

By Randy Chung Gonzales (poetry and drawings) and Lucas Nakandacare (story)

Translated by Yesenia Cortés

SUMMARY

This text is an intimate and moving tribute to Ema, a forest healer whose life was dedicated to the ancestral art of healing through plants and spiritual rituals. Narrated from the personal experience of author Randy Chung Gonzales and written by Lucas Nakandacare, the story reconstructs the relationship between mentor and apprentice, marked by the silent transmission of profound knowledge born from the bond with Pachamama and the spirits that inhabit the forest. Through memories, descriptions of traditional cures—such as the treatment of mal de aire in children—and a sensitive and poetic language, the author portrays Ema's greatness, her humbleness, and her legacy. The text honors the value of Indigenous knowledge and of wise women, guardians of a spiritual medicine often ignored by modernity, and suggests a reflection on the continuity of this knowledge in those who receive it with respect and commitment.

Keywords: Indigenous healing, curanderismo, ancestral knowledge, women healers, spiritual rituals, Pachamama, mal de aire, oral transmission of knowledge

Pachamama

Girl, woman and grandmother

Wise woman of infinite resistance

Woman with a deep instinct to give birth and nurture.

Woman breeder of plants, animals and humans

Woman mentor who spreads her teachings every second on how to

Live in harmony among humans and non-humans.

Woman of great healing spirit.

Abused woman, desecrated by the devil called “development”

Resist Pachamama!

Forgive them because humans

They don't know what they're doing.

The beginning of the end for your rest has begun

Human brutality tastes your pain

Unaware that they themselves are creating their own catastrophic end.

**Figure 1**

Drawing by Randy Chung.

Ema was a forest healer, one of those who grew up surrounded by the plants that inhabited the land where she lived. Since she was a child, she had been taught the healing power of plants and rituals; she knew about the spirits that inhabited the plants and how to speak to them. Her knowledge of *curanderismo* led people in her village to seek her out for healing, especially parents with sick children, many of whom came after unsuccessful attempts with doctors in neighboring towns. Thus, Ema became known in her village as someone who healed what Western medicine could not see.

Like many of the forest healers, Ema had never left her village and grew up in contact with the plants, learning their secrets passed down by those who keep that knowledge. I know little of her history, but it is common in families of healers for traditions and knowledge to be passed down to children of the same lineage. These are

people who live far from urban environments and have little contact with the culture of big cities. People who, even before the existence of Western medicine, sought cures in nature and discovered that healing lay in plants and in the spiritual dimension that arose from this relationship. This is how Ema grew up, dedicating her life to using the knowledge of plants and her teachers who entrusted her to continue healing the ills of her people.

I met her when she was already 80 years old, right around the time I bought the farm next to her house. Luckily, she was my neighbor. One day I was walking when I saw this woman talking to the plants, as if she were talking to her daughters. I wasn't used to talking to plants, so at first the scene seemed a little odd. When she noticed me, Ema approached and introduced herself. I introduced myself and told her I had just moved to the farm. Soon we were walking through my farm, where Ema introduced me to the plants that already lived there; it was as if she were introducing me to her friends.

She knew how to recognize each one and their ways of healing. Ema was always very generous with me when it came to her knowledge of plants and rituals. I never asked her why she told me so much about the knowledge she had inherited from her family, but I suspect Ema knew of the world's lack of interest in her healing art; she knew that the heirs of the forest were losing their roots along with the *curanderismo*. The few who believed her were witnesses to her knowledge of plants, especially the parents who brought their sick children without a diagnosis. Thanks to her teaching, I was able to heal some as well.

One type of case Ema often treated was children with “mal de aire”. These were children who were too sensitive, who had many reactions like vomiting, diarrhea, loss of appetite, and their eyes becoming hollow, like skulls. “That happens with children who are very sensitive, a *tunchi*¹ (an evil spirit) takes over the child and causes these reactions. To cure them, you have to call the child, so that their soul returns,” she told me. Ema would pass an egg, a candle, mapacho (*Nicotiana tabacum*), and a piece of newspaper along with a bunch of rue over the child’s body, and while performing the rite, she also said Catholic prayers. She used the instruments to remove the *tunchi* from the child and prayed to bring their soul back. Afterward, she asked the child’s mother to throw everything away and bury it in a ravine, out of sight, so as to avoid the risk of bringing the sick soul back.

When the “mal de aire” was severe, Ema would warm cemetery flower, chicken fat, *Agua Florida*, and thimolina, and rub the warm mixture all over the child’s body. She told me that the perfumes she used were like putting a seal after the cure, to refresh the soul that had just returned after being lost.

With her knowledge and her faith, Ema healed many children. She was a simple woman, and at the same time she wasn’t. She didn’t seek recognition for her practices, nor did she do it for money. She knew that the survival of the knowledge she inherited from the women in her family was the most important thing. Therein lay her greatness: in wanting to be nothing more than an instrument of healing.

One afternoon, I was walking through my garden, looking at the plants Ema had introduced me to, how they changed, and listening to what each one of them was saying. Suddenly, I heard her voice calling me, as if she were right next to me, although that was impossible because her house was far from where I was. I kept walking, and Ema’s voice kept calling me, until I went to her house, following my intuition. As soon as I got to the door, her daughter greeted me, saying that Ema was sick, that she would be leaving soon, and that, even in her sleep, she was calling my name.

When I arrived at her room, Ema was lying down, tired and asleep. I sat down next to her and placed my hand in hers. Ema opened her tired eyes, looked at me, and smiled. In a soft, weak voice, she said she was waiting for me. She closed her eyes and fell asleep again. I said goodbye to Ema and her daughter. A while later, I learned that Ema had passed away.

I never asked her why she chose me to pass on her knowledge, but I believe her intention was to leave it to someone who would protect it and use it for healing. Along that path, I believe people like Ema were sent to me to prepare me.

Even though Ema is no longer in this world we live in, she lives on in other ways: I bring her into every ritual to heal children, when I speak to plants, and in every prayer I say. Ema continues to live on without a name; she lives on as the legacy she left me in the form of healing.

¹ Tunchi is also known in the Amazon as the “mal aire” (evil air) a spiritual illness in which children are energetically possessed by spirits, causing symptoms such as difficulty breathing, diarrhea, vomiting, agitation, and chest pain.

**Figure 2**

Drawing by Randy Chung.

Healer woman

Healer woman.

Iron Woman.

Wise woman with a sensitive heart and deep gaze.

Woman of faultless intuition.

Healer woman with eternal humbleness

And heiress of a heavenly gift.

Healer of the soul and body.

Sister of the sacred plants.

Apprentice and teacher of the spiritual world.

Heal and you will continue to heal until your soul
may fly to eternal rest.

Infinite thanks,

Healer woman.

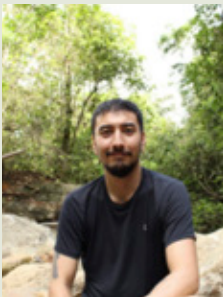
This article may be cited as:

Chung, Randy, and Lucas Nakandacare. 2026. "Emita. Healing Hands, Cleansing Hands: An Unexpected Farewell." *Fourth World Journal* 25 (2): 135–139.

ABOUT THE AUTHORS

**Randy Chung Gonzales**

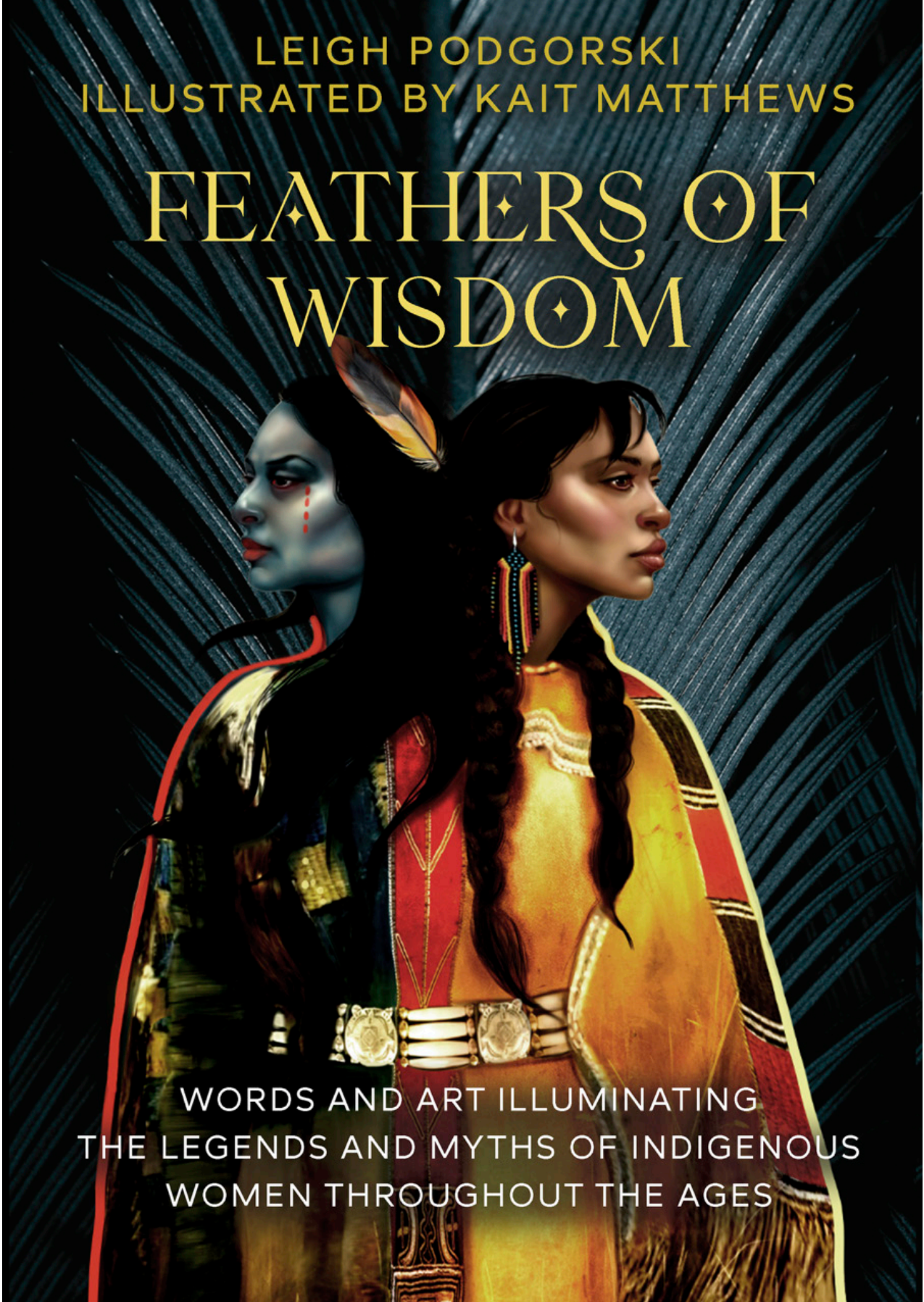
Randy Chung Gonzales was born in Peru. Since 2015, when he underwent his deepest initiation, he has dedicated himself to spiritual rituals, leading ceremonies, and taking master plants, deeply devoting himself to the care of those who seek him. He is the author, along with anthropologist Frédérique Apffel-Marglin, of the book *Iniciación por los espíritus: tratamiento de las enfermedades de la modernidad a través del chamanismo, los psicodélicos y el poder de lo sagrado* (Spirit Initiation: Treating the Diseases of Modernity through Shamanism, Psychedelics, and the Power of the Sacred), in which he narrates his initiation process. He was president of the Sacha Mama association in Lamas, Peru. He founded and directs the Ampikuk *vegetalista* center in the Peruvian jungle and is present in Brazil every month, leading *vegetalista* workshops at LIS. He also works as an artist, exploring the relationship between art and spirituality.

**Lucas Nakandacare**

Lucas Nakandacare, Brazilian, Psychologist, Postgraduate in Clinical Psychology, Therapeutic Companion, and Integrative Practices Therapist. He has been participating in *vegetalista* diets since 2014 and was part of the Ritual Practices team at the LIS *Vegetalista* Center in Areal, RJ (Brazil), alongside Randy Chung and Karla Perdigão.

LEIGH PODGORSKI
ILLUSTRATED BY KAIT MATTHEWS

FEATHERS OF WISDOM



WORDS AND ART ILLUMINATING
THE LEGENDS AND MYTHS OF INDIGENOUS
WOMEN THROUGHOUT THE AGES

BOOK REVIEW

Feathers of Wisdom: Words and Art Illuminating the Legends and Myths of Indigenous Women Throughout the Ages

By Kait Matthews and Leigh Podgorski

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House of Indigo 2025
ISBN-13 9781966187059

By Amelia (SkWumqnálqs) Marchand, MELP

ABSTRACT

This book review examines a distinctive literary collaboration that brings together original artwork, Indigenous storytelling, and carefully researched historical facts to portray forty-four legends from dozens of diverse Indigenous Peoples across the Americas and Oceania. The collection offers readers a rare opportunity to experience ancestral narratives through both visual and textual forms, highlighting the richness of cultural traditions and the resilience of communities whose voices have often been marginalized. Each legend is accompanied by striking artistic interpretations that not only illuminate the stories but also serve as a bridge between oral tradition and contemporary scholarship. The review situates the book within the broader context of Indigenous knowledge systems, emphasizing its relevance to ongoing conversations about cultural preservation, identity, and the intergenerational transmission of women's wisdom. By presenting legends that span vast geographies and diverse peoples, the volume underscores the interconnectedness of Indigenous worldviews and their enduring significance. This review informs readers of the book's format and thematic scope while encouraging engagement with its unique artistic and historical content. Ultimately, the work stands as both a cultural archive and a creative celebration, inviting scholarly audiences to appreciate its contributions to Indigenous literature and heritage.

Keywords: Indigenous knowledge systems, Indigenous women, legends and myths, cultural preservation, intergenerational wisdom, Indigenous storytelling, cultural resilience, ancestral narratives, Indigenous literature

In *Feathers of Wisdom: Words and Art Illuminating the Legends and Myths of Indigenous Women Throughout the Ages*, Leigh Podgorski and Kait Matthews collaborated to celebrate Indigenous Knowledges featuring prominent women leaders, goddesses, and spirit beings. Podgorski is a playwright, producer, and author whose works include stage plays and novels, including *We Are Still Here*, the story of Cahuilla Indian elder Katherine Siva Saubel. Matthews is a professional artist and illustrator of Ojibwe/Potawatomi heritage and a member of the Chippewas of Rama. Together, Podgorski and Matthews breathe life and give voice to ancestral teachings in this vibrant collaborative that is warming to the heart and a treat for the eyes.

Through a blend of history, storytelling, and original artwork, the book portrays 44 stories from dozens of diverse Indigenous Peoples of the Americas and Oceania. Through these words and images, the authors seek to restore personal relationships severed by the Canadian government's sanctioned and orchestrated kidnapping and trafficking of First Nation children to non-Native families. On a larger level, Podgorski and Matthews seek to heal the wounds of forced assimilation's torturous acts to exterminate the languages, culture, customs, and identity of Indigenous Peoples.

These activities of genocide, which separated children from their parents, families, and cultures, also separated the language speakers, cultural bearers, and Indigenous leaders from their future generations. The kidnapping, trafficking, and assimilation of Indigenous children were insidious acts perpetrated by

Canadian, U.S., and other governments for decades—the scars of which are felt to this day by many Indigenous families, including my own. But it is not the primary piece of history that defines Indigenous Peoples. In the thousands and thousands of years—since time immemorial—that Indigenous Peoples have survived and thrived on and across the continent and Oceania, the genocide but one marker in the timeline, it is not that which defines us. It is not our full history.

At its core, this book sets out to reclaim and honor that untold history: the thousands and thousands of years that remain in the hearts and souls of Indigenous Peoples, waiting to be remembered. Importantly, in order for us to remember, we must know where we came from—and that is the centerpiece of the stories portrayed within *Feathers of Wisdom*. The cultural heritages and identities of Indigenous heroines, women, goddesses, and spirit beings are proudly and beautifully described and envisioned within its pages. The diversity of languages, cultures, and geographies shared provides a glimpse of the roles and responsibilities of Indigenous women within Indigenous societies and governance structures.

Like Mother Earth, women are revered in many cultures for their strength and resilience, and for too long, the stories of Indigenous women have been suppressed. The feminine voices and lives of the legends and myths in *Feathers of Wisdom* call us to reconnect with these histories, to hear the wisdom in their teachings, and to embody the attributes of these Indigenous women figures and archetypes. The framing of each story follows a format in which historical context is

provided first, followed by the associated legend. Then, in a unique way, the reader is engaged to hear directly from the main character and invited to consider the character's key attributes and how they may be brought forth.

Dedicated "to all the Elders and mothers who have taught and continue to teach what is really

important in this world," the stories contained within *Feathers of Wisdom* are those to be cherished and honored. I hope it is the first of many editions which will continue to reconnect and reclaim our relationships with the Earth, with one another, and most importantly, with ourselves.

Editors' Note:

To accompany the review above, we include one of the stories featured in *Feathers of Wisdom*. This excerpt provides a representative example of the book's narrative approach and integrated visual storytelling, offering further insight into the volume's thematic and artistic qualities.

Laka

The Hula School, Laka Goddess Of Hula and Nature

Laka History and Culture

Laka is an especially important figure in Hawaiian folklore. However, as her origins trace back before written language, and Hawaiian folklore was passed verbally from generation to generation in song and storytelling, several versions of Laka occur in various parts of Hawaii. In some, she is a male who remains the God of the forest, but not of hula. Her genealogy also differs. Some say she is the sister of Kapo, others speak of her as Kapo's daughter, who was another important Goddess, also associated with hula, but with a fiery temperament. However, the most prevalent folklore, history, and legends, describe Laka as a profoundly beautiful woman, born on



the island of Kauai, who possesses exceptional talents in dance and song, as well as a deep love and abiding care for all of Nature.

Devout believers pray to Laka before a hula dance, for ho‘oulu, or inspiration for their performance and even for their practice and rehearsal. This ritual is illustrated in the story that follows: “The Hula School–Laka, the Hula Dancer.” As the dancer listens to the intoxicating beat of the drums, and prays silently to her goddess, the dancer and Laka become one.

Laka gives us many ha‘awina (lessons) on which to meditate, to take into our hearts, and to continuously learn. She teaches us not only about the hula, but also that her energy is a life force for our Natural World. This is Laka’s realm, and before we enter into this world, we must show respect and ask for permission. Permission must also be sought to gather plants, dig for roots, or pick the flowers of Laka’s forest.

The goddess Laka, through grace, harmony, and creativity teaches us many things. Not only does she encourage spiritual growth, creativity, and sustenance, but she also teaches us diligence and commitment. All of these apply not only to the artist who dances the sacred hula, but to all of us who seek to live in harmony, peace, and balance with our world.

The Hula School–Laka, Goddess Of The Hula and Nature

Keao and ‘Ilima sat on the hilltop watching the children playing in the sand. ‘Ilima smiled at a sudden memory. “Ah!” She exclaimed. “That was

just what I was doing when I heard the call of the drums. So long ago, and I was so tiny. But that call hooked me like a fisherman’s lure. I ran so fast!”

“It was hula, you heard,” Keao grinned.

“Hula.” ‘Ilima agreed. “So many dancing. Men and women. And there, in the middle of the crowd, was my grandmother. The dancers with moving arms, the women’s pa‘u swirling. The sun beamed down on the leis, setting the bracelets sparkling. The anklets tinkled in time with the drums.” She smiled. “That night I followed my grandmother all around the house, begging, teach me, Grandmother. I have to dance.”

Keao and ‘Ilima shared a laugh.

“Even though she complained: ‘I am too old and heavy to dance and gesture.’ It wasn’t true.”

“She was beautiful.” Keao said.

“One day,” ‘Ilima continued, “I saw my Grandmother looking out across the meadow, a faraway look in her eyes. When I asked her what she saw she whispered so low I could barely hear her, ‘Laka, my goddess.’”

‘Ilima told Keao that no matter how hard she looked, she could see nothing. Her Grandmother explained that the vision was in her heart.

“Once Grandmother told me these things, I did, finally, catch a glimpse of her as she moved among the trees in the forest. She is the goddess of the hula, but also of nature,” ‘Ilima said. “And now, she is my Goddess, too.”

Keao took her hand. She'd known 'Ilima's Grandmother, and loved her, too.

"Grandmother was right, of course. One day when I was in the lower forest with other women gathering berries, the rain came. Everyone rushed into a nearby cave, but I stayed in the misty rain. Something inside me whispered for me to stay. Soon, the sun lit up the bow. Like a mirage, a ghost, it all vanished, but the image never vanished from my heart."

Keao smiled.

"When I told Grandmother what I had seen, she hugged and kissed me. 'You have been chosen,' she said."

'Ilima had to wait three long years before she could even begin the rigorous training to become a hula dancer.

Then, before she started school, sacred preparations had to be made. Many prayers were offered up for guidance, wisdom, strength, and endurance. And an altar to Laka had to be built, complete with vines and flowers.

Keao was chosen to get branches for the altar as well as vines and flowers. As she entered the forest at dawn to gather the items, she prayed silently. She needed Koa branches because Koa meant unafraid. With the Koa she would weave sweet smelling maile, 'le'ie, palapalai fern, halapepe, and pili grass. Pili means to cling. Gathering pili grass is a prayer that the chants and gestures of the sacred dance may cling to the dancer for the rest of their days.

The vines and branches were sprinkled with purifying water, and the altar was built. Prayers to Laka followed, asking the Goddess to send her spirit into the altar so that the vines and branches would remain green and bursting with life.

That night, the last night before the training would begin, Wahi, the hula master, stayed alone in the halau, the hula school. He prayed to Laka; he prayed so that his teachings would be blessed, that his memory would serve him, and he would recall every chant, every gesture, and that he would be granted patience and wisdom. He also prayed for his students, for their courage, that their work may be supported and blessed, their voices pure, their bodies masterful and fluid, and their hearts touched by Koa so that they would be true and unafraid. Most of all, he prayed for reverence.

As 'Ilima came to the halau, the house where the hula dancers were to be trained, the next morning, she felt on fire. As the master blessed his pupils by sprinkling them with pure water, they noticed his face: it was shining as if the Sun himself had reached inside of him.

"Last night," Wahi spoke softly, "I had a dream. Many years ago, when I was a small child, I had learned a certain hula that was so beautiful, so magnificent, I wanted to pass on that dance. For months, I have tried to recall that elegant dance. But like an eagle, it had flown away. But last night... last night..." and here, Wahi had to stop as his emotions threatened to overcome him. "Last night our Goddess Laka came to me in a dream. And she danced the hula for which I have so longed. Now, starting today, I will give this most precious dance to you, my most wonderful pupils."

As 'Ilima danced, as she learned this most sacred art, she saw the Goddess dancing beside her. "Laka is in me," 'Ilima whispered.

*O goddess Laka!
O wildwood bouquet, O Laka!
O Laka, queen of the voice!
O Laka, giver of gifts!
O Laka, giver of bounty!
O Laka, giver of all things!*

Laka Speaks:

Whether you glimpse me swirling in the mist, winding through the enchanted forest, or dancing at the end of the rainbow, I am always

here for you. Whether you desire to pursue the sacred dance or dedicate your life to harmony, peace, and balance, I will answer your call. Sit in stillness and breathe deeply. There are many paths that lead to your heart. Become the dance. What can you do right now, today, to begin your journey?

Laka Attributes:

Spiritual Growth, Creativity, Sustenance

Become the dance. There are many paths that lead to your heart. Dance at the end of the rainbow.

This article may be cited as:

Marchand, Amelia (SkWumqnálqs). 2026. [Review of *Feathers of Wisdom: Words and Art Illuminating the Legends and Myths of Indigenous Women Throughout the Ages.*] Fourth World Journal 25 (2): 140–146.

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